

Resilience Strategies in Nursing Students

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Problem Identification and General Needs Assessment

Nursing is a stressful profession and burnout with subsequent turnover remains a problem in the profession (Boardman, 2016). The demand for nurses will increase by at least 12% and an additional 203,700 will be needed by 2028 to keep up with retirements and demands (Bureau of Labor Statistics [BLS] as cited in Rojamohan et al., 2020). Turnover causes an increase in adverse patient outcomes as care becomes more fragmented. The monetary cost to the organization is approximately \$88,000 to replace each nurse (Silvestre et al., 2017). Healthcare organizations are also having difficulty replacing nurses because new graduate nurses are not staying in their positions. The Robert Wood Johnson Foundation reported 26% of newly licensed registered nurses left their positions within 25 months of hire.

Nursing education is stressful and filled with academic and clinical trials (Lekan et al., 2018). Students often experience death for the first time in addition to witnessing severe illness in patients. The demands on students are often greater than in previous generations because of work and family commitments. While some students "handle" stressors well, there are increasing numbers of students who require assistance in coping with the demands. An Emory University professor noted that college students are less resilient than in previous generations (Lampi as cited in Patel, 2019). Boardman (2016) noted that resiliency in nursing students is an absolute necessity and a key to their success in the academic preparation and subsequent clinical work.

Thomas et al. (2016) noted the key to a general needs assessment is determining what strategies are in place currently to address the problem. Universities and accrediting bodies are beginning to note the importance of resiliency and mental health in students. Some universities offer mental health resources to students from the day of admission. The American Association of Colleges of Nursing (AACN) (2020) put out a call to action saying nursing schools should recognize the need to

protect the health and wellbeing of nursing students and faculty calling for renewed focus on programs and resources that target sound physical and mental health, healthy lifestyle behaviors and wellbeing. Schools of nursing are beginning to offer courses in mental wellbeing and resilience (Onan et al., 2018) but often find it difficult in an already over-packed curriculum. Hospitals have had some success with Nurse Residency Programs to provide support for the new graduate nurses (Wolford et al., 2019). While there are some existing strategies, more work is needed by these organizations. The changes in nursing education must come from nursing faculty as they are key individuals in working with students.

Target Needs Assessment

Studies on resilience have defined it as a complex entity and is individually perceived. Resilience is often characterized as the ability to overcome adverse life events (Rajamohan et al., 2020; Watson et al., 2019), responding to stress in a healthy manner (Monomenidis et al., 2018), and the capacity to withstand and adapt well to stress (Sanders, 2015). Other terms used to define resilience include "grit", "hardiness", and self-efficacy. Work on resilience as related to health and illness primarily began in the 1970s on children of schizophrenics and some did well while some developed mental illness themselves (Kinsella et al, as cited in McAllister & McKinnon, 2009). This study was one of many that provided support that resilience could be developed in the right context. Richardson (as cited in Thomas & Revell, 2016) described resilience as "progressive and modifiable through education" providing support that it can be supported or learned (p. 458). This notion also supported that resilience is not just an individual characteristic that one was born with.

Nursing students can be assisted in developing resilience while they are receiving their nursing education. After identifying the targeted learners, nursing students, nursing faculty must identify what it is they need to know, what they already know, and their motivation to learn (Thomas et al., 2016). College students were surveyed regarding their experiences during COVID-19 at a small, private university and received approximately 100 responses (Rojjanasrirat & Martin, 2020). Thirty-eight

percent of the students reported having depression while thirty-one percent reported anxiety. Almost 40% of the students reported taking a mental health-related medication. A future survey will be administered to only nursing students to determine their perceptions of their resilience and stressors. Questions in the survey will also include identifying their favorite/most effective coping strategies as well as their specific needs. Students will also be assessed using the Connor Davidson (CDRISC, 2020) before and after implementation of the curriculum.

Faculty focus groups identified the need for nursing students to develop more resilience. The faculty pointed to an increase in "concern forms" throughout the last five years regarding unprofessional behavior incidents and concern over increasing advisee personal issues. One faculty member provided an example of a student "freaking out" when she found out she could not use her calculator on a dosage calculation exam. In addition, faculty noted an increase in the number of students seeking accommodations for examinations. Faculty also noted that students do not have time in their accelerated schedule for a course in resiliency, so some other alternative was needed. They expressed that students need to learn strategies but with their schedules and other responsibilities, it must be relevant and time friendly.

