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Review Article

FLOURISHING: Evaluation of an Educational Evidence-Based Wellbeing Programme for Nurses and Midwives

Katja Savolainen[1,2*], Joanne Peters[1], Shuhua Yang[1], Mary Rose Sweeney[1]

[1]Faculty of Nursing and Midwifery, Royal College of Surgeons in Ireland (RCSI), Dublin, Republic of Ireland

[2]School of Nursing Maynooth University, Maynooth, Republic of Ireland

***Corresponding Author:** Dr Katja Savolainen, Faculty of Nursing and Midwifery, Royal College of Surgeons in Ireland (RCSI), & School of Nursing. Maynooth University, Maynooth, Republic of Ireland.

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Abstract

Background: Nurses and midwives experience high workloads, emotional labour, and shift-related fatigue, contributing to stress and burnout. Evidence-based interventions tailored to these occupational realities remain limited. The FLOURISHING Wellbeing Programme was developed as a 12-week, asynchronous evidenced based educational programme designed to enhance mental wellbeing of nurses and midwives. **Methods:** Participants completed the 12-week well-being programme. Pre- and post-programme evaluations were conducted using theory-informed self-report indicators of burnout-related experiences, engagement, and wellbeing. Fifty-three participants completed the baseline surveys; 31 completed post-programme evaluations. Unpaired-sample t-tests assessed changes in wellbeing indicators, with effect sizes calculated using Cohen's d. Data were collected via anonymous online surveys. Ethical approval was obtained from the [Institution Name] Research Ethics Committee (Ref XX). **Results:** Statistically significant improvements were observed in work–life balance (mean change + 0.90, $p < 0.001$, $d = 1.04$), overall wellbeing ($p = 0.010$), sleep quality ($p < 0.001$), nutrition ($p = 0.001$), stress regulation ($p = 0.002$), and energy levels ($p < 0.001$). Psychological wellbeing indicators improved, including mental clarity ($p < 0.001$), confidence ($p = 0.011$), and emotional connectedness ($p = 0.035$), with medium-to-large effect sizes ($d = 0.45$-0.85). Post-programme reflections indicated enhanced self-awareness (71%), burnout prevention (71%), and self-care strategies (65%). **Conclusions:** The FLOURISHING programme demonstrated measurable benefits across multiple wellbeing domains, suggesting its potential as an effective intervention for nurses and midwives. These findings provide preliminary evidence supporting the integration of this structured education wellbeing programme into organisational strategies. Future research should employ larger, controlled samples and longitudinal follow-up to examine sustainability and scalability.

Keywords: Nursing & midwifery workforce; Wellbeing; occupational stress; Wellbeing programme; Burnout prevention; Resilience; Work–life balance; Evidence-based intervention; Health behaviour change; Programme effectiveness.

Background

The wellbeing of nurses and midwives has emerged as a critical concern within healthcare systems worldwide [1- 3]. Increasing evidence highlights the relationship between staff wellbeing, patient outcomes, and workforce sustainability [4]. Nurses and midwives face high workloads, emotional labour, shift work, and complex patient care demands that contribute to elevated levels of stress, burnout, and psychological distress [5-8]. There is growing interest in interventions that strengthen wellbeing and resilience within these professional groups.

Responding to this, the FLOURISHING Wellbeing Programme was designed to address these challenges through a holistic, evidence-informed Continuous Professional Development (CPD) Programme. By targeting everyday behaviours (such as diet, sleep and physical activity levels, digital usage) and strengthening personal resources such as resilience, mindfulness, and emotional regulation, FLOURISHING supports participants in mitigating the risk of burnout, one of the most persistent threats to workforce sustainability in healthcare [9,10]. The programme draws on positive psychology [11] and growth mindset theory [12]. Delivered asynchronously over 12-weeks, the programme combines expert led content with evidence-based information on health and wellbeing [13], with a focus on the impact of shift working, as well as the organisational and cultural factors in healthcare settings that can impact wellbeing levels. The programme content was delivered by a range of multi-disciplinary experts within their field including nursing, midwifery, leadership, psychology, psychotherapy, physiotherapy, nutrition and dietetics, digital science and occupational health.

Despite workplace health-promotion initiatives proliferation in recent decades, few are tailored specifically to the occupational realities of nursing and midwifery, where compassion fatigue, shift-related fatigue, and workload pressures are prevalent [14,6,8]. Addressing these gaps through targeted wellbeing interventions is therefore essential to safeguard and effectively respond to the realities of nursing and midwifery practice. Despite this recognised need, many interventions are implemented without Public and Patient Involvement (PPI) input, piloting and robust evaluation. The absence of systematic evaluation limits understanding of which strategies deliver meaningful, sustainable improvements [15,16]. Rigorous evaluation using pre- and post-intervention data and robust measurement approaches is vital to inform policy, guide best practice, and ensure accountability.

The present study aimed to evaluate the FLOURISHING wellbeing programme's effectiveness in enhancing nurses' and midwives' wellbeing. The specific objectives were to:

1. Establish baseline levels of wellbeing, stress, burnout, and job satisfaction.
2. Identify participants' expectations and perceived barriers to wellbeing.
3. Measure changes in wellbeing indicators following programme completion.
4. Assess satisfaction with programme content and delivery.
5. Generate evidence-based recommendations for future wellbeing initiatives.