An assessment of students' existing knowledge and practice is important prior to instituting a resiliency curriculum. Cognitively, students do not know recommended strategies or that they can be learned. They may not understand that part of nursing is caring for yourself to experience a longer professional life because they are not current members of the profession. Psychomotor strategies may also be taught such as mindfulness meditation, mindfulness walks, and reflection activities. During an informal assessment, only 1/3 of the students in the classroom claimed to use any of these strategies to cope with stressors and those that did use them, practiced them infrequently. Anecdotally, students said they did not think about using them during times of stress.

Goals and Objectives

Thomas et al. (2016) noted that three types of objectives exist when implementing a curriculum. These three objective categories are learner, process, and outcome. Learner objectives include those that incorporate cognitive, affective, and psychomotor learning. When identifying goals and objectives, the targeted needs assessment can be used to determine what is most important for students to learn. Students must learn how to build their resilience, what strategies work best for them, and utilize them throughout the nursing program. Additionally, students will gain an appreciation of the importance of coping with stressful life events throughout the nursing program and in clinical practice. The following learner objectives were determined through the targeted needs assessment.

Learner objectives:

1. By the end of the undergraduate nursing curriculum active participants will list strategies to enhance their resilience.
2. By the end of the undergraduate nursing curriculum active participants will rank building their resilience as important in their daily work.
3. By the end of the undergraduate nursing curriculum active participants will identify at least 3 strategies to use in building their resilience.
4. By the end of the undergraduate nursing curriculum active participants will develop a weekly plan to utilize resilience-building strategies.
5. By the end of the undergraduate nursing curriculum active participants will score higher on the Connor-Davidson instrument post-intervention when compared with pre-intervention.

Process:

1. Eighty percent of the students will complete the resilience strategies throughout the nursing program.
2. A minimum of 60% of students will improve their resilience scores on the Connor Davidson instrument.

3. One hundred percent of the nursing faculty will participate in "resilience check-ins" with their advisees two times per semester.

Outcome:

1. Graduates will report using the resilience strategies during the first 12 months of practice.
2. Graduates employed from the university will have retention rates at the clinical site above 80% after one year of practice.
3. The resilience program will be evaluated, revised, and retained annually for future nursing students.

Educational Strategies

During orientation to the nursing program students will take the Connor Davidson Resilience Scale which takes approximately 15 minutes. Students will then, take the survey designed to assess demographics such as work status, commute time, gender, age, and income change since the COVID-19 pandemic. This survey will also ask for input on their "go to" resilience strategies. Upon completion of the survey, a one-hour face-to-face meeting will be scheduled to review current evidence of the importance of the topic, learning objectives and the choices of resilience strategies that will be offered. The first learning strategy will include lecture over the objectives of the program for approximately 15 minutes. For the remaining 45 minutes, small group discussions will be held with faculty facilitators. Thomas et al. (2016) noted that small group discussions allow for more active learning of participants and are better for possible sensitive topics. Students and faculty facilitators will discuss implementation of resilience-building strategies. Additionally, faculty will demonstrate use of the use of the resilience strategy diary that students will be required to complete (see Appendix A) This diary will be provided in a notebook for students in the first fall semester and used during the curriculum. The diary's purpose will be to assess the frequency of use of strategies as well as the most common ones students use.

The first category of resilience strategies includes mindfulness activities. How to use mindfulness meditation as a resilience strategy will be on a podcast for the students in which the

student can listen if it is a strategy of their choice. A mindfulness walk and body scan will also be provided on the same podcast. Mindfulness is a popular resilience, stress-coping strategy and is easy and convenient to do (Boardman, 2016; Lekan et al., 2018; Rjamohan et al., 2020; Sanders, 2015). Podcasts can be very effective for auditory learners. This podcast will take approximately 10 minutes to complete.