Methodology

A quantitative pre- and post-programme evaluation design was adopted to assess the effectiveness of the FLOURISHING Wellbeing Programme for nurses and midwives. The study compared self-reported measures of wellbeing before and after programme participation to determine changes associated with the intervention.

Participants and recruitment

A convenience sample was recruited via electronic invitation distributed to more than 200 nurses and midwives across diverse clinical and educational settings, within our professional networks. Participation was voluntary and independent of employment status. Inclusion criteria required participants to be registered nurses or midwives who consented to complete both the programme and the evaluation surveys.

Fifty-three participants completed the pre-programme survey. Of these, forty-six commenced the programme, forty-three completed all 12 sessions and thirty-one provided post-programme data. Attrition between time points is not unexpected and typically occurs in longitudinal designs in professional populations [17].

Data Collection Procedures

Data were collected using EasyFeedback, an online survey platform ensuring anonymity and confidentiality. Participants completed the pre-programme survey before accessing the learning materials and the post-programme survey immediately after completion (April-July 2025). Screenshots confirming survey completion were required to initiate the course, ensuring matched pre- and post-responses without collecting identifying information.

Survey Instrument

A bespoke self-report questionnaire was developed for this study

to assess occupational wellbeing, work engagement, and burnout-related experiences among nurses and midwives. Items were theory-informed by established conceptual models of burnout and work engagement described in the literature, including emotional exhaustion, disengagement, vigour, and professional fulfilment [18-20]. The survey instrument was then developed to be used in this group. The full questionnaire is provided as Supplementary File 1. Integrating theoretically grounded wellbeing domains enabled a multidimensional assessment of occupational wellbeing across burnout-related experiences and work engagement, without generating scores equivalent to any proprietary instrument. The composite survey captured emotional strain, resilience, and professional fulfilment, providing a multidimensional assessment of wellbeing outcomes.

Ethics

Ethical approval was granted by the Royal College of Surgeons in Ireland (RCSI) Research Ethics Committee in October 2024 (Ref number 202407025). The study was conducted in accordance with the principles of the Declaration of Helsinki and in compliance with the General Data Protection Regulation (EU GDPR, Regulation (EU) 2016/679). All participants provided informed electronic consent prior to participation and were informed of the voluntary nature of the study and their right to withdraw at any time without consequence. Data were collected anonymously, stored securely, and analysed in accordance with institutional data governance policies to ensure confidentiality and data protection.

Data Analysis

Quantitative data were analysed using IBM SPSS Statistics v29. Unpaired-sample t-tests compared pre- and post-programme means for each outcome variable. Although the pre- and post-programme surveys were administered to the same cohort, individual-level linkage between time points was not possible due to incomplete post-programme responses and anonymisation. Subsequently, pre- and post-programme data were analysed as unpaired samples. Descriptive statistics summarised participant characteristics and baseline wellbeing indicators. Statistical significance was set at $p < 0.05$, however due to the modest sample size, findings were interpreted with caution regarding statistical power. Effect sizes were calculated using Cohen's d to indicate the magnitude of change.

The combination of descriptive, inferential, and reliability analyses ensured methodological rigour and provided quantitative evidence of the programme's impact on burnout, engagement, and wellbeing. By integrating theory informed self-report indicators with appropriate analytic techniques, this approach facilitated a structured evaluation of the wellbeing programme's impact.

Results

Participant Characteristics

The final sample provided sufficient data to conduct meaningful comparative analyses. Despite the modest sample size, statistical testing revealed that the differences between pre- and post-programme results were statistically significant, indicating that participants experienced measurable and positive changes over the course of the educational intervention. A total of 53 participants completed the pre-programme evaluation. As shown in Table 1, the cohort represented a diverse range of professional roles across nursing, midwifery, and healthcare leadership. Senior leadership positions, including Directors (5.66%) and Assistant Directors of Nursing (7.55%), were complemented by advanced clinical roles such as Advanced Nurse Practitioners (7.55%) and Specialist Coordinators in Nursing/Midwifery (11.32%). Clinical Nurse Managers (CNM 1-3) collectively comprised 22.65% of the sample, reflecting their central role in managing frontline operations and workforce coordination. The largest category, "Other" (41.55%), encompassed educational and governance roles, including Clinical Facilitators, Nurse Tutors, and Placement Coordinators, indicating strong representation from those engaged in professional education and workforce development. This composition underscores the multidisciplinary nature of contemporary nursing leadership and highlights the intersection of clinical expertise, management, and pedagogy within the sample.

Characteristics	N=53
Role	
Director of Nursing	5.66% (3)
Assistant Director of Nursing	7.55% (4)
Advance Nurse Practitioner	7.55% (4)
Specialist Coordinator Nursing/Midwifery	11.3% (6)
Clinical Nurse Manager 3	7.55% (4)
Clinical Nurse Manager 2	13.21% (7)
Clinical Nurse Manager 1	1.89% (1)
Staff Nurse	3.77% (2)
Other	41.55% (22)
Years of Experience	
1-2 years	1.89% (1)
6-8 years	1.89% (1)
8-10 years	3.77% (2)
10-15 years	7.55% (4)
>15 years	84.91% (45)
Organisation	
How many patients/service users are you responsible for	
1-10	9.43% (5)
21-50	20.75% (11)
51-100	5.66% (3)
101-500	22.64 % (12)
501-1000	15.09 % (8)
1000-10000	5.66 % (3)
10000-20000	1.89% (1)
Other	18.87% (10)
Responsible for newly qualified staff (Pre and post registration), interns/ students YES NO	 83.01% (44) 16.99 % (9)

Table 1: Demographics.

The cohort was highly experienced, with 84.9% reporting more than 15 years of professional service. This senior profile suggests a sample with considerable clinical expertise and leadership responsibility, though potentially less representative of early-career practitioners.

In terms of scope of responsibility, participants reported wide variation in the number of patients or service users under their supervision. The largest subgroup (22.6%) oversaw between 101-500 service users, while 15.1% managed between 501 and 1,000 service users (patients). The "Other" category (18.9%) likely reflects participants in non-clinical or educational positions whose responsibilities extend beyond direct patient care. This variability indicates that the programme engaged participants from diverse organisational contexts, spanning direct service delivery to strategic and educational leadership.

A substantial majority (83%) reported supervisory or educational responsibilities for newly qualified staff, interns, or students. This finding highlight participant's dual influence: while the wellbeing programme aimed to enhance their personal resilience and self-care, these individuals also occupy key mentorship positions through which they can model and disseminate wellbeing practices across teams and learning environments. Such roles position them as potential agents of cultural change, capable of embedding compassionate leadership and reflective practice into institutional norms.

Goals for Participation

When asked to identify personal goals for joining the FLOURISHING programme (Table 2), participants prioritised developing self-care strategies (54.7%), managing stress (56.6%), and preventing fatigue or burnout (64.2%). As the participants were allowed to tick multiple choices, the responses revealed a strong emphasis on emotional and cognitive aspects of wellbeing. The most frequently endorsed goals included developing self-care and stress management strategies, enhancing emotional intelligence, and improving planning skills (each selected by 34 participants). Significantly 35 participants indicated that own their goals would be to create 'a healthier me', a very broad statement but applicable to the individual participant to decide what is a healthier me.

What are your goals for this FLOURISHING Programme? (participants could provide multiple answers)	**n=53**
Create a healthier me	35 (66.04%)
Learn how to maintain my own wellbeing	34 (64.15%)
Prevent/manage my own feelings of fatigue and burnout	34 (64.15%)
Learn how to improve my work-life balance	32 (60.38%)
Prepare, plan and influence change	31 (58.49%)
Manage my stress levels	30 (56.60%)
Develop my self-care strategies	29 (54.72%)
Develop my emotional intelligence	27 (50.94%)
Achieve higher levels of performance	27 (50.94%)
Setting and managing realistic expectations and goals	27 (50.94%)
Develop my communication skills	27 (50.94%)
Strengthen my resilience	26 (49.06%)
Increase my overall job satisfaction	26 (49.06%)
Identify staff burnout and manage it effectively	26 (49.06%)
Develop my level of self-awareness	25 (47.17%)
Plan more effectively	25 (47.17%)
Increase my confidence	24 (45.28%)
Manage and prioritise my responsibilities	22 (41.51%)
Develop better coping mechanisms to carry out my role safely and effectively	21 (39.62%)
Improve team morale	20 (37.74%)
Improve my time management	20 (37.74%)
Learn how to effectively delegate and manage my workload	19 (35.85%)

Table 2: Goals for Participation.

Perceived Workplace Challenges

Participants identified a range of professional challenges reflecting the complex and demanding nature of contemporary nursing and healthcare leadership (table 3). The most frequently cited issue was maintaining a healthy work-life balance (47.2%), followed closely by managing personal stress (45.3%) and experiencing fatigue or burnout (41.5%). Resource constraints and organisational pressures were also prominent, with 39.6% of participants reporting inadequate resources and similarly high proportions citing low staff morale (39.6%). Excessive workload (35.9%) and poor time management (34.0%) were also prevalent, while one-third cited communication or conflict management difficulties. Collectively, these findings illustrate systemic pressures associated with modern nursing and midwifery practice.

What are the main challenges that you encounter within your role at the current time? (multiple answers were ticked by participants)	**n = 53**
My own feelings of fatigue and burnout	22 (54.51%)
Maintaining a healthy work-life balance	25 (47.17%)
Managing my own stress	28 (45.28%)
Low staff morale	21 (39.62%)
Lack of resources	21 (39.62%)
Constantly “firefighting”	19 (35.85%)
Excessive workload	19 (35.85%)
Time management	18 (33.96%)
Toxic workplace culture	18 (33.96%)
My level of responsibility	17 (32.08%)
Having difficult conversations	17 (32.08%)
Managing conflict	16 (30.19%)
Communicating with my team	14 (26.4%)
Insufficient support	14 (26.42%)
Not enough time for planning	14 (26.42%)
Volume of communications e.g. emails	13 (24.53%)
No time for self-care, e.g cooking, family time, beauty, physical activity	13 (24.53%)
Staying up-to-date and current with new protocols, policies etc.	12 (22.64%)
Unsafe clinical environments	12 (22.64%)
Inexperienced staff	12 (22.64%)
Communication from my line managers	9 (16.98%)
Receiving the necessary training to fulfil the responsibilities of my role	9 (16.98%)
Insufficient supervision/mentorship for me	9 (16.98%)
Keeping up with the mandatory training	9 (16.98%)
Managing expectations from the patient/their family	8 (15.09%)
Other	7 (13.21%)
Impact/consequences of COVID-19	6 (11.32%)
Communicating with (Patient/service user) family members	3 (5.66%)

Table 3: Perceived Workplace Challenges.

Workplace Wellbeing and Engagement

Workplace-related outcomes are presented in Table 4. Satisfaction with work–life balance improved significantly, increasing from a mean of 3.43 (SD = 1.00) pre-programme to 4.33 (SD = 0.56) post-programme ($p < 0.001$, $d = 1.04$). This shift represents movement from "neutral" to "satisfied," indicating enhanced capacity to balance professional and personal demands.

Beyond work-life balance, the evaluation included several items assessing work engagement and overall workplace experience, which most demonstrated small yet consistent positive trends. Participants reported increased feelings of being inspired by their work (+0.21), experiencing happiness when working intensely (+0.21), and looking forward to going to work in the morning (+0.26). These changes, while modest, indicate a gradual strengthening of intrinsic motivation and emotional connection to work, both of which are central to sustained engagement and job satisfaction [20].

	Pre Programme evaluation	**Post Programme evaluation**				
	n=53	n=31				
	Mean (SD)	**Mean (SD)**	**Mean Diff**	**95% CI**	**Cohen's d**	**p-value**
Currently, how satisfied are you with your work-life balance?*	3.43 (1.00)	4.33 (0.56)	0.90	(0.57, 1.23)	1.04	<0.001
Which of the following currently apply to you in relation to your work/workplace*:	'_'	'_'	'_'	'_'	'_'	'_'
a) At my work, I feel bursting with energy.	3.46 (0.81)	3.69 (0.79)	0.23	(-0.12, 0.58)	0.29	0.206
b) I find the work that I do full of meaning and purpose.	4.0 (0.73)	4.10 (0.80)	+0.1	(-0.24, 0.44)	0.13	0.570
c) Time flies when I am working	4.13 (0.83)	4.28 (0.78)	+0.15	(-0.20, 0.50)	0.18	0.409
d) At my job, I feel strong and vigorous.	3.45 (0.94)	3.52 (0.77)	0.07	(-0.30, 0.44)	0.08	0.712
e) I am enthusiastic about my job.	3.94 (0.79)	4 (0.79)	0.06	(-0.29, 0.41)	0.08	0.738
f) When I am working, I forget everything else around me.	3.28 (1.05)	3.31 (0.98)	0.03	(-0.42, 0.48)	0.03	0.895
g) My job inspires me.	3.58 (0.92)	3.79 (0.92)	0.21	(-0.20, 0.62)	0.23	0.316
h) When I get up in the morning, I feel like going to work.	3.43 (0.88)	3.69 (0.88)	0.26	(−0.06 to 0.58)	0.11	0.30
i) I feel happy when I am working intensely.	3.79 (0.85)	4.0 (0.59)	0.21	(-0.05, 0.47)	0.11	0.29
j) I am proud of the work that I do.	4.26 (0.76)	4.45 (0.67)	0.19	(-0.06, 0.44)	0.13	0.25
k) I am immersed in my work.	3.89 (0.72)	3.97 (0.81)	0.08	(-0.19, 0.35)	0.56	0.10
l) I can continue working for very long periods at a time.	3.66 (0.8)	3.79 (0.99)	0.13	(-0.19, 0.45)	0.42	0.17
m) To me, my job is challenging.	3.45 (0.94)	3.69 (0.95)	0.24	(-0.09, 0.57)	0.15	0.28
n) I get carried away when I am working.	3.32 (1.02)	3.45 (0.97)	0.13	(-0.21, 0.47)	0.43	0.15

o) At my job, I am very resilient, mentally.	3.75 (0.75)	3.90 (0.71)	0.15	(0.10, 0.40)	0.23	0.22
p) It is difficult to detach myself from my job.	3.19 (1.10)	3.14 (0.94)	-0.05	(-0.49, 0.39)	-0.05	0.826
q) At my work, I always persevere, even when things do not go well.	4.09 (0.68)	4.10 (0.76)	0.01	(-0.31, 0.33)	0.01	0.952

Table 4: Workplace Wellbeing and Engagement;*Question 7 Likert scale of Very satisfied= 5, Somewhat satisfied= 4, Neutral=3, Somewhat dissatisfied=2, Very dissatisfied=1. Question 8 Likert scale of Never=1, Rarely=2, Sometimes=3, Often=4, Always= 5.

Taken together, the data portray a consistent pattern of improvement across key dimensions of occupational wellbeing. The statistically significant enhancement in work–life balance, coupled with upward trends in engagement, motivation, and resilience, indicates that the FLOURISHING programme may effectively foster healthier and more sustainable working patterns. While the absence of a control group limits causal inference, the direction and consistency of change across measures provide encouraging preliminary evidence of the intervention's potential impact. These findings underscore the value of integrating targeted wellbeing initiatives within organisational development strategies to strengthen staff engagement, resilience, and satisfaction.

Health and General Wellbeing

	Pre Programme evaluation	**Post Programme evaluation**				
	n=53	n=31				
	Mean (SD)	**Mean (SD)**	**Mean Difference**	**95% CI (Mean Diff)**	**Cohen's d**	**p-value**
Question 10 In general, would you say your health is: excellent, very good, good, fair or poor	3.38 (0.96)	3.72 (0.74)				
Question 11. How frequently do the following statements apply to you?	'_'	'_'	'_'	'_'	'_'	'_'
a) I've been feeling optimistic about the future.	3.94 (0.66)	4.07 (0.69)	0.13	(-0.17, 0.43)	0.19	0.3997
b) I've been feeling useful.	3.92 (0.64)	4.2 (0.72)	0.28	(-0.03, 0.59)	0.42	0.0770
c) I've been feeling relaxed.	3.01 (0.81)	3.48 (0.72)	0.47	(0.14, 0.80)	0.60	0.0072
d) I've been feeling interested in other people.	3.7 (0.77)	4.07 (0.69)	0.37	(0.05, 0.69)	0.50	0.0258
e) I've had energy to spare.	2.92 (0.91)	3.45 (0.93)	0.53	(0.12, 0.94)	0.58	0.0130
f) I've been dealing with problems well.	3.34 (0.67)	3.79 (0.66)	0.45	(0.16, 0.74)	0.68	0.0036
g) I've been thinking clearly.	3.58 (0.71)	4.14 (0.57)	0.56	(0.28, 0.84)	0.85	0.0002
h) I've been feeling good about myself.	3.36 (0.78)	3.9 (0.8)	0.54	(0.19, 0.89)	0.69	0.0034
i) I've been feeling close to other people.	3.38 (0.98)	3.79 (0.76)	0.41	(0.03, 0.79)	0.45	0.0354
j) I've been feeling confident.	3.53 (0.79)	3.97 (0.72)	0.44	(0.11, 0.77)	0.58	0.0109
k) I've been able to make up my own mind about things.	3.87 (0.75)	4.21 (0.71)	0.34	0.02, 0.66	0.46	0.0412
l) I've been feeling loved.	3.89 (0.88)	4.31 (0.83)	0.42	(0.04, 0.80)	0.49	0.0315
m) I've been interested in new things.	3.96 (0.91)	4.03 (0.81)	0.07	(−0.33,0.47)	0.08	0.73
n) I've been feeling cheerful.	3.58 (0.81)	4.07 (0.83)	0.49	(0.1, 0.88)	0.60	0.017

Table 5: Health and General Wellbeing.

Participants' self-rated general health improved from 3.38 (SD = 0.96) to 3.72 (SD = 0.74). Table 5 summarises changes in psychological wellbeing. Statistically significant improvements were observed in feeling relaxed ($p = 0.007$), interested in others ($p = 0.026$), energetic ($p = 0.013$), capable of problem-solving ($p = 0.004$), clear-headed ($p < 0.001$), confident ($p = 0.011$), and cheerful ($p = 0.017$). Participants also reported feeling more connected to others ($p = 0.035$) and loved ($p = 0.032$). Effect sizes ranged from medium to large (Cohen's d = 0.45-0.85), indicating practically meaningful improvements in psychological wellbeing.

Health Behaviour Satisfaction

Question 12 How satisfied are you with your:	Pre Mean	Post Mean	Mean Diff	95% CI (Mean Diff)	Cohen's d	p-value
Overall wellbeing	3.46	3.93	0.47	[0.12, 0.82]	**0.49**	**0.01**
Physical activity	3.1	3.41	0.31	[−0.12, 0.74]	0.26	0.152
Nutrition	3.13	3.72	0.59	[0.26, 0.92]	**0.65**	**0.001**
Sleep	2.81	3.66	0.85	[0.42, 1.28]	**0.72**	**<0.001**
Connection with nature	3.21	3.79	0.58	[0.20, 0.96]	**0.55**	**0.004**
Time spent on social media	2.91	3.17	0.26	[−0.15, 0.67]	0.23	0.204
Stress levels	2.81	3.38	0.57	[0.23, 0.91]	**0.62**	**0.002**
Relationships at home	4.06	4.34	0.28	[−0.04, 0.60]	0.32	0.084
Relationships at work	3.72	3.97	0.25	[−0.14, 0.64]	0.23	0.201
Energy levels	3.11	3.93	0.82	[0.45, 1.19]	**0.81**	**<0.001**
Alcohol intake	4.06	4.48	0.42	[0.06, 0.78]	**0.43**	**0.022**

Table 6: Health Behaviour Satisfaction; Question 12 Likert scale of Very satisfied=5, Somewhat satisfied=4, Neutral=3, Somewhat dissatisfied=2, Very dissatisfied=1.

Table 6 presents overall satisfaction with participants' self-reported health behaviours and shows improvements following the FLOURISHING programme. Unpaired-sample t-tests were conducted to evaluate changes in participants' self-reported wellbeing and lifestyle behaviours following completion of the programme ($n = 31$). Across the measured domains, statistically significant improvements were observed in overall wellbeing ($p = 0.010$), nutrition ($p = 0.001$), sleep quality ($p < 0.001$), connection with nature ($p = 0.004$), stress levels ($p = 0.002$), energy levels ($p < 0.001$), and alcohol intake ($p = 0.022$). These outcomes demonstrated moderate to large effect sizes (Cohen's d = 0.43-0.81), indicating that the observed differences were not only statistically significant but also of practical and clinical relevance.

In contrast, smaller and statistically nonsignificant mean differences were noted for physical activity, time spent on social media, and both home and work relationships ($p > 0.05$). These domains exhibited small effect sizes (Cohen's $d < 0.3$) and wide 95% confidence intervals overlapping zero, suggesting minimal or inconsistent change following the intervention.

Collectively, the findings indicate that participation in the FLOURISHING wellbeing programme was associated with meaningful enhancements in key aspects of wellbeing, particularly nutrition, sleep, stress regulation, and energy, whereas changes in social and behavioural domains were comparatively modest. Overall, participants demonstrated increased satisfaction across all assessed domains, with the largest gains observed in sleep, energy levels, nutrition, and stress management.

Post-programme reflections

Table 7 highlights how the FLOURISHING wellbeing programme supported participants to meet their goals across the domains of -self-care, emotional regulation, and resilience, alongside improved planning and self-awareness. Many described enhanced leadership confidence and a strengthened capacity to mentor others using wellbeing principles. Overall, participants perceived tangible improvements in both personal wellbeing and professional functioning, indicating that the *FLOURISHING* programme fostered both individual and collective benefits.

Has the FLOURISHING programme helped you to achieve any of the following goals across the following areas? (multiple answers were ticked by participants)	**n=31**
Develop my level of self-awareness	22 (70.97%)
Prevent/manage my own feelings of fatigue and burnout	22 (70.97%)
Learn how to maintain my own wellbeing	20 (64.52%)
Develop my self-care strategies	20 (64.52%)
Create a healthier me	18 (58.06%)
Learn how to improve my work-life balance	18 (58.06%)
Manage my stress levels	17 (54.84%)
Develop my emotional intelligence	16 (51.61%)
Strengthen my resilience	16 (51.61%)
Develop better coping mechanisms to carry out my role safely	12 (38.71%)
Setting and managing realistic goals	12 (38.71%)
Increase my confidence	11 (35.48%)
Plan more effectively	11 (35.48%)
Improve team morale	10 (32.26%)
Manage and prioritise my responsibilities	10 (32.26%)
Prepare, plan and influence change	10 (32.26%)
Develop my communication skills	10 (32.26%)
Increase my overall job satisfaction	8 (25.81%)
Identify staff burnout and manage my workload	7 (22.58%)
Learn how to effectively delegate and manage my workload	7 (22.58%)
Improve my time management	5 (16.13%)
Achieve higher levels of performance	4 (12.90%)

Table 7: Post-programme reflections.

Open text questions in the questionnaire further reinforced these findings. Participants described becoming more reflective leaders, learning to delegate, and applying wellbeing knowledge in mentoring and educational contexts. Several noted that the programme reinforced existing leadership practices and deepened their evidence base for supporting colleagues and students. A minority also highlighted systemic challenges, recognising that individual wellbeing must be supported by organisational structures. Overall, these results suggest that the programme cultivated sustained personal growth while enabling participants to model and promote wellbeing within their professional communities. This is the focus of a detailed qualitative paper which will be published separately.

Discussion

This study evaluated the effectiveness of the FLOURISHING Wellbeing Programme to improve psychological, emotional and occupational wellbeing among nurses and midwives. Using theory informed self-report measures and a pre-post evaluation design, the analysis demonstrated measurable positive changes in multiple domains, particularly work-life balance, sleep quality, stress regulation, nutrition and energy levels. Overall, the results indicate increased motivation and vitality following programme participation. While not all changes reached statistical significance, the consistent direction of improvement across indicators supports the programme's positive influence on occupational wellbeing.

The significant improvement in work-life balance (mean change of +0.9, $p < 0.001$) is particularly notable. Work-life balance is a recognised determinant of staff satisfaction, retention, and productivity [21]. The FLOURISHING programme's emphasis on personal responsibility by encouraging reflective practice, mindfulness, and boundary-setting may have enabled participants to prioritise rest and recovery, thereby mitigating burnout risk. Parallel improvements in mental clarity, confidence, and optimism reinforce the value of holistic interventions that address both cognitive and emotional dimensions of wellbeing.

Post-programme data revealed substantial improvements in emotional and physical wellbeing. Participants reported feeling more relaxed (+0.47), energetic (+0.53), and cheerful (+0.49), with additional gains in mental clarity (+0.56) and self-esteem (+0.54). These findings align with literature highlighting the positive influence of mindfulness and self-awareness interventions on emotional regulation and vitality [22,23]. Improvements in optimism, confidence, and connectedness further reflect the relational and social dimensions of wellbeing enhancement. Overall, this short-term longitudinal evaluation provides credible evidence that the programme effectively supported participants' wellbeing and engagement. By systematically measuring changes over time, the study underscores the value of intentional, evidence-based interventions in promoting positive professional outcomes and mitigating burnout within high-demand occupational contexts [18].

Similar positive outcomes have been reported in comparable interventions. A compassion fatigue reduction programme was shown to improve self-compassion and wellbeing among healthcare professionals [3]. Similarly, self-compassion training among nursing students was associated with significant improvements in psychological wellbeing [24]. These findings collectively reinforce the potential of structured wellbeing interventions to foster resilience, emotional regulation, and professional engagement across diverse populations.

The evaluation of the FLOURISHING programme demonstrated that an educational wellbeing intervention can contribute to improvements in wellbeing outcomes among nurses and midwives, aligning with the argument for structured wellness programmes being accessible for those working in healthcare settings. These findings are consistent with previous evaluations of wellbeing interventions grounded in positive psychology frameworks. Significant improvements in overall workplace wellbeing and mindfulness have been reported following similar programmes implemented among physicians and other healthcare professionals [25]. Such work emphasises that effective wellbeing interventions extend beyond burnout reduction alone, instead promoting flourishing, resilience, and positive emotional functioning [25].

Emotional labour, exposure to patient aggression, and cumulative psychological demands have been identified as key predictors of occupational stress and long-term fatigue among nurses, highlighting the need for structured interventions to safeguard workforce wellbeing [26]. Within the Job Demands–Resources (JD-R) model [20], wellbeing programmes such as FLOURISHING may be conceptualised as critical job resources that help offset these sustained and high-intensity occupational demands. By promoting individual-level flourishing, such programmes strengthen personal resources including resilience, emotional regulation, self-awareness, and adaptive coping, which in turn enhance motivation, engagement, and sustained performance. Given the unpredictable, emotionally intensive, and safety-critical nature of nursing and midwifery practice, investment in structured wellbeing interventions is therefore not discretionary. Rather, it represents an essential organisational strategy to maintain staff capacity, reduce the risk of burnout, and support the delivery of safe, high-quality patient care.

The participant cohort in this study which included educators, preceptors, supervisors, and managers, positions the programme as an example of experiential learning with a multilayered effect. Due to the participants' roles the benefits extended beyond individual participants in relation to influencing the organisational wellbeing culture. Studies have shown that supervisors or those in leadership positions, who integrate wellbeing principles into their leadership practice can enhance team engagement, reduce burnout, and support the retention and growth of early-career practitioners [14,27]. Accordingly, the FLOURISHING programme functions dually as a developmental resource for individuals and as a mechanism for cultivating compassionate, sustainable workplace cultures.

However, challenges in implementing wellbeing programmes remain well-documented. High rates of participant dropout in such interventions often stem from systemic barriers prevalent in professional settings, such as workload pressures, scheduling

conflicts, and competing role demands, these are particularly prevalent within healthcare and allied professions [28,29]. In the current study, the observed participant dropout rate (from 53 to 31 participants) underscores these contextual challenges. Nonetheless, the persistence of statistically significant improvements despite reduced post-programme participation strengthens confidence in the intervention's overall efficacy. Future programme retentions to a wellbeing programme could be enhanced through flexible scheduling, regular digital engagement prompts, and accessible online data platforms [30].

Limitations

Several limitations should be acknowledged. Although several items were informed by established engagement constructs described in the literature, the questionnaire was bespoke, did not reproduce any proprietary instrument, and was not intended to replicate or generate scores from validated scales. The study employed a relatively small sample size and did not include a control group, which restricts the generalisability of the findings and limits the ability to attribute observed changes solely to the intervention, the FLOURISHING programme. The predominance of long-serving professionals may have influenced perspectives on wellbeing, resilience, and leadership, given their extended exposure to occupational stressors and system-level responsibilities. Additionally, the recruitment of participants, although not intended, resulted in the majority of participants to be managers and educators, the results may not fully represent the experiences of other professional groups, warranting caution in extending conclusions beyond this demographic.

Conclusion

This pre and post programme study shows that the FLOURISHING wellbeing programme has a multi-dimensional benefit, encompassing improvements in work-life balance, psychological wellbeing, and health behaviours. While there were sample size limitations and this preclude definitive causal conclusions, the consistency and direction of the results provide strong preliminary evidence of impact. The evaluation and qualitative reflections suggest that participants not only developed greater self-awareness and coping skills but also began to apply these insights within their professional and personal contexts.

Future research should build on these findings through longitudinal and controlled designs to determine the sustainability and generalisability of outcomes. Nevertheless, the evidence presented here indicates that this programme makes meaningful contributions to improving staff resilience, engagement, and overall flourishing for nurses and midwives.

Data Availability

The dataset generated and analysed from this current study are not publicly available due to ethical restrictions and the conditions of participant consent, which require that data remain confidential and anonymised. Aggregated data supporting the findings of this study may be made available from the corresponding author upon reasonable request and subject to institutional and ethical approval.

Ethics Declaration

Ethical approval for this study was obtained from the Royal College of Surgeons in Ireland (RCSI) Research Ethics Committee (Ref: 202407025). The study was conducted in accordance with the principles of the Declaration of Helsinki and the General Data Protection Regulation (EU GDPR, Regulation (EU) 2016/679). All participants provided informed electronic consent prior to participation.

Author Contributions

K.S. conceptualised the study, led FLOURISHING programme development, oversaw data collection, conducted data analysis, and drafted the manuscript. J.P. contributed to programme delivery, participant recruitment, and data collection. S.Y. supported data analysis and interpretation of results. M.R.S. provided senior academic oversight, contributed to study design, and critically reviewed the manuscript. All authors read and approved the final manuscript..

Competing Interests

The authors declare that they have no competing interests.

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References

1. Kinman G, Teoh K, Harriss A (2020) The mental health and wellbeing of nurses and midwives in the United Kingdom. London: RCN Foundation; 2020.
2. Søvold LE, Naslund JA, Kousoulis AA, Saxena S, Qoronfleh MW, et al. (2021) Prioritizing the mental health and well-being of healthcare workers: an urgent global public health priority. Front in public health 9: 679397.
3. Blackwell L (2024) Compassion fatigue and wellbeing among healthcare professionals: evaluating intervention outcomes. J Occup Health Psychol 9: 120-135.
4. Moran L, Foster K, Bayes S (2023) What is known about midwives' well-being and resilience? An integrative review of the international literature. Birth 50: 672-688.
5. Davidson JE, Proudfoot J, Lee K, Terterian G, Zisook S (2020) A longitudinal analysis of nurse suicide in the United States (2005-2016) with recommendations for action. Worldviews Evid Based Nurs 17: 6-15.

6. Kohnen D, De Witte H, Schaufeli WB, Dello S, Bruyneel L, et al. (2023) What makes nurses flourish at work? How the perceived clinical work environment relates to nurse motivation and well-being: a cross-sectional study. Int J Nurs Stud 148: 104567.

7. Groves S, Lascelles K, Hawton K (2023) Suicide, self-harm, and suicide ideation in nurses and midwives: a systematic review of prevalence, contributory factors, and interventions. J Affect Disord 331: 393-404.

8. World Health Organization (2025) State of the world's nursing 2025: investing in education, jobs, leadership and service delivery. Geneva: World Health Organization; 2025.

9. Malta G, Plescia F, Zerbo S, Verso MG, Matera S, et al. (2024) Work and environmental factors on job burnout: a cross-sectional study for sustainable work. Sustainability 16: 3228.

10. Buchan J, Catton H, Shaffer F (2022) Sustain and retain in 2022 and beyond. Geneva: International Council of Nurses; 2022.

11. Csikszentmihalyi M, Seligman MEP (2000) Positive psychology. Am Psychol 55: 5-14.

12. Dweck CS (2011) Implicit theories. In: Van Lange PAM, Kruglanski AW, Higgins ET, editors. Handbook of theories of social psychology. Vol 1. London: Sage Publications pp 43-61.

13. Smeaton AF (2023) Teaching health literacy and digital literacy together at university level: the FLOURISH module. Health Educ Behav 50: 622-628.

14. Aiken LH, Sermeus W, McKee M, Lasater KB, Sloane D, et al. (2024) Physician and nurse well-being, patient safety and recommendations for interventions: cross-sectional survey in hospitals in six European countries. BMJ open 14: e079931.

15. Montano D, Kuchenbaur M, Peter R (2023) Outcomes and process evaluation of a cluster-randomised participatory organisational intervention among German healthcare workers. BMC Health Serv Res 23: 260.

16. Blodgett JM, Birch JM, Musella M, Harkness F, Kaushal A (2022) What works to improve wellbeing? A rapid systematic review of 223 interventions evaluated with the Warwick-Edinburgh Mental Well-Being Scales. Int J Environ Res Public Health 19: 15845.

17. Lachapelle CP, Oh Y, Shams MF, Hertel JD, Cunningham CM (2015) HLM modeling of pre/post-assessment results from a large-scale efficacy study of elementary engineering. In: Proceedings of the 2015 ASEE Annual Conference & Exposition 2015; Seattle, WA. Pp 26-848.

18. Maslach C, Leiter MP (2016) Understanding the burnout experience: recent research and its implications for psychiatry. World Psychiatry 15: 103-111.

19. Demerouti E, Bakker AB (2008) The Oldenburg Burnout Inventory: A good alternative to measure burnout and engagement. Handbook of stress and burnout in health care. 65: 1-25.

20. Schaufeli WB, Bakker AB (2004) Utrecht Work Engagement Scale: preliminary manual. Utrecht: Utrecht University, Occupational Health Psychology Unit pp 4-41.

21. Bakker AB, Demerouti E (2017) Job demands–resources theory: taking stock and looking forward. J Occup Health Psychol 22: 273-285.

22. Greenhaus JH, Allen TD (2011) Work-family balance: a review and extension of the literature. J Manage 37: 10-37.

23. Hülsheger UR, Alberts HJEM, Feinholdt A, Lang JWB (2013) Benefits of mindfulness at work: The role of mindfulness in emotion regulation, emotional exhaustion, and job satisfaction. J Appl Psychol 98: 310-325.

24. Tement S, Korunka C, Kubicek B (2021) Social support and wellbeing at work: a longitudinal study of mediation and moderation effects. Work Stress 35: 337-355.

25. Carmona-Gutiérrez, A., Ruiz-Fernández, M.D., Ortega-Galán, Á.M., Henríquez, D. and Castillo-Mansilla, D., (2025) Effects on psychological well-being of a self-compassion training program in student nurses. Teaching and Learning in Nursing.

26. Beacham AO, Brainard A, Janosy N, Reese J (2020) A brief evidence-based intervention to enhance workplace well-being and flourishing in health care professionals: feasibility and pilot outcomes. J Wellness 2: 7.

27. Castner J (2019) Professional flourishing: the Job Demands–Resources model and emergency nursing. J Emerg Nurs 45: 607-610.

28. McKee A, Boyatzis R, Johnston F (2021) Becoming a resonant leader: develop your emotional intelligence, renew your relationships, sustain your effectiveness. Boston (MA): Harvard Business Review Press; 2021.

29. O'Connor P (2020) Barriers to participation in workplace wellbeing programs. Occup Med (Lond) 70: 327-335.

30. Wallace JE (2021) Managing professional demands in healthcare: a review of intervention studies. Health Serv Res 56: 155-171.

31. Johnson P, Lee S (2022) Digital retention strategies in wellbeing interventions. Health Promot Int 37.