Studies on resiliency in nursing and in other occupations have identified that support systems are important in building resiliency (Albott et al., 2020; Reyes et al., 2015; Thomas & Revell, 2016). While students often have their own support systems related to their friends and family, they should be encouraged to select buddies during the nursing program. Albott et al. (2020) noted that buddies should be selected for members of new groups. Selecting and providing time for peer-to-peer discussion will be completed in their first course, Introduction to Nursing. Faculty members will facilitate role play for possible interactions between buddies to encourage positive support for each other. Using reframing to provide an optimistic viewpoint will be taught during the role play. Faculty members will role model reframing (Baker-Armstrong, 2020) and have students practice on each other. This content will take approximately 1 hour and 30 minutes of the allotted class time.

The third category of resilience strategies includes reflecting and debriefing (Albott et al., 2020; Boardman, 2016; Thomas & Revell, 2016) which assist in strengthening self-efficacy, a component of resilience. Debriefing will be conducted in every post-clinical and post-simulation experience. The debriefing experiences will be guided by faculty who will ask open-ended questions but will not add to the discussion. This strategy encourages more peer-to-peer learning. Reflective writing will be required in students' clinical experience documents that are already completed on a weekly basis. Thomas et al. (2016) noted reflection increases self-awareness and increases mindfulness. Writing also is more conducive to those students who learn best through reading and writing.

Implementation

Thomas et al. (2016) described one of the first, important steps of implementation of a new curriculum is to generate support. In part, support for the curriculum was obtained by the faculty during the faculty focus group. The nursing faculty identified that resilience strategy training is imperative for student success. Support from the Dean of the School of Nursing as well as the Track Coordinator will be obtained but is not anticipated as a barrier. The project will require little monetary resources, is viewed as helpful to students, and is supported by our accrediting bodies (AACN, 2020). A grant has already been received to support development of the podcasts and is anticipated to be most of the total cost to implement.

Increased faculty time is a concern and could be a potential barrier even though they support the idea of providing these strategies. Faculty will need to assist in the following strategies: 1) Mindfulness meditation prior to exams; 2) Debriefing strategies; 3) Reading reflections after clinical experiences and, 4) meeting with their advisees. Faculty training will be required, primarily of the mindfulness meditation strategies implemented prior to exams. An all-day faculty meeting has been scheduled to train them in their role in the various strategies (see Appendix B). This meeting will be held at one of the faculty member's home where there is an annual "fun" meeting held. The faculty typically meet and discuss plans for the upcoming semester, eat lunch, and swim in her pool. There are two faculty members who specialize in simulation and debriefing in the nursing program already. They typically lead the debriefings for simulation and will guide clinical faculty in learning debriefing strategies for after the clinical experiences in the hospital. Clinical faculty are already requiring reflections in the clinical paperwork so the grading time will not increase from previous years. The mindfulness meditation prior to each exam will take approximately five more minutes of class time. Faculty will touch base with advisees on using their strategies during their regularly scheduled advising meeting during the semester.

Another potential barrier includes the lack of student engagement in using the strategies on their own. This barrier will be addressed by sending text message reminders two times per month. It is also anticipated, that by including the entire group and establishing a buddy-system, students will encourage each other to participate. The author of the curriculum will also present a modified version of the faculty training to the six members of the students' House Council for their buy-in and initial feedback.

The timeline of the curriculum will flow with the 18-month nursing curriculum but will start in the fall instead of the summer semester. The first summer semester is typically less stressful than the others and it will be used to introduce students to the concept and allow them time to adapt to nursing school. Once the fall semester starts, the podcasts will be made available. One-hour meetings during each semester will be prescheduled to assist with questions and to reenergize and participate in small group discussions. These one-hour sessions will be already on the schedule and immediately before or after a scheduled class period. These meetings will be held by one to two faculty members and will have the sole purpose of remotivating the group to continue with participation.

Evaluation and Feedback

Students will have their final meeting during their capstone course where evaluations will be conducted. Students will retake the Connor-Davidson Resilience Scale at this time. This scale has demonstrated content, construct, and convergent validity (Davidson, 2018). Test-retest reliability ranged from .80-.90 in various studies and populations. During this capstone course final meeting, student will also participate in a written evaluation of the program entitled Post-Curriculum Survey (See Appendix C) and turn in their notebook of strategies used. Once the student evaluations are completed and diaries are analyzed, overall results and targets will be tabulated and placed into the Annual Program Report for the academic year. Table 1 contains the complete list of objectives, educational strategies, and links with evaluation methods of the curriculum. The objectives are lower level because

the material is identified as new to the students. The outcome objectives will be assessed in one year by adding a question to the current survey. Retention rates are already collected from employers at one year. Learning strategies incorporated a variety of learning styles and evaluation methods are linked to each objective. Results will be discussed at the Undergraduate Affairs Committee meeting held after graduation where faculty will give input. Any changes to the curriculum, educational strategies, or evaluation tools will be made at that time for the next academic year.

Table 1

Objective	Strategies	Target	Evaluation
By the end of the undergraduate nursing curriculum active participants will list strategies to enhance their resilience.	Lecture at orientation, podcasts	80% of students will list and have participated	Diary of strategy use & post-curriculum survey
By the end of the undergraduate nursing curriculum active participants will rank building resilience as important in their daily work.	Lecture, peer learning	60% of the students will rank self-care as important	Post-curriculum survey
By the end of the undergraduate nursing curriculum active participants will identify at least 3 strategies to use in building their resilience in the future.	Podcasts, lecture, peer learning, participation in diary	60% can identify 3 strategies used	Diary and Post-curriculum survey
By the end of the undergraduate nursing curriculum active participants will develop a weekly plan to utilize resilience-building strategies.	Lecture, demonstration, group discussion	60% will have completed	Post-curriculum survey

By the end of the undergraduate nursing curriculum active participants will score higher on the Connor-Davidson instrument post-intervention when compared with pre-intervention.	Lecture, group discussion, reflection, debriefing, diary	60% will improve resilience score	Connor-Davidson Resilience Scale
Outcome objectives Graduates will report using the resilience strategies during the first 12 months of practice.		50% of graduates will report using the strategies	Alumni Survey
Graduates employed from the university will have retention rates at the clinical site above 80% after one year of practice.		80% will be retained in the first year	Employer Survey

Conclusion

Assisting nursing students in developing and refining their strategies for resilience is important to adapt to the rigors of nursing education and nursing practice. This 18-month resilience program is designed for busy nursing students who do not have a lot of extra time because it involves strategies that may be used at home or at school. Nursing faculty must make focusing on students' mental health a priority to assist them in coping with a stressful profession. Because this curriculum will be the first implemented in the School of Nursing, close monitoring, feedback, and evaluation will be ongoing.

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Appendix A

Week 1 Semester 2

Sample Diary of Resilience Strategies

Strategy Used	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mindfulness Meditation		X			X		
Mindfulness Walk			X				X
Yoga							
Used support system							
Reflective Writing							
Positive self-talk							

Appendix B

Faculty Training in Resilience

0900-1500

0900-0930 – Introduction to Resilience

0930-1030 – Strategies to Promote Resilience in Nursing Students

1. Mindfulness Meditation
2. Buddy-System/support systems
3. Mind-heart math
4. Debriefing
5. Reflective writing
6. Yoga

1045-1100 – Break

1100-1200 – Mindfulness Meditation

1. Breathing
2. Body Scan

1200-1300 – Potluck luncheon

1300-1400 – Debriefing after simulation and clinical

1400-1445 – Reading/responding to reflection to promote resilience

*Appendix C***Post-Curriculum Survey**

1. Please list at least 3 strategies to enhance your resilience.
2. Please list at least 3 strategies to enhance your resilience that you plan on using in your clinical practice.
3. Identify your satisfaction with the resilience strategies curriculum on a scale of 1-5 with
5=strongly satisfied, 4=satisfied, 3=neutral, 2=dissatisfied, 1=strongly dissatisfied
4. Please rank the importance of building resilience in your professional nursing life.
5=very important, 4=important, 3=neutral, 2=not important, 1=least important
5. The resilience strategies were easy to incorporate in my everyday life. Yes or No
6. The text message reminders were helpful to me to use the strategies. Yes or No
7. I was able to develop and use a weekly plan for using the resilience strategies. Yes or No
8. Please provide any suggestions to improve the resilience strategy curriculum here: