

**DNP Project:**

**Mental Wellbeing and Resilience in Nursing Students**

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## MENTAL WELLBEING AND RESILIENCE IN NURSING STUDENTS

### **Abstract**

Nurses and nursing students face significant challenges and stresses in academic studies and the practice of the nursing profession. The purpose of this Doctor of Nursing Practice project was to explore the literature on interventions and educational approaches that maximize and build well-being for nursing students in preparation for their nursing career and develop and implement a multi-faceted intervention. While gaps remain in the literature, strong evidence emerged in support of interventions that can support and guide students as they develop and strengthen well-being. Specific skills in the literature included mindfulness, stress relief, relaxation skills, self-compassion, and coping techniques. Based on this synthesis of the literature, an approach to maximizing mental well-being and building resilience within nursing education was proposed and piloted. This approach was implemented in one course each of the sophomore, junior, and senior years of the Bachelor of Science in Nursing degree at a small, Midwestern college, and integrated lecture, discussion, practice, community support, and reflection.

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### CHAPTER 1: INTRODUCTION

#### Mental Wellbeing and Resilience in Nursing Students

Nurses and nursing students in the United States currently report high levels of stress and low levels of emotional health. According to the American Nurses Foundation (2021), 74% of all nurses felt stress in their work, and a mere 35% of all nurses rated themselves as emotionally healthy. Furthermore, younger nurses (ages 25-34) were less likely to rate themselves as emotionally healthy than older nurses (American Nurses Foundation, 2021). In a similar fashion, nursing students report high levels of stress amid the demands of challenging academic work and clinical experiences, with a recent study finding that over half of all nursing students report worse health during nursing school than in the prior years (Martin et al., 2022).

The impact of Covid-19 on hospitals and health care workers is significant; 42% of all nurses state that they experienced some form of trauma during the recent pandemic (American Nurses Foundation, 2021). However, the challenges of mental well-being and health predate the recent healthcare crisis. Prior to the global pandemic, the National Academy of Medicine reported that between 35% and 54% of all nurses showed substantial signs of burnout (2019). Clearly, emotional well-being has been an ongoing concern in the nursing profession.

The process of becoming a nurse is, likewise, notoriously stressful (Ribeiro et al., 2020). Students face challenging academic and clinical work in the process of nursing education. Unfortunately, these stresses are not addressed regularly on an institutional or national level. The National Student Nurses' Association's most recent journal carried articles on hospice nursing, stereotypes in nursing, Mary Breckinridge, study tips, climate change, and nurses' important role in supporting patients, but nothing on stress or emotional well-being (2022). While their mid-year conference included morning yoga and a faculty workshop on resilience, no plenary sessions or student workshops on stress, stress management, or well-being were advertised (National Student Nurses' Association, n.d.). The silence of a national nursing

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student organization on this topic is concerning in light of the emotional stress, trauma, and burnout rates of professional nurses.

As the youngest strata of nurses report the greatest amount of stress, burnout, and trauma (American Nurses Foundation, 2021), it is becoming increasingly clear that attention to emotional well-being, stress management, and resilience during nursing education is vital. While there is no pathway to the absence of stress or traumatic events in the nursing profession, there are skills that can be introduced and practiced in the educational environment that have the potential to address and influence stress and emotional health during nursing school and into nursing practice.

### **Purpose of the Project**

The purpose of this Doctor of Nursing Practice project was to develop and implement an evidence-based, unified approach to maximizing mental well-being and building resilience throughout the final three years of a small Midwest college's baccalaureate program of nursing, integrating education, individual skills, and community approaches.

### **Congruence with the College's Organizational Strategic Plan and the College's Department of Nursing's Philosophy**

This project was congruent with both the college's strategic plan and the department of nursing's philosophy. These documents express commitment to providing a college environment which promotes student thriving and health.

The vision of the college states, in part, that the "college will cultivate joy, growth and purpose, preparing students to thrive in life, leadership and service" (Small Midwest College, 2021a, p. 1). This theme is picked up in the recent organizational strategic plan under the aspiration entitled "thriving students." One of five aspirations, "thriving students" includes themes of belonging, as well as the goal of "an inclusive and healthy campus environment for all students" (Small Midwest College, 2021a, p. 2).

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The college's nursing department's philosophy includes the statement that "nurses hold the same duty to self... to promote health, preserve wholeness of character and facilitate personal growth" (Small Midwest College, 2021b, p. 6). In this statement, the philosophy recognizes that nursing students and nurses facilitate the health of their patients best when they also work towards promoting their own health.

### **Relevance to Nursing**

The implementation of an evidence-based approach to mental well-being across the final three years of nursing education holds the potential for both immediate and future benefit for nursing students. In addition to potential benefit to individual nursing students, clinical sites and people who work there also stand to gain from this intervention, as students with increased skills in navigating their challenges may display an advantage in their ability to focus, learn, and integrate new knowledge. Because burn-out increases the risk of a nurse leaving their job (Kelly et al., 2021), health care organizations which will eventually hire new nurses with mental well-being skills may find that these nurses are less likely to leave their positions and are more likely to engage in the organization in a healthy manner. Furthermore, as mental well-being affects patient safety (Ryu & Shim, 2021), patients and their family members of these future nurses may benefit in the care that a nurse with resilience skills is poised to provide.

The Code of Ethics for Nurses (American Nurses Association, 2015) affirms that nurses have a responsibility to care for themselves. Provision 5 of the Code includes concepts of caring for oneself, using terminology of self-worth and dignity, personal well-being, balance, and respect for oneself (p. 19). The incongruence of this responsibility to self and the lived experience of many nurses is jarring. While 47% of nurses report that their well-being and health is negatively affected by their work in the nursing profession (American Nurses Foundation, 2021), the leading nursing organization provides a template of responsibility to self-care in the Code of Ethics for Nurses.

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It is important to note at the onset that nursing's stress and burnout problems will not be solved by an approach which relies exclusively on personal actions. Providing a pathway by which nursing students can develop personal resilience skills is one part of the solution, but corporate responses will also need to be sought and developed. Institutions which hire nurses have a responsibility to become organizations in which nurses and other employees can find balance and thrive. This corporate aspect of nursing well-being is outside of the scope of this project, but it is vital to keep in mind.

### **Facilitators and barriers**

#### **Facilitators**

The nursing faculty at the institution is deeply committed to the success and thriving of the nursing students. As national conversations about mental well-being in the nursing profession have grown over the past number of years, faculty have expressed concerns about the mental health of nursing students.

Students have also expressed interest in mental well-being skills. In a recent mental well-being needs assessment by the author of this proposal (see appendices A, B, and C), students stated that professors contribute to their mental well-being in a number of ways, including the provision of stress relievers and food in class, reminding them to participate in self-care activities, offering in-class time to debrief clinical experiences, reminding them to take a deep breath, and talking with them when they have had a bad day.

#### **Barriers**

Potential barriers identified for this project included the challenge of integrating these skills and approaches into the clinical setting. Because the project was implemented by a single faculty member, other clinical faculty may not have felt that they had the time or expertise to utilize these skills with students. It would have been ideal to have all clinical faculty members

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knowledgeable in these approaches so that skills could have been integrated into the clinical setting and reflections.

Another barrier that was identified was potential initial resistance that students may have felt in the practice of some aspects of this project. It is possible that they may have felt uncomfortable with investigating their emotional responses to clinical experiences, or they may not have enjoyed specific mindfulness practices. Fortunately, well-being skills come in various forms, and choices were offered to students in an effort to offset some of this discomfort. Students were notified at the beginning of the semester and were reminded during sessions that they were not required to participate in the intervention. Emotional safety was emphasized throughout the intervention, and students had options.

## CHAPTER 2: REVIEW OF THE LITERATURE

### Literature Review Clinical Question

What are evidence-based practices for enhancing mental well-being in nursing students?

### Search Strategy

The PubMed and the Cumulative Index of Nursing and Allied Health Literature (CINAHL) search engines were explored using the following terms: mental, college, practices, nurse, nursing student, mindful, resilience, and resiliency. Studies were limited to English language, publications from the past five years, peer-reviewed articles, and human subjects. Searches yielded 731 articles. Out of these, duplicates were removed, and studies were screened for best fit for this literature review. Reasons for exclusion at this point included studies with a focus on mental illness (including addictions, depression, and anxiety), those written in a foreign language, and studies with a specific population, such as transgender students.

Following the initial exclusion, 35 full texts were assessed. Exclusion criteria at this point included a focus on depression and anxiety, peer facilitation, specific populations such as student-athletes, and structured mental health interventions (therapy or counseling). Twelve articles were included in the final set, including four quantitative trials, three quantitative systematic reviews, one quantitative cross-sectional study, two mixed methods studies, two qualitative studies, and one qualitative systematic review.

### Study Designs, Foci, Strengths, and Limitations

#### Qualitative Studies

Three studies approached student mental wellbeing within a qualitative framework, including a systematic review into the development of resilience (Amsrud et al., 2018), and an investigation into resilience as understood within meaningful objects selected by healthcare students (Maddock & Oates, 2021). The final qualitative study investigated the effect of an emotional intelligence educational intervention on resilience (Hurley et al., 2019).

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Qualitative literature does not provide statistical analysis, yet the inclusion of these studies adds quality in understanding because of their deeper dive into the experiences of nursing students. There are limitations in these studies, however. As in most qualitative studies, the small sample size can make it difficult to extrapolate to a wider population of nursing students. It is unclear whether cultural, racial, or ethnic diversity was sought in these studies. Gender is certainly a limitation; while Hurley et al. (2019) included eight females and four males in their study, Maddock & Oates' (2022) sample was solely female.

### **Mixed Qualitative and Quantitative Studies**

Two studies included both qualitative and quantitative analysis (Chow et al., 2019; Moore et al., 2020). Chow et al. (2019) investigated a limited intervention of three–90-minute workshops designed to assist undergraduate nursing students in building resilience. Analysis included pre- and post-intervention questionnaires and focus groups. Moore et al. (2020) provided an intervention of six brief practices (deep breathing, progressive muscle relaxation, mindfulness & exercise, aromatherapy, guided imagery, yoga), and used journals and scores from validated scales to analyze the effectiveness of the intervention.

The simplicity of the study conducted by Moore et al. (2020) is both a strength and a limitation. Each of the six sessions lasted a mere ten minutes, which makes it quite practical to implement. However, the lack of depth in both education and practice could limit the effectiveness of the intervention.

### **Quantitative Studies**

Seven studies utilized quantitative methods exclusively. Niedermeier et al. (2021), employing a cross-sectional design, explored the covariance of mindfulness, mental health, and academic achievement. Three studies utilized a trial design (Akeman et al., 2019; Taylor et al., 2020; Wingert et al., 2020). These studies explored the impact of resilience-focused sessions on mental health (Akeman et al., 2019), the effect of a mindfulness-based intervention on self-

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compassion and coping self-efficacy (Taylor et al., 2020), and the connection between mindfulness, character strengths, mental well-being, and retention (Wingert et al., 2020).

The final three studies were systematic reviews of quantitative research (Chiodelli et al., 2020; Diffley & Duddle, 2022; Tuck et al., 2022). Each of these had a slightly different focus. Chiodelli et al. (2020) and Tuck et al. (2022), respectively, explored mindfulness in undergraduate students and resilience in college students. Diffley & Duddle (2022) focus exclusively on nursing students and how resilience is fostered in nursing education.

The inclusion of non-nursing student studies in this literature (Taylor et al., 2020; Wingert et al., 2020) could be seen as a distinct limitation as nursing students do have specific needs and experiences. However, these studies provide additional depth in thinking about self-compassion, coping efficacy and the use of character strengths as a framework for mental well-being in students. Likewise, the use of character strengths and self-compassion provided important evidence for well-being and resilience. Ultimately, these studies provide insight into possible interventions.

The literature selected, taken as a whole, provides a useful mix of quantitative and qualitative studies. The diversity of the twelve selected studies allows for both breadth and depth in understanding mental wellbeing and resilience in undergraduate nursing students.

### **Study Interventions**

Various interventions were utilized in the reviewed studies, including lecture, discussion, classroom practices, assigned home practices, and specific tools such as book study and character strength exploration. The richness of interventions highlights the possible pathways by which mental wellness and resilience can be nurtured.

While the majority of individual studies (Akeman et al., 2019; Chow et al., 2019; Hurley et al., 2019; Moore et al., 2020; Taylor et al., 2020, Wingert et al., 2020) were relatively clear on interventions and how they were enacted in the study, it was more challenging to pull out what

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interventions were carried out in the systematic reviews (Chiodelli et al., 2020; Diffley & Duddle, 2022; Tuck et al., 2022). In particular, while Tuck et al. (2022) reported on the use of gratitude, exercise, and optimism as interventions, details were not available about how these concepts were introduced, applied, or assigned as “homework.” Three additional studies (Amsrud et al., 2018; Maddock & Oates, 2021; Niedermeier et al., 2021) did not utilize interventions in their qualitative systematic review, qualitative study, and quantitative cross-sectional study, respectively.

### **Lecture and Discussion**

Introduction of new material through lectures, workshops, and discussion was one of the most frequently explored interventions, utilized in six separate studies (Akeman et al., 2019; Chow et al., 2019; Hurley et al., 2019; Moore et al., 2020; Taylor et al., 2020; Wingert et al., 2020). Both the number of sessions and the material presented varied in these six studies. The number of lecture sessions varied from one workshop (Hurley et al., 2019) to eight sessions (Taylor et al., 2020; Wingert et al., 2020). The length of each session varied from 10 minutes (Moore et al., 2020) to 90 minutes (Chow et al., 2019).

### ***Mindfulness and the Concept of Resilience in Lecture and Discussion***

While topics covered in lecture and discussion format varied among these six studies, mindfulness and mindfulness practices were the most frequently presented concepts, appearing in five of the six studies (Akeman et al., 2019; Chow et al., 2019; Moore et al., 2020; Taylor et al., 2020; Wingert et al., 2020). Taylor et al. (2020) utilized a book on mindfulness to anchor weekly sessions, while Wingert et al. (2020) based lecture and discussion around identifying and integrating character strengths into mindfulness practice. Chow et al. (2019), Akeman et al. (2019), and Moore et al. (2020) also presented on mindfulness. Moore et al. (2020) pragmatically presented six different resilience and stress-reduction techniques over six

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sessions, each lasting a mere 10 minutes; mindfulness and exercise was the topic of one session.

In these studies, mindfulness in lecture and discussion was explored largely as a pathway to resilience (Akeman et al., 2019; Chow et al., 2019; Moore et al., 2020; Wingert et al., 2020). A secondary theme in lectures centered around mindfulness' role in stress relief (Akeman et al., 2019; Chow et al., 2019; Moore et al., 2020; Taylor et al., 2020). While overlap exists between these two "goals" of mindfulness and three studies included both resilience and stress relief outcomes (Akeman et al., 2019; Chow et al., 2019; Moore et al., 2020), the evidence on mindfulness' connection to resilience was striking.

The concept of resilience was further explored by linking it with other topics in lecture and discussion. Akeman et al. (2019) included education on the role of a growth mindset in the development of resilience, Hurley et al. (2019) focused on emotional intelligence's effect on resilience, and Moore et al. (2020) centered their study on specific practices and their connection with building resilience.

### ***Stress and Emotional Education in Lecture and Discussion***

While mindfulness was the most explored concept in lectures and class discussions, other adjacent topics were covered. Stress was a key concept in three of the studies that utilized lecture and discussion (Akeman et al., 2019; Chow et al., 2019; Taylor et al., 2020). Akeman et al. (2019), Chow et al. (2019), and Taylor et al. (2020) presented material on stress in their lectures, including stress' effects on the body, stress management, burnout, and a growth mindset to stressors. Chow et al. (2019) also included the topic of burnout and depression in their workshop outline. While it is unclear whether Moore et al. (2020) directly addressed stress within their short 10-minute sessions, they did ask students to explore stress in their journals; this will be explored further in a later section of this literature review.

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The topic of emotional education was observed in the lectures and discussion topics of two of these six articles (Chow et al., 2019; Hurley et al., 2019). Hurley et al. (2019), in their 4-hour training, focused on emotional intelligence, including information on managing emotions (both one's own emotions and others' emotions). Emotional regulation was addressed in lecture by Chow et al. (2019), who linked emotional regulation to resilience.

### **Classroom Practice**

The classroom practice of skills was present in four different studies (Akeman et al., 2019; Diffley & Duddle, 2022; Moore et al., 2020; Wingert et al., 2020). Mindfulness and relaxation techniques as well as coping and non-technical skills were themes present in this category.

#### ***Mindfulness and Relaxation Techniques in Classroom Practice***

Mindfulness was the most practiced skill, utilized in all four of the studies in various forms. Moore et al. (2020) limited their six sessions to 10 minutes each, of which one of the sessions was dedicated to the practice of mindfulness. Akeman et al. (2019) and Wingert et al. (2020) practiced mindfulness in their four and eight sessions, respectively. Akeman et al. (2019) alone practiced both "quiet mindfulness" (meditation) and "active mindfulness" (the practice of being mindful while doing tasks). Wingert et al. (2020) linked mindfulness practice with building on an individual's personal character strengths. Diffley & Duddle (2022) found, in their systematic review, that mindfulness practices were the most utilized intervention, as well as the most popular among students.

Classroom practice of relaxation techniques, including deep breathing, aromatherapy, and progressive muscle relaxation, was observed in the research of both Diffley & Duddle (2022) and Moore et al. (2020). Diffley & Duddle (2022) also reported on the use of Heart Math in several studies, a biofeedback technique that builds resilience in stressful situations. Moore et al. (2020) included guided imagery and yoga as practiced relaxation techniques.

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### ***Coping and Non-Technical Skills in Classroom Practice***

Moving beyond mindfulness and relaxation skill practice, Diffley & Duddle (2022) reported on classroom practice of both coping skills and non-technical work skills. Coping strategies included emotional intelligence, positive affirmations, and cognitive rehearsal of anticipated challenges. Emotional intelligence practice, in particular, related to both resilience-building and self-management skills, linking coping skills practice with non-technical skills practice in the classroom.

Non-technical skills practice included time management, effective communication skills, and teamwork skills (Diffley & Duddle, 2022). These skills were introduced and practiced in the classroom setting, alongside coping, mindfulness, and relaxation skills.

### **Home Practice**

Seven of the research studies either assigned “homework” or pulled out aspects of home practice (Akeman et al., 2019; Diffley & Duddle, 2022; Maddock & Oates, 2021; Moore et al., 2020; Taylor et al., 2020; Tuck et al., 2022; Wingert et al., 2020). Home practice fell into three general categories: mindfulness, meditation, and written reflections.

### ***Mindfulness and Meditation in Home Practice***

Mindfulness and meditation were presented as both discrete and overlapping categories in home practice. In their clinical trials, Wingert et al. (2020) and Taylor et al. (2020) assigned meditation as a home practice, either as sitting meditation or walking meditation. While Wingert et al. (2020) did not specify a recommended amount of time for their home practice of meditation, Taylor et al. (2020) assigned 20-30 minutes of meditation practices for six days during the week (average student-reported practice was 9.8 minutes each day).

In addition to formal meditation practice, Taylor et al. (2020) also assigned informal mindfulness homework in the practice of mindfulness during daily tasks and daily practice of short (3 minute) breathing practices. Chiodelli et al. (2020), in their systematic review, identified

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one study that assigned audio-guided home mindfulness practice, although specific information about this home practice was unclear. Tuck et al. (2022), in their systematic review, reported on attention training as a home practice. Attention training technique (ATT) is a mindfulness practice that utilizes active listening during competing stimuli to train attention. Akeman et al. (2019) emphasized both “active” and “quiet” mindfulness, similar to the emphasis by Taylor et al. (2020) on formal and informal mindfulness. Formal and “quiet” mindfulness refer to set-aside times of meditation, while informal and “active” meditation refer to being mindful throughout the day’s tasks. Akeman et al. (2019) assigned daily mindfulness practice, although it was unclear whether the assigned practice was “quiet” or “active” mindfulness.

### ***Reflective and Future-Focused Written Reflections in Home Practice***

The practice of reflective writing in direct response to meditation and mindfulness practices was assigned in two studies: Moore et al. (2020) and Taylor et al. (2020), who paired their meditation and mindfulness home practice with reflective journaling. Moore et al. (2020) introduced mindfulness and meditation practices in their lecture and classroom practices, and while they did not assign home practice of said practices (yoga, aromatherapy, mindfulness & exercise, deep breathing, progressive relaxation, and guided imagery), they did require a reflection journaling homework assignment after the introduction of each of the practices. Other times when reflective writing appeared in the literature include the mention of expressive writing in a systematic review (Tuck et al., 2022), after role-play scenarios in nursing education (Diffley & Duddle, 2020), in conjunction with mindfulness and character strengths (Wingert et al., 2020), and in reflection on the application of a growth mindset to specific student-selected challenges (Akeman et al., 2019)

In addition to reflective writing, a focus on the future was noted in several writing assignments. Creating personal plans for the future was present in the systematic review of Diffley & Duddle (2022) and the mixed method study of Moore et al. (2020). Both studies

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included writing that prompted students to think about how mindfulness and coping techniques could be used in the future. Moore et al. (2020) included future-focused writing about how the week's technique could be used with patients, providing a tool for nursing students to use in their practice. Akeman et al. (2019) assigned a home practice of goal setting for students, emphasizing a growth mindset.

### **Study Measurement**

The twelve studies utilized a number of tools to measure study outcomes of interest, including both quantitative and qualitative tools. While three studies, including one trial (Taylor et al., 2020) and two systematic reviews (Chiodelli et al., 2020; Tuck et al., 2022), included depression, anxiety, and other mental health diagnoses in their measurement, these outcomes were not the focus of this literature review and measurement tools of these concepts will not be discussed in this literature review. Outcomes which were measured in these studies and will be addressed here include stress, mindfulness, well-being, resilience, and several scales of emotional regulation, self-compassion, and self-efficacy.

### **Measurement of Stress**

Two trials (Akeman et al., 2019; Taylor et al., 2020) and two systematic reviews (Chiodelli et al., 2020; Tuck et al., 2022) used or reported the use of questionnaires to measure stress. Akeman et al. (2019) and Taylor et al. (2020) utilized the Perceived Stress Scale (PSS) in their studies, and Chiodelli et al. (2020) reported use of the Perceived Stress Scale in three of the reviewed 19 studies in their systematic review. The Perceived Stress Scale is a 10-item questionnaire that evaluates stress over the past month. Tuck et al. (2022) reported the use of a stress scale in their systematic review studies but did not name specific measurement tools.

### **Measurement of Mindfulness**

Four different mindfulness scales were reported in four studies (Akeman et al., 2019; Chow et al., 2019; Niedermeier et al., 2021; Taylor et al., 2020) and one systematic review

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(Chiodelli et al., 2020). Among the four scales, the Mindful Attention Awareness Scale (MAAS) was reported the most frequently (Chow et al., 2019; Taylor et al., 2020; Chiodelli et al., 2020). The Mindful Attention Awareness Scale is a 15-item questionnaire designed to measure levels of mindfulness in daily life. Other, less-frequently used, scales employed to measure mindfulness in this literature review included the Cognitive and Affective Mindfulness Scale-Revised (Niedermeier et al., 2021), the Five Facet Mindfulness Questionnaire (Chiodelli et al., 2020), and the Freiburg Mindfulness Inventory (Akeman et al., 2019).

### **Measurement of Well-being and Resilience**

Well-being and resilience were measured or reported in eight of the reviewed studies (Akeman et al., 2019; Amsrud et al., 2018; Chow et al., 2019; Diffley & Duddle, 2022; Hurley et al., 2019; Maddock & Oates, 2021; Moore et al., 2020; Wingert et al., 2020). Of these eight studies, well-being was measured in two studies. Wingert et al. (2020) utilized the PERMA-profiler, which measures five domains, including positive emotion, engagement, relationships, meaning, and accomplishment, within the concept of well-being. Chow et al. (2019) utilized the World Health Organization-5 Well-Being Index, a brief, 5-item questionnaire that does not explore specific domains within the concept of well-being.

Resilience was measured or reported in seven of the reviewed studies (Akeman et al., 2019; Amsrud et al., 2018; Chow et al., 2019; Diffley & Duddle, 2022; Hurley et al., 2019; Maddock & Oates, 2021; Moore et al., 2020). Qualitatively, the eight studies included in the systematic review of Amsrud et al. (2018) utilized focus groups and individual interviews to gather data on resilience in nursing studies, while Hurley et al. (2019) and Maddock & Oates (2021) both relied on interviews to gather qualitative data in their studies.

In quantitative analysis of resilience, Diffley & Duddle's (2022) systematic review of the concept of resilience in nursing education reported the use of four different resilience scales in 8 of the 12 studies, including the Resilience Scale, the Brief Resilience Scale, the Psychological

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Resilience Questionnaire for Adults, and the Connor-Davidson Resilience Scale. The Connor-Davidson Resilience Scale (CD-RISC) was also utilized in the mixed method study by Chow et al. (2019) and the quantitative trial study by Akeman et al. (2019). Moore et al. (2020) used the Skovholt Practitioner Professional Resiliency and Self-Care Inventory, a tool with personal and professional stress and vitality subscales.

### **Measurement of Emotional Regulation, Self-Compassion, and Self-Efficacy**

Four other tools that are related to mental well-being and resiliency were employed in the reviewed literature. Moore et al. (2020) utilized the 10-item Personality Inventory (TIPI) to measure extraversion, agreeableness, conscientiousness, emotional stability, and openness to experience. Emotional stability was measured by Akeman et al. (2019) with the use of the Emotional Regulation Questionnaire. Taylor et al.(2020) and Chiodelli et al. (2020) both measured or reported measurements of self-compassion and the belief of one's ability to cope with difficulties with the Self-Compassion Scale and the Coping Self-Efficacy Scale tools.

## **Outcomes**

### **Stress and Stress Reduction**

There were several key outcomes regarding stress. Moore et al. (2020) reported that stress is universal, although the individual experience of it varies from person to person. Nursing student academic work and clinical experiences were linked to stress and feeling overwhelmed (Moore et al.; 2020).

A key finding was that interventions are effective in reducing stress. Both Chow et al. (2019) and Akeman et al. (2019) linked the practice of mindfulness with decreased stress. Chow et al. (2019) reported that the practice of mindfulness helped students feel an increased sense of control over their stress, while Akeman et al. (2019) found that the positive effect of a 4-week mindfulness intervention on stress persisted through the semester.

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Tuck et al. (2022), in their systematic review, found that stress decreased following interventions of expressive writing, attention training (a technique that emphasizes an increased focus on now, similar to mindfulness training), and gratitude expression interventions, although gratitude expressed through electronic instant messaging did not have an effect on stress perception. The evidence for a link between exercise and decreased stress was mixed, with some, but not all, studies within this systematic review showing positive benefit with exercise (Tuck et al., 2022).

### **Belonging and Relationships**

The role of belonging, relationships, and connections was explored in the two qualitative studies and the qualitative systematic review (Amsrud et al., 2018; Hurley et al.; 2019; Maddock & Oates, 2021). Amsrud et al. (2018) and Maddock & Oates (2021) spoke to the connection that nursing students can experience in the academic setting, acknowledging that relationships with faculty, fellow students, and other people can provide motivation and assistance in building resilience, at least in part by modeling caring and healthy relationships. Amsrud et al. (2018) found further evidence that a sense of belonging beginning within the early years of nursing education set the foundation for confidence in the later years of education.

Beyond of the theme of connection with people, Maddock & Oates (2021) uncovered themes of connection to something larger than oneself, such as God or nature, as a source of resilience. Hurley et al. (2019) developed the theme of connection further, finding that increasing emotional connection can assist students in feeling compassion and empathy for patients. In a profession in which caring for others is vital, this additional link between connection and empathy is important to note.

### **Mindfulness and Resilience**

The studies provide evidence that mindfulness-based interventions are effective. Akeman et al. (2019), Chiodelli et al. (2020), Taylor et al. (2020), and Wingert et al.

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(2020) all found immediate benefits from mindfulness, including increased self-compassion and increased coping (Chiodelli et al., 2020; Taylor et al., 2020). Wingert et al. (2020) reported increased school engagement, improved school grades, and an increased sense of purpose following an 8-week mindfulness intervention. In addition to the immediate benefits of mindfulness, both Chiodelli et al. (2020) and Akeman et al. (2019) found that the positive effects of mindfulness persisted beyond the intervention. Chiodelli et al. (2020) reported the longest follow-up in their systematic review; at 6 years post-intervention, coping and well-being remained at higher levels than pre-intervention.

### ***Mindfulness and Mental Health***

While mental illness was not a concept of inquiry in this literature review, it is important to be clear that the evidence points to a link between mindfulness and mental health. Niedermeier et al. (2021), in their cross-sectional study, noted that mindfulness and mental health co-varied in that mindfulness practices were associated with decreased depression and anxiety. Because of Niedermeier's cross-sectional design, this finding must be held lightly as it is possible that mindfulness and mental health merely co-vary, rather than mindfulness leading to increased mental health. Akeman et al. (2019), however, in their trial design, reported increased emotional regulation with mindfulness practice, lending evidence to a possible causal relationship between mindfulness and mental health.

### ***Mindfulness and Resilience***

A final key finding within the theme of mindfulness, Chow et al. (2019) and Maddock & Oates (2021) both found that mindfulness practices in undergraduate nursing students were associated with higher resilience. Linear regression analysis by Chow et al. (2019) provided quantitative evidence that mindfulness education increased resilience in their population. Students reported feeling restful and prepared for new experiences following mindfulness practices (Chow et. al., 2019). In their qualitative study, Maddock & Oates (2021)

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found that students connected activities such as meditation and mindfulness to a sense of resilience. The evidence suggests that mindfulness interventions are effective in building mental well-being and resilience, and that the effects of mindfulness interventions can persist beyond the intervention time frame.

### ***Resilience Education***

In addition to the demonstrated link between the development and practice of mindfulness and resilience noted above (Chow et al., 2019; Maddock & Oates, 2021), evidence also exists for a connection between resilience education and increased self-efficacy in students (Diffley & Duddle, 2022). This connection between resilience and self-efficacy is an important one to note, as the development of perceived confidence and competency in nursing students is a vital goal to work towards in nursing education.

Chow et al. (2019) found that nursing students enjoyed the series of workshops on resilience and felt that ongoing or “booster” sessions would be helpful. Furthermore, Amsrud et al. (2018) found that students identified that building resilience is a process, requiring time, motivation, and self-confidence, as well as the ability to reframe difficult experiences. Given the connection between resilience education and increased self-efficacy in students that Diffley & Duddle (2022) noted, it appears that one could think of the development of resilience as a circular process by which resilience education increases self-efficacy, which in turn increases the capacity for resilience.

When queried on activities that increase resilience, nursing students identified sports, meditation, art, leisure, relaxation, and self-care (Maddock & Oates, 2021). In organized resilience education and practice, nursing students preferred activities that were portable, easy to access, inexpensive, and assisted them to relax in order to sleep, study, or increase feelings of calmness before an exam (Moore et al., 2020). Students also preferred smaller gatherings (10-20 people) over larger groupings in resilience education and practice (Chow et al.,

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2019). These student preferences and personal inclinations for specific activities provide an insight into possible interventions.

### **Summary of the Significant Findings Within the Literature**

While the initial clinical question primarily focused on mental well-being, themes of mindfulness and resilience quickly emerged. The literature, taken as a whole, provides evidence that thoughtfully crafted approaches to mental well-being can increase resilience. The specific practice of mindfulness was positively connected with resilience or well-being in nursing students (Akeman et al., 2019; Chiodelli et al., 2020; Chow et al., 2019; Taylor et al., 2020; Wingert et al., 2020). Mindfulness, mental well-being, and resilience also appear to be positively associated with personal characteristics which can be nurtured, including self-efficacy (Diffley et al., 2022), self-compassion (Chiodelli et al., 2020; Taylor et al., 2020), an increased sense of purpose and meaning (Wingert et al., 2020), and increased coping and emotional regulation skills (Akeman et al., 2019; Chiodelli et al., 2020).

As noted, a number of specific practices for resilience education emerged in the literature. Lecture was an oft-used modality of intervention, and there was evidence for the effectiveness of planned sessions and lectures on the topics of stress (Akeman et al., 2019; Chow et al., 2019; Moore et al., 2020; Taylor et al., 2020) and mindfulness (Akeman et al., 2019; Chow et al., 2019; Moore et al., 2020; Taylor et al., 2020; Wingert et al., 2020). Both formal and informal mindfulness were correlated with mental well-being benefit (Taylor et al., 2020), which was echoed in themes from the study by Akeman et al. (2019) of the “quiet” mindfulness of meditation practice and the “active” mindfulness of bringing awareness and attention to the present moment. There was evidence for both reflective writing (Akeman et al., 2019; Diffley & Duddle, 2020; Moore et al., 2020; Taylor et al., 2020; Tuck et al., 2022; Wingert et al., 2020) and future-oriented writing (Akeman et al., 2019; Diffley & Duddle, 2022; Moore et al., 2020).

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A significant theme that arose in the qualitative literature centered around the concepts of belonging and connection. Healthy relationships with faculty and strong connections with people were foundational to academic confidence, motivation, building resilience, and compassion and empathy for patients (Amsrud et al., 2018; Hurley et al., 2109; Maddock & Oates, 2021). Connection with something larger than oneself– with God or nature– was an additional source of resilience (Maddock & Oates, 2021).

### **Gaps in the literature**

Several gaps in the literature emerged. The length of the intervention varied from one day to 8 weeks, and therefore, there is no evidence in this literature review on mental well-being programs that carry over from year to year. Consequently, the literature does not identify or explore a multi-semester, program-long topic outline. While individual interventions were discussed in the literature, an ideal sequence of interventions was not identified.

A second gap concerns the theme of belonging and connection. There were no quantitative studies that provided an intervention that focused on belonging and connection within the nursing educational process. While this theme of belonging and connection did emerge in the qualitative literature, the lack of quantitative evidence makes it challenging to presume that a sense of belonging and connection positively influences mental well-being or resilience.

### **Brief introduction to the DNP project**

In this Doctor of Nursing Practice project, a thread of mental well-being education and practices was woven throughout three semesters of nursing education at a small Midwest college. The program was implemented in one semester of each of the sophomore, junior, and senior years of study, and content was integrated into class schedules. The goal of the project was that students would have the opportunity and resources to rehearse and build resilience skills and practices.

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### **Theoretical framework**

The Integrated Promoting Action on Research Implementation in Health Services (i-PARiHS) framework provided a strong theoretical framework for this DNP project. This model posits the successful implementation of a project as a function of the interaction between facilitation of the project, innovation (evidence), recipients, and context. Facilitation is seen as an active process of project implementation, skillfully blending the evidence, characteristics of recipients, and the multiple contexts in which the project is being implemented.

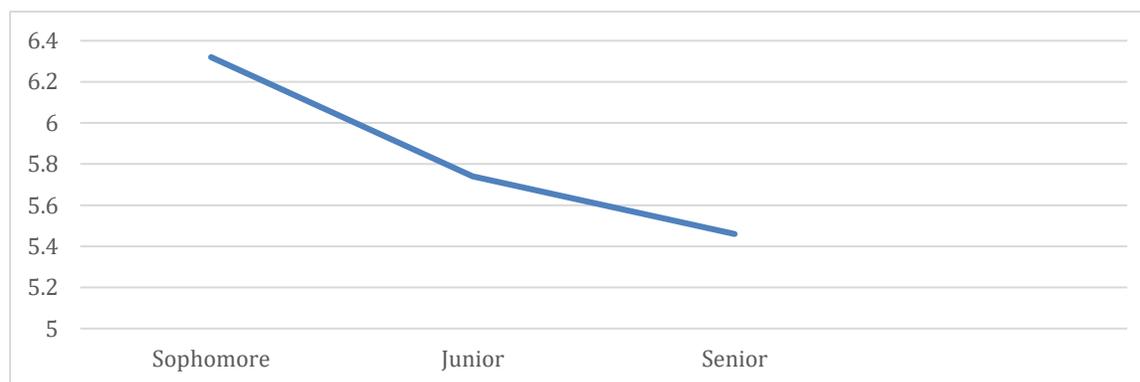
In this doctoral project, a deep understanding of the evidence, recipient (student) characteristics and contexts of the student body was critical. The literature review provided evidence for moving forward. Student characteristics include student motivation, goals, and values, while context broadens out from the local level (the learning environment) to the organizational level and the wider context of students' lived experiences. Successful implementation required an understanding of the student characteristics and the common and unique contexts in which they exist. The acknowledgement that student characteristics are important in the successful implementation of a project dovetailed neatly with the literature's evidence that personal characteristics can be nurtured to facilitate mental well-being and the development of resilience. The specific communities in which students exist include their nursing student cohort, the nursing department, the college, and wider community contexts; these communities and contexts clearly have an impact on how students wrestle with and nurture mental well-being and resilience. In facilitating this project, the i-PARiHS model and its concepts was useful in maximizing successful implementation.

**CHAPTER 3: METHODOLOGY****Needs Assessment**

Prior to the initiation of this project, a short needs assessment was conducted to provide insight into the stress and well-being of sophomore, junior, and senior nursing students at the college of this proposed project (see appendices A, B, and C). Students were queried about their general level of mental well-being, their stress related to nursing school and outside of nursing school, and their ability to manage their stress. Response rates were high for both sophomore and junior students (96% and 100% respectively), and lower for senior students (57%).

**Figure 3.1**

*Self-assessed current mental well-being, by class*

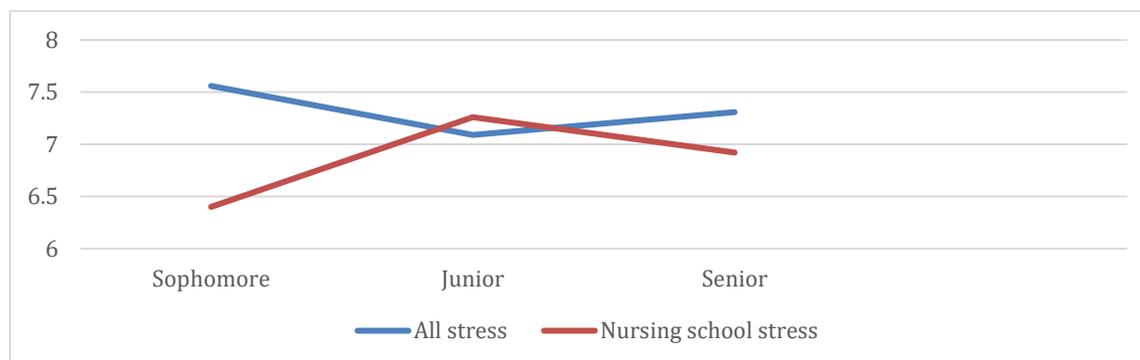


As shown in figure 3.1, self-assessed current mental well-being decreased at every increasing grade level; on a scale of 1-10, with 10 the highest score of well-being, the sophomore average was 6.32, the junior average was 5.74, and the senior average was 5.46. In the qualitative follow-up question, students remarked on the stress of both nursing and nursing support classes. A number of students stated that they struggled with anxiety. “Balancing” was another theme that emerged, with students holding jobs, having family responsibilities, and participating in challenging academic and clinical courses.

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**Figure 3.2**

*“All stress” and “nursing school stress”, by class*



While nursing school stress increased from the sophomore year to the junior year (6.4, 7.26 respectively), then decreased at the senior level (6.92), the “all stress” category was a mirror image with “all stress” decreasing from sophomore to junior year (7.56, 7.09 respectively) and then increasing at the senior level (7.31). The junior level of nursing is known to be stressful at this college, so it was not surprising to see the highest average of nursing school-related stress at the junior level. However, the average increase of “all stress” at the senior level, in light of the average decrease in school-related stress, was unexpected. Clearly, students are experiencing personal stress in addition to stress related to their academic study.

Students were asked to assess their ability to manage the stress in their lives. Juniors reported the highest level of ability to manage their stress (6.52), while seniors reported the lowest level, at nearly a full point below the junior class average (5.67). These averages may reflect a fatigue with nursing education or the strain of balancing all responsibilities at the senior level. As noted above, senior students also reported the lowest average level of mental well-being; while some students are doing remarkably well with both well-being and their ability to manage stress, others are clearly struggling at each academic level.

In the free response section, students reported activities that they do to contribute to their well-being. Broad categories of response include self-care, exercise, spirituality, therapy,

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sleep, nutrition, and supportive relationships. All of these are important pieces of well-being, showing that students have varying levels of these skills prior to intervention.

Students identified that faculty actions can positively affect well-being and coping. When students were queried on what professors do that contributes to mental well-being, responses included professor-led study groups, stress relievers in class, resource provision, bringing snacks to class, mentoring meetings, and being clear about course expectations. Professor flexibility and support, including checking in on students and encouraging self-care, were also appreciated by students. Several students requested more faculty time spent in support, self-care, and mindfulness education and practice.

### **Program Design**

The needs assessment provided evidence that while students at this small, liberal arts college in the Midwest have varying levels of well-being, stress, and their ability to manage stress, faculty interventions are perceived as helpful. This, in combination with the literature review, provided a way forward into addressing mental well-being, and resilience development in nursing students.

The design of this DNP project was project development, implementation, and evaluation. The project consisted of interventions at each level of the final three years of the nursing curriculum and was designed to enhance mental well-being and contribute to the development of resilience for undergraduate nursing students. Interventions included education as well as individual and group approaches to maximizing mental well-being and building resilience.

### **Setting**

The setting for this DNP project was a small, liberal arts college associated with the Mennonite denomination in the Midwest. Between 2012 and 2022, nursing class sizes at this college have varied between 16 and 33, with an average of 22 students. The nursing student

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body is currently ethnically diverse and includes international students as well as citizens of the United States. Over the past four years, between one-third and one-half of the nursing students have identified as Latino, reflecting the wider community.

### **Participants**

The target audience was all undergraduate nursing students, beginning with 200-level courses and following through the degree. Content was presented in nursing courses during one semester each of the sophomore, junior and senior years, and students were encouraged to use techniques and skills that they have learned.

### **Instruments for measurement**

While the program was project development rather than research, growth was assessed by use of four valid and reliable scales, as well as opportunities for qualitative feedback. The chosen scales were the Self-Compassion Scale, the Mindfulness Attention Awareness Scale, the Brief Resilience Scale, and the PERMA Profiler Scale of well-being. These are discussed in more detail in the fourth chapter.

### **Description of the project and timeline**

The project consisted of unique foci on each grade level, as well as four concept threads woven throughout the project. These threads were growth mindset, character strengths, mindfulness, and community building. On each grade level, each of these concepts were addressed and developed. While small changes occurred in response to student needs, appendix H provides the outline for sessions for each grade level.

All three levels were developed and implemented over the spring semester of the 2022-2023 academic year following IRB approval. A summary table of sessions is included in appendix H.

### ***Sophomore level***

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During the sophomore year, six project sessions were integrated into the course entitled Concepts and Strategies of Nursing. Topics included stress and its effects on health, mindfulness, growth mindset, self-compassion, an introduction to Via Institute's 24 Character Strengths, and resilience building through healthy practices. Sessions lasted approximately 30 minutes and included a mix of brief lecture, active learning, and reflection. Attention was given to community building during each of the six sessions.

### ***Junior level***

At the junior level, program sessions were integrated into the Gerontological Nursing course. Once a week, 15-30 minutes of class was dedicated to resilience education and development. Topics at this level included stress and the stress cycle, mindfulness, emotional intelligence, self-compassion, and practices to deal with stress and trauma in nursing, including the introduction and use of the RAIN practice (Recognize, Allow, Investigate, and Nurture) in working with one's own response to stress.

### ***Senior level***

Project sessions during the final year of nursing school were integrated into Community Health Nursing. Over the seven weeks of the course, approximately 30 minutes each week was allotted to the project. Topics included stress and the stress cycle, mindfulness, self-compassion, growth mindset Via Institute's 24 Character Strengths, the RAIN practice, trauma-informed care on an institutional level, and development of a personal resilience practices plan for the first year of nursing practice.

### **Resource requirements**

There were no additional resource expenses for the implementation of this project. All four tools of measurement are in the public domain, and there was no cost attached to using them. Resources were freely available on-line or in books that were obtained through the college's library. Because the time and energy required to design and implement this program

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was embedded in the DNP project, there was no financial cost associated with either development or implementation.

### **Institutional Review Board Approval**

Approval of the institution's IRB was secured following the successful defense of this proposal and before any project implementation began. While data was collected, this DNP project was the implementation of a project rather than research.

## CHAPTER 4: RESULTS AND ANALYSIS

### Data Collection

As noted in chapter three, four Likert scale instruments were utilized for collecting data in this project. All four scales reside in the public domain and the authors have granted permission to use them provided they are properly cited. Additionally, each of these scales was easily self-administered. All four scales are included in the appendices of this proposal (see appendices D, E, F, and G).

The self-compassion Scale (Neff, 2003) is a 26-item instrument which measures six domains of compassion towards oneself: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. Neff's (2003) original research provided evidence that self-compassion scores covary with well-being. Validity and reliability were established in the three original cohorts, which consisted of two undergraduate samples and a sample of 43 Buddhist practitioners (Neff, 2003).

The Mindfulness Attention Awareness Scale (Brown & Ryan, 2003) is a 15-item tool which measures mindfulness in and attention to the present moment. Brown & Ryan's (2003) original research established convergent and discriminant validity. A more recent study (Abdi et al., 2015) has established reliability among Persian adolescents (Cronbach's alpha= 0.76).

The final two scales utilized in this project measured resilience and well-being. The Brief Resilience Scale (Smith et al., 2008) is a 6-item instrument which measures one's ability to bounce back or recover from stressful events or hardships. While the Brief Resilience Scale has been found to be valid and reliable in various populations, including cardiac rehabilitation (Smith et al., 2008) and the elderly in Brazil (da Silva-Sauer et al., 2021), one of the original populations in which reliability and validity were established was undergraduate students (Smith et al., 2008). Butler & Kern's 23-item PERMA Profiler Scale (2016) measures well-being in 5 domains: positive emotion, engagement, relationships, meaning, and

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accomplishment. Reliability as measured by Cronbach's alpha varied from 0.82 to 0.97 (Butler & Kern, 2016) in sample sizes as small as 166 and as large as 31,966 people.

During this DNP project, the PERMA profiler Scale (Butler & Kern, 2016) was administered once at the junior and senior levels to measure levels of well-being. At the sophomore and the junior levels, the Mindfulness Attention Awareness Scale (Brown & Ryan, 2003) and the Self-Compassion Scale (Neff, 2003) were administered at the beginning of the program and at the end. On the senior level, the Brief Resilience Scale (Smith et al., 2008) was administered at the beginning of the program.

In addition to the four scales, students were invited to provide qualitative feedback on the program.

### **Results and Data Analysis**

While this project was designed to implement evidence and was not research per se, data were gathered for ongoing quality improvement for student interventions. It is possible that some of the data collected will be disseminated in nursing journals, conferences, or in other information-sharing media.

#### **Quantitative analysis**

In exploring the program's effectiveness and tracking student well-being, the Mindfulness Attention Awareness Scale and the Self-Compassion Scale were analyzed for statistical significance. As noted, these scales were administered at the sophomore and junior level prior to and at the end of the intervention period. The distribution and the mean score of each scale were utilized in analysis, and increases in several subscales of the Self-Compassion Scale were noted. Because the data were not uniformly normally distributed, these results were analyzed using the Wilcoxon Rank Sum Test, a test of statistical significance for non-normally distributed data. The data, along with the p-value for statistical significance, if applicable are found in the table below.

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**Table 4.1***Selected Self-Compassion Scale pre- and post-intervention subscale results*

	Sophomore			Junior		
	Pre-	Post-	P-value	Pre-	Post-	P-value
Common Humanity	3.1458	3.4011	0.269	3.000	3.0375	NA
Isolation*	2.4742	2.5536	0.650	2.5833	2.825	0.453
Over-Identification*	2.6295	2.7321	0.751	2.5167	2.475	NA
Self-judgment*	2.6833	2.8571	0.423	2.6	2.49	NA
Self-kindness	3.0072	3.1286	0.431	2.8133	3.03	0.443

*\*Note: "Isolation," "over-identification," and "self-judgment" are reverse-scored in the Self-Compassion Scale; a higher score on any of these three scales represents an improvement (i.e., a decrease) in the attribute.*

While increases are noted in the mean score for several Self-Compassion Scale subscales (Community Humanity, Isolation, Over-identification, Self-judgement, Self-kindness), none of these increases were statistically significant. Given that the sample sizes were quite small for statistical analysis (sample sizes varied from 14 and 24 students), it is unsurprising that there was no evidence of statistical significance, and the lack of statistical significance should not be taken as evidence that interventions were not effective.

**Qualitative analysis**

Students were given the opportunity to provide qualitative feedback. Specifically, students were asked to identify a concept or idea that will stick with them and one thing that they would change in the program. Additionally, space was provided for other feedback. Thirty-one students provided feedback, encompassing all three grade levels. As experts in their own lives, student feedback was valued, and responses were assessed for themes that will be helpful in improving the program. Overall, qualitative feedback was positive, and the feedback content will be integrated into the recommendations for future programs.

**Self-care**

Eleven students identified self-care as the one concept that will remain with them from the interventions. While generally this category focused on the student caring for themselves,

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the thread of utilizing external support systems in self-care was also present. Students identified that self-care is a prerequisite to providing care for others and facing challenges successfully. Students referenced class activities such as the self-care concept map and being aware of their feelings as positive learning experiences.

Within the domain of self-care in qualitative analysis, the practice of RAIN was identified by three students. RAIN is an acronym that stands for “recognize, allow, investigate, and nurture,” and is a tool that was introduced in sessions that can be used as an emotional skill. In this process, students were encouraged to become aware of and accept their emotions, to probe with curiosity why they were feeling a certain way, and to ascertain what next steps would allow them to nurture themselves.

### ***Self-compassion***

Nine students identified self-compassion or self-kindness as a primary concept. Over half of these students made mention of “treating themselves as kindly as they would treat a friend.” This idea also surfaced during the class activity when students were encouraged to imagine what they would say to a friend who was having a difficult day, and then imagine what they might say to themselves in the same situation. Students’ comments in that setting largely centered around their own negative self-talk, recognizing that they are less compassionate to themselves than they are to others.

Along with self-compassion, students mentioned ancillary concepts of having the same grace, patience, respect, and concern for themselves as they would have for a good friend. Particularly in the face of failing at some task, self-kindness was identified as a critical skill.

### ***Mindfulness***

A final theme that emerged was the usefulness of mindfulness or meditation. Five students identified mindfulness or meditation as their primary concept from the session. During class sessions, techniques such as guided and silent meditation were introduced and practiced.

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Additionally, sessions included input and experimentation with mindful eating and mindful nursing practice.

Some students were enthusiastic regarding meditation (several students suggested starting every class with a 3- or 5-minute meditation), while one student suggested offering meditation only outside of class. This range of responses speaks to the challenge of providing input that students identify as helpful.

### ***Student suggestions***

Students were free with suggestions when feedback was elicited. Four students requested fewer lectures and less discussion about concepts and more active, hands-on experiences. One student mentioned the mindful eating experience as positive, and they voiced their desire for more opportunities in that vein.

Two students requested more content on skills for coping with stress. Lecture and discussion regarding the stress cycle was generally well-received by all three levels (sophomore, junior, and senior). This is a content area that could be more deeply developed in the future.

Finally, a handful of suggestions were mentioned by individual students. One student recommended giving extra credit for students who reach out for counseling on campus. Another student advised giving self-care assignments outside of class that involve students connecting with each other. One student felt that time should be spent on self-love, while another felt that the topic of self-appreciation should be addressed. Both of these could be packaged along with self-compassion in the future.

### ***Timing in the nursing curriculum***

Sophomore students were asked one additional question regarding the timing of this intervention. As students in their second semester of introductory nursing courses, it was not clear if this emphasis on mental well-being would feel too soon in the curriculum or too late.

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Sophomore students therefore were asked, “do you find this content to be helpful at this time of your nursing career? Would it have been better to have had this in the fall with Nursing 210 or another time?”

Nine students responded to this prompt, and the majority stated that this point in their nursing career was the right time for this introductory content into mental well-being. One student did not give their reasoning, but stated that they thought it would have been more helpful in the fall introductory course, Nursing 210. Another student felt the content would have been more helpful in the junior year, when students have even more work.

Seven of the sophomore students, however, felt that this content was appropriate and helpful at this time of the curriculum. Student comments included “learning this early can help you deal with stress that arises... (in) years to come” and “going into my third year... I will be able to use these discussions to better my mental well-being.”

## CHAPTER 5: DISCUSSION

A noticeable gap exists between the self-care that nurses are called to (American Nurses Association, 2015) and the reality of critically low mental well-being in both nurse and nursing student populations (American Nurses Foundation, 2021; Ribeiro et al., 2020). While the corporate responsibility to well-being cannot be ignored and health care institutions have a responsibility to be healthy places in which to work, personal responsibility to mental well-being is a necessary piece of the current situation. This DNP project was one foray into the jungle of evidence-based mental well-being approaches and resources.

There is much to accomplish during nursing education, and certainly nursing educators lament on occasion that there is not enough time for practical and didactic educational activities. While a thread of mental well-being throughout the final three years of nursing school may feel like one more demand on educators' and students' time, the interventions of this project were not onerous to implement, did not require extensive amounts of time to present, and were generally well-received by students. It is the recommendation of this author, therefore, that interventions continue to evolve and be integrated into the curriculum.

### Recommendations

Moving forward from this project, a comprehensive approach to mental well-being education nestled within the nursing degree is endorsed by this author. Weaving threads of mental well-being throughout the final three years of nursing education will provide students with a base of knowledge and practice that will serve them well as they transition to professional nursing practice. Attention was given in these recommendations to the time required to implement interventions, and an effort was made to create an integrated curriculum for mental well-being education and practice that would be sustainable on the part of faculty.

Recommendations were presented to the director and assistant director of the undergraduate department of nursing at the college in which this project intervention was

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conducted (see appendix I for Recommendation Memo). Six educational sessions are recommended on the sophomore level, introducing an overview of mental well-being, the Department of Nursing's approach to this topic, and four core concepts (mindfulness, self-compassion, growth mindset, and character strengths). The introduction of these concepts in the sophomore year of nursing education allows for them to be revisited in the junior and senior year, deepening students' understanding and use of these concepts and related skills. Furthermore, sophomore students overwhelmingly identified the sophomore year as a good time to begin such education, prior to clinical experiences and stresses related to the junior year. Power Point presentation templates for the six sessions are included in appendix J and can be personalized by faculty who are presenting.

Because students identify the junior year of nursing at the college in which this project was implemented as the most stressful educational year, it is recommended that concepts and skills introduced in the sophomore year be revisited in an integrated manner during junior year clinical courses. In this way, students and faculty are utilizing the strengths of the concepts and skills without spending an inordinate amount of time on them. Each of the four core concepts can be integrated into a specific clinical rotation: mindfulness will be paired with Nursing Care of the Adult I, self-compassion with Nursing Care of the Adult II, growth mindset with Nursing Care of the Child, and character strengths with Nursing Care of the Expanding Family. Templates for a Power Point presentation for each of these concepts are included in appendix K. During the first week of class, faculty are encouraged to personalize these templates and present them to students, and in ensuing weeks, faculty will be encouraged to integrate the concept for the clinical into the post-clinical conference, discussions, and course-related topics. The Recommendation Memo (appendix I) includes faculty resources for integrating concepts into clinical experiences.

## MENTAL WELLBEING AND RESILIENCE IN NURSING STUDENTS

During the senior year, trauma-informed care and secondary trauma are introduced (see appendix L for a Power Point template for this presentation). This topic is particularly apropos during the final year of nursing education as students are preparing to enter the nursing workforce. During course work and clinicals, students will be encouraged to bring skills developed in the previous two years (i.e., mindfulness, stress-reduction, growth mindset, self-compassion) to trauma-informed care and secondary trauma. While this topic could fit in any of the four senior clinicals at the college in which this project was implemented (Community Health Nursing, Acute Care Nursing, Mental Health Nursing, and Leadership), it is the recommendation of this author that trauma-informed care and secondary trauma be housed in Community Health Nursing at this time.

In order to track aggregate student progress over time, three quantitative scales and a qualitative survey can be utilized. For details of evaluation scales and surveys, see the recommendation memo (appendix I). Because the PERMA-Profilier Scale of Wellbeing (appendix F) provides detailed insight into 5 domains (positive emotion, engagement, relationships, meaning, and accomplishment), it is recommended that this scale is used yearly to track aggregate class scores. Other scales to be used intermittently during the program are the Self-Compassion Scale (appendix G) and the Mindfulness Attention Awareness Scale (appendix E).

### **Plan for Dissemination**

Within the Midwestern college in which this project was undertaken, dissemination will occur in the Department of Nursing with the Recommendation Memo to the director and assistant director of the undergraduate department of nursing (appendix I). Presentations to nursing faculty will assist in dissemination of this material and will be critical to the success of implementation of the recommendations, as other faculty members take on roles in this comprehensive approach to mental well-being education.

## MENTAL WELLBEING AND RESILIENCE IN NURSING STUDENTS

Additionally, four student-oriented posters were developed as part of this project. These posters focused on a general introduction to well-being (appendix M) and the concepts of growth mindset (appendix N), self-compassion (appendix O), and mindfulness (appendix P). These posters can be displayed throughout the department of nursing for the education of both students and faculty.

Finally, the project implementation and recommendations will potentially be disseminated through journal(s) and poster presentations. A scholarly article will be written and submitted to *Nurse Educator*, a journal dedicated to practical nursing education articles. The state nursing organization publication is another potential site of dissemination.

### **Conclusion**

Nursing has always been a profession which demands a fortitude of mental strength and well-being for every practitioner. Clearly, the stress on nurses and nursing students have not lessened over the years (American Nurses Association, 2021; Ribeiro et al., 2020). In the absence of a national conversation on mental well-being in the nursing profession and nursing education, individual schools and healthcare organizations bear responsibility to model and teach skills of mental well-being as well as being healthy institutions in which people can safely and effectively work and learn. This project is one model by which nursing education can integrate mental well-being education into the nursing curriculum without undue stress for either educators or students.

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## MENTAL WELLBEING AND RESILIENCE IN NURSING STUDENTS

## Appendix A

## Institutional Review Board Exemption Letter



Susan Setiawan &lt;susans6@[REDACTED]&gt;

**IRB Exemption**

Tue, Jan 10, 2023 at 3:36 PM

To: Susan Setiawan &lt;susans6@[REDACTED]&gt;

Dear Susan,

I am pleased to inform you that the [REDACTED] IRB has reviewed your project, "Mental Well-being and Resilience in Nursing Students" and determined it to be exempt from continuing IRB oversight. You may begin research as proposed in your application.

If you make any changes to your research protocol, please contact me to obtain IRB review and approval. I have assigned the tracking number 007-2223 to your project. Please include the tracking number in all your communications with me so that I know we are communicating about the right project.

Thanks for your efforts and your engagement with research at [REDACTED]

Congratulations,

Chair, [REDACTED] IRB

--

[REDACTED], PhD  
Director of Institutional Research and Assessment  
Assistant Professor of Bible and Religion

Phone: [REDACTED]

Pronouns: he/him/his

MENTAL WELLBEING AND RESILIENCE IN NURSING STUDENTS

Appendix B

Mental Well-being Needs Assessment: Sophomore

11/5/22, 11:10 AM

Mental well-being needs assessment (Sophomore class)

### Mental well-being needs assessment (Sophomore class)

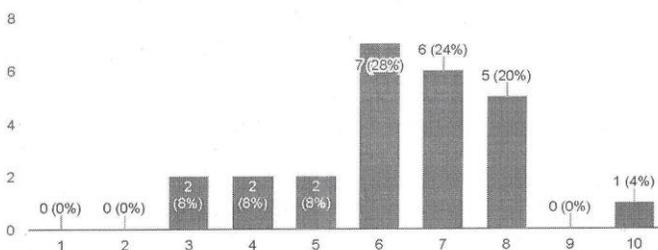
25 responses

Publish analytics

How would you rate your current overall mental well-being?



25 responses



Optional: if you'd like to, say more about your overall mental well-being.

8 responses

I love my nursing class, but my nursing supporting classes are incredibly stressful. I feel like I am so behind on sleep because of them.

it's challenging to balance work, school, family life

I would say that when it comes to my mental well-being it comes in go in small spurts and some days are harder then others. I haven't really learned how to cope with and deal with my well- being.

It is a bit up and down through weeks but I try to stay positive

I think balancing my study time and life time

I have anxiety so sometimes I struggle with my mental health but overall it is at a pretty good state . I also struggle with stress management and I get overwhelmed sometimes.

I feel very safe in my home life/environment and am enjoying classes but have experienced an increase in anxiety due to work and aa busy schedule.

I wouldn't say I'm in my absolute best, but its not the worst either.



MENTAL WELLBEING AND RESILIENCE IN NURSING STUDENTS

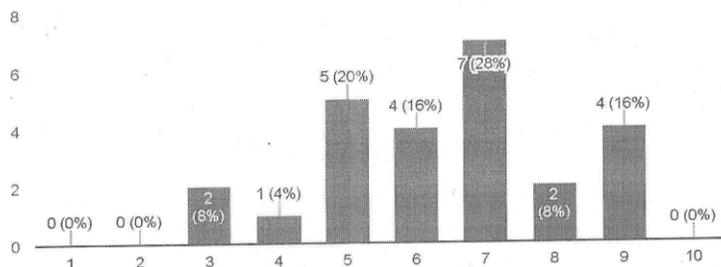
11/5/22, 11:09 AM

Mental well-being needs assessment

How would you rate your stress from nursing school (including classes and clinicals)?

Copy

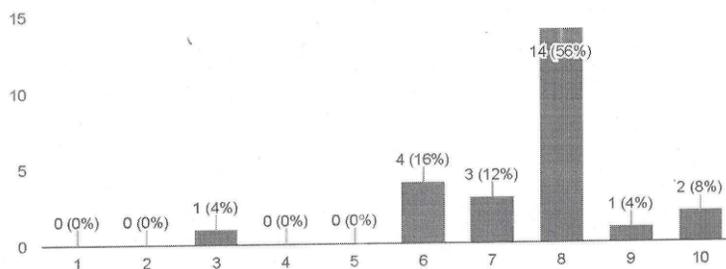
25 responses



How would you rate your stress from all of your life (school, work, family, sports, etc.)?

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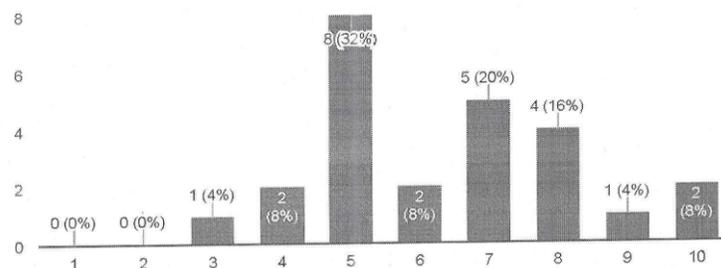
25 responses



How would you rate your ability to manage the stress in your life

Copy

25 responses



## MENTAL WELLBEING AND RESILIENCE IN NURSING STUDENTS

11/5/22, 11:09 AM

Mental well-being needs assessment

What do you do that contributes to your mental well-being?

23 responses

Take time just for myself throughout the day or Take breaks during my day to rest with my cat or do something with my friends.

try to take time for myself when i can, try to relive stress with fun activities.

I read or go on walks and go to therapy weekly

Distract myself by doing something enjoyably such as shopping, grabbing coffee

Self care

Always stay positive

Journal, exercise, talk to family and friends, spend time with loved ones

Taking breaks, working out, playing softball, watching movies

I try to find time to allow for self-care, I think that s most important

I give my self breaks during the weekends to not feel overwhelmed.

I go to therapy and do self-care

Talking about my life stress to someone, doing exercise to clear my mind

Talking to someone about it and participating in physical activities

Spending time with the people who make me happy

Doing things I enjoy like hanging out with friends/family and going to the gym

Taking time for myself to read a book or relax and watch TV with my cat.

Exercising, praying, being responsible

Eat healthy food, drink a lot of water, exercise regularly ,sleep

I go on walks, listen to music, etc to relieve any stress I may have which helps my mental well-being. I also take breaks from studying or homework when it gets too overwhelming.

Doing some sort of physical activity helps my mental well-being.

Creative outlet through paper crafts, kayaking and spending time with family.

Athletics and a healthy social life.

I try to think about the positives in life. Try to not focus on what I don't have, but instead on what I do.



## MENTAL WELLBEING AND RESILIENCE IN NURSING STUDENTS

11/5/22, 11:09 AM

Mental well-being needs assessment

What do your professors or the college do that contributes to your mental well-being?

23 responses

Some of my professors check in on me when they can tell I am having a rough time. Most professors are also open to listening to feedback or possible compromises, especially if it benefits the whole class.

Some of them check in to see how students are doing.

Ask if I am doing okay

Being understanding and being there for additional support. I feel like not being there for a student decreases their ability to function in class.

Nothing

Mentor me always

Assigning to many assignments at once, not going over certain materials in timely manner, being unorganized

Provide support or always being there to talk to

I like that most of my professors tend to check in with students, it makes it seem like they care.

I believe that they are very understanding when situations get stressful.

they're understanding and offer help if you communicate

They are very understanding with life and school overall.

Encouragement and support

They understand all the stress we are under and give us opportunities to talk with them if we every need someone to talk to.

They check in from time to time

My professors are wonderful and very open to listening to me.

Provide resources that help with assignments

They suggest us to take break after classes

Ask how we are doing every day, ask how we are managing our stress, set up meetings to talk to us about any concerns we have about assignments or class in general.

Providing information in advance so I can plan out my schedule.

Encourage us, and are understanding.



## MENTAL WELLBEING AND RESILIENCE IN NURSING STUDENTS

11/5/22, 11:09 AM

Mental well-being needs assessment

Provide flexibility and understanding of my busy schedule. I hardly ever use an extension if it's offered but it makes me feel better if one is offered before I even ask.

They check up on me and my classmates, each professor with their own methods.

Are there other activities or approaches that your professors or the college could do that would contribute to your mental well-being?

16 responses

N/A

It would help if the professors of nursing supporting classes would work together and work with the nursing professors more, or talk to us as nursing students in their classes, so that big assignments weren't due at roughly the same time.

Communicate and give extensions when needed

Yes

Creating a mindfulness class

Being on the softball team

Not that I can think of.

Activities that let us do something fun yet still related to class

Coordinate with other professors so there aren't multiple things due at the same time on the same day or multiple tests on the same day.

I don't know, most of it is on me

Organizing some relaxation activities

No, everything they are doing now is very helpful.

Provide more one on one meetings/ reflections

Have stress relief exercises and activities.



# MENTAL WELLBEING AND RESILIENCE IN NURSING STUDENTS

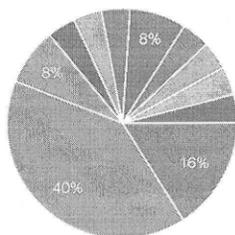
11/5/22, 11:09 AM

Mental well-being needs assessment

Check all activities that you use during the semester to manage your stress (select all that apply).

Copy

25 responses



- exercise
- spend time with family and fri...
- spend time in nature
- spend time alone
- watch TV or use social media
- spend time with pets
- read
- participate in artistic/craft acti...

1/2 ▼

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Google Forms



MENTAL WELLBEING AND RESILIENCE IN NURSING STUDENTS

Appendix B

Mental Well-being Needs Assessment: Junior

11/5/22, 11:11 AM

Mental well-being needs assessment (Junior class)

Mental well-being needs assessment (Junior class)

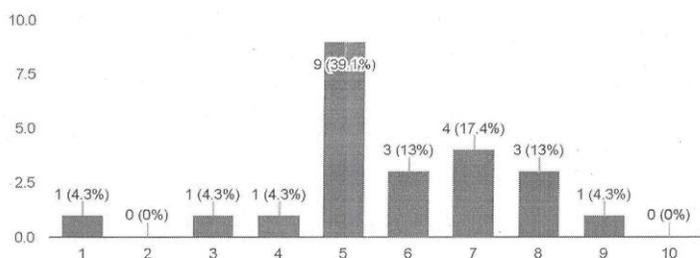
23 responses

Publish analytics

How would you rate your current overall mental well-being?

Copy

23 responses



Optional: if you'd like to, say more about your overall mental well-being.

4 responses

N/A

It fluctuates very rapidly

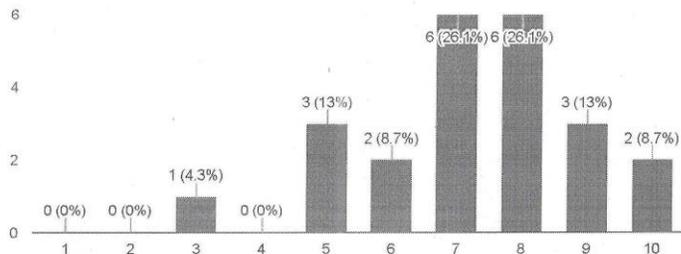
I just feel like I have to be on the go all the time and it's stressful.

none

How would you rate your stress from nursing school (including classes and clinicals)?

Copy

23 responses



MENTAL WELLBEING AND RESILIENCE IN NURSING STUDENTS

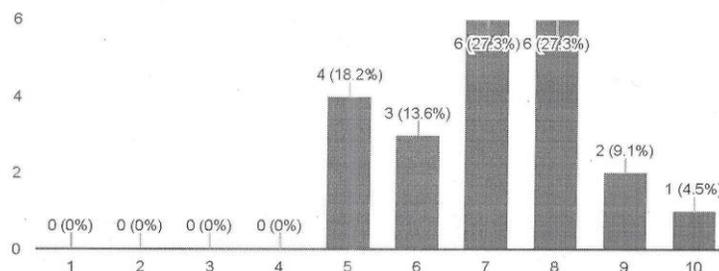
11/5/22, 11:11 AM

Mental well-being needs assessment (Junior class)

How would you rate your stress from all of your life (school, work, family, sports, etc.)?



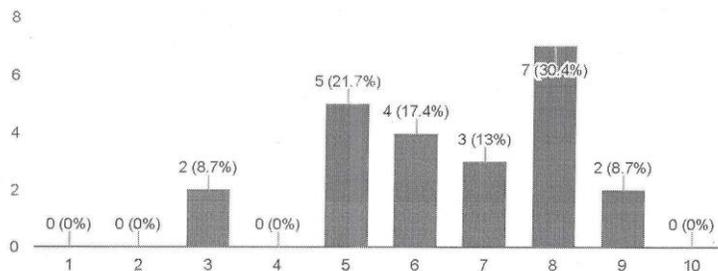
22 responses



How would you rate your ability to manage the stress in your life



23 responses



## MENTAL WELLBEING AND RESILIENCE IN NURSING STUDENTS

11/5/22, 11:11 AM

Mental well-being needs assessment (Junior class)

What do you do that contributes to your mental well-being?

19 responses

Chiropractic care, spending time with friends and family

Napping

Napping, watching movies

I try to exercise daily as a way to relieve stress. I also try to do something I enjoy everyday for at least 30 min such as reading a book, listening to music, or watching netflix.

Hanging out with my friends and working out helps calm me and free my mind

I like to spend time with family, as well as my dogs.

taking time to myself, giving myself time to do things so I am not rushed and making time to spend with my family and doing activities I enjoy

I make sure to get plenty of rest and stay ahead on my homework, to lesson my stress.

Rest

Exercise

Eat well

Giving myself grace -not being too hard on myself

sleep 8 hours

Exercise, sleep

I exercise frequently and feel involved with my family and friends

I make sure to make time either on weekends or on lighter days throughout the week to spend time with friends and family, and overall just take care of myself

I take time for myself, I try to prioritize eating & getting enough sleep. This is something I have struggled with throughout nursing school. I have become more disciplined regarding eating more and sleeping.

I just try to balance everything.

Spend time with family as much as possible and remind myself it's okay to take a break.

exercise

I like to take at least one day to myself which involves doing things that I enjoy doing. I also like to do at least one thing for myself everyday even if it means one hour to myself in order to feel motivated to continue working on homework, studying or what ever the task if for the day.

I attempt to sleep more or include small naps when I am able to. I also reach out to other nursing students and just chat to help distract and relax.



## MENTAL WELLBEING AND RESILIENCE IN NURSING STUDENTS

11/5/22, 11:11 AM

Mental well-being needs assessment (Junior class)

What do your professors or the college do that contributes to your mental well-being?

19 responses

Allow for extensions, remind you to focus on your self care

Offering study groups

They have stress relievers, Study sessions

They are very easy to communicate with and are willing to accommodate if they know your situation.

being understanding when things come up in life

They are always welcoming and encourage me to ask questions or go to them with concerns.

Being there and understanding

They are always there to talk to me and calm me down when I am having a tough day.

Support

be understanding about things

Counseling and advises

they provide resources help me to study the content and suggest different strategies if mine aren't working

they are helpful in providing resources and helping us whenever we may feel overwhelmed with school work, such as giving extensions or trying not to assign and major assignemtn when they know we have other major assignments in cther classes

They check up on us and ask how we are doing. They understand if we need more time on an assignment and they are there if we need someone to talk to about life.

They encourage us to talk to them when we are feeling overwhelmed.

Professors encourage us to sleep and take a break to enjoy our surroundings (including family). They overall also emphasize the importance of mental health and encourage us to speak up if we are having issues.

helpful

I am not one to really talk about my mental health or problems with professors but I have heard that professors reach out to students and ask how they are doing if they miss class or suspect something is going on.

usually, my nursing professors will reach out if they notice anything going on but I don't personally talk to any professors in general.



# MENTAL WELLBEING AND RESILIENCE IN NURSING STUDENTS

11/5/22, 11:11 AM

Mental well-being needs assessment (Junior class)

Are there other activities or approaches that your professors or the college could do that would contribute to your mental well-being?

14 responses

I wish we could be in groups with others where we spend time debriefing our week/month. This could also be a time to give advice and ask questions to other nursing majors and professors.

n/a

give up positive encouragement

No

No

I wouldn't have time to do them, regardless if there was.

Meditation after class

not make so many activities mandatory

more food :)

I think confining to be there for their student. I am an athlete and it is important to me that I receive support on both sides of the spectrum.

I don't know.

We can do in class activities that give us a bit of time to debrief with one another.

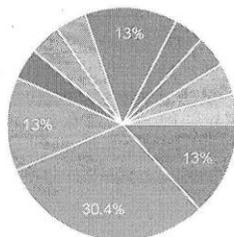
I am unsure because I think it depends on the person and weather they wanna speak out on how they are doing or if they want to keep to themselves.

I don't believe there are particular activities our professors incorporate to help with mental health but we will take moments to acknowledge that mental health is real and to practice self-care.

Check all activities that you use during the semester to manage your stress (select all that apply).



23 responses



- exercise
- spend time with family and friends
- spend time in nature
- spend time alone
- watch TV or use social media
- spend time with pets
- read
- participate in artistic/craft activities

1/2 ▼



# MENTAL WELLBEING AND RESILIENCE IN NURSING STUDENTS

## Appendix C

### Mental Well-being Needs Assessment: Senior

11/8/22, 10:45 AM

Mental well-being needs assessment: seniors

#### Mental well-being needs assessment: seniors

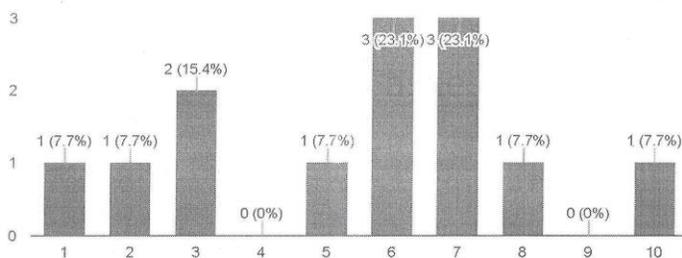
13 responses

[Publish analytics](#)

How would you rate your current overall mental well-being?

 Copy

13 responses



Optional: if you'd like to, say more about your overall mental well-being.

5 responses

I took a trip this summer that was transformational to my mental health and well being

There are periods where it is worse than others. I would say it oscillates between 7 and 8 for the most part. The large majority of it is due to other non-nursing stress. Junior year kinda taught me how to deal with school stress.

I think I am so overwhelmed between my home life and nursing school. And i get very anxious at times which does no good to me at all.

As the season is changing, I've noticed that my mental wellness has decreased greatly. I've been struggling to get through it, but overtime I feel like it will get better.

My anxiety has been threw the roof lately. It's hard to control it at times and I stress so much about things I shouldn't. Not quite sure how to control my anxiety.



MENTAL WELLBEING AND RESILIENCE IN NURSING STUDENTS

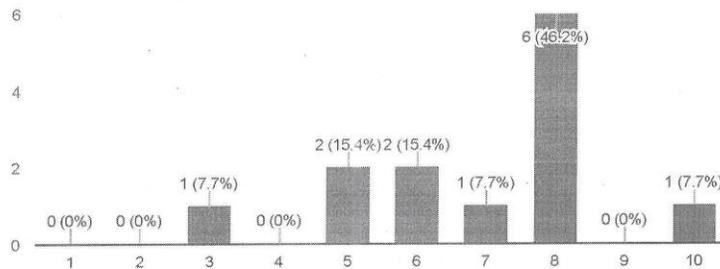
11/8/22, 10:45 AM

Mental well-being needs assessment: seniors

How would you rate your stress from nursing school (including classes and clinicals)?



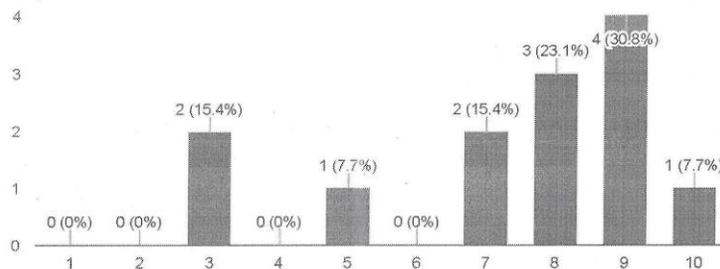
13 responses



How would you rate your stress from all of your life (school, work, family, sports, etc.)?



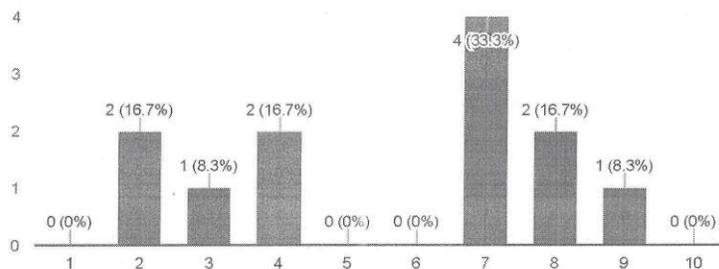
13 responses



How would you rate your ability to manage the stress in your life



12 responses



## MENTAL WELLBEING AND RESILIENCE IN NURSING STUDENTS

11/8/22, 10:45 AM

Mental well-being needs assessment: seniors

What do you do that contributes to your mental well-being?

13 responses

Alone time to recharge, exercise in ways that make me feel energized and strong, listen to music that brings me joy, paint, eat yummy food, spend time with my family, watch movies,

Spending time with family, going outside, talking about my experiences and feelings, letting out my emotions in the form of crying (makes me feel better afterwards), and exercising.

Spend time with my cat, sing, weekly dinner with friends, weekends with my partner, calling my parents

I stay organized. I write everything down and make lists. I complete assignments as soon as possible. Do not procrastinate.

do self care, talk it out with someone, spend time with family

Trying to relax my mind by sleeping, relaxing, watching some tv shows

I do therapy session, and sleep. watch TV

Doing things that I enjoy, being around friends and family.

read and spend time with family

family support

I try to go to the gym everyday in the morning to sort of wake me up. Throughout the day I might also allow myself 30 min breaks between classes or at home when I'm studying/doing homework.

When my mental well-being is not at its highest, I tend to not want to do homework and stay close to my daughter and that's what I do.

Therapy



## MENTAL WELLBEING AND RESILIENCE IN NURSING STUDENTS

11/8/22, 10:45 AM

Mental well-being needs assessment: seniors

What do your professors or the college do that contributes to your mental well-being?

13 responses

Reassure me that everything is okay, being relaxed

Reminding us that they are there for us.

Bringing snacks to class sometimes, office hours

They are flexible and understanding. They are also organized and this way I can plan life around the course schedule.

offer help, remind us to take a deep breath, one poor score should not affect our ability of becoming nurse

advice, recommending help from other students or other professionals

Give us less work at times, have some leniency in turning in some assignments at times

Being available as a resource when needed.

Group work, extending time on assignments

Demonstrating compassion, empathy, and kindness

They often do check ins. Most of them even start class by just taking a deep breath and allowing us to reflect. There are many times when they also just let us know they believe in us and that everything is going to be okay.

Acknowledging that we have a life outside of school and that they are there for anything we need

They can be flexible when you reach out for help



# MENTAL WELLBEING AND RESILIENCE IN NURSING STUDENTS

11/8/22, 10:45 AM

Mental well-being needs assessment: seniors

Are there other activities or approaches that your professors or the college could do that would contribute to your mental well-being?

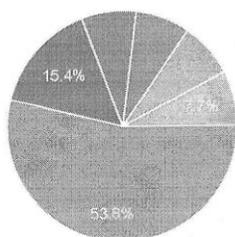
11 responses

- Continued reassurance, allowing us to take ownership of our paid education
- Possibly incorporating a stress-relieving activity (e.g. coloring activities) into the mentor meetings?
- I think just continuing mentor meetings
- More group work
- yes. Like group talks which I find them to be so encouraging
- N/A
- be more flexible
- No, I feel the professors all genuinely care about us.
- They are very understanding and just continuously let us know to ask for a moment if we need it.
- Being flexible when we have a lot of other school assignments due within the same week
- They could check in with the students more



Check all activities that you use during the semester to manage your stress (select all that apply).

13 responses



- exercise
- spend time with family and friends
- spend time in nature
- spend time alone
- watch TV or use social media
- spend time with pets
- read
- participate in artistic/craft activities

1/2

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## MENTAL WELLBEING AND RESILIENCE IN NURSING STUDENTS

## Appendix D

## Brief Resilience Scale



THE OHIO STATE UNIVERSITY

Brief Resilience Scale (BRS)

Please respond to each item by marking <b>one box per row</b>		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
BRS <sub>1</sub>	I tend to bounce back quickly after hard times.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
BRS <sub>2</sub>	I have a hard time making it through stressful events.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
BRS <sub>3</sub>	It does not take me long to recover from a stressful event.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
BRS <sub>4</sub>	It is hard for me to snap back when something bad happens.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
BRS <sub>5</sub>	I usually come through difficult times with little trouble.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
BRS <sub>6</sub>	I tend to take a long time to get over set-backs in my life.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

**Scoring:** Add the responses varying from 1-5 for all six items giving a range from 6-30. Divide the total sum by the total number of questions answered.

**My score:** \_\_\_\_\_ item average / 6

Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: assessing the ability to bounce back. *International journal of behavioral medicine, 15*(3), 194-200.

## MENTAL WELLBEING AND RESILIENCE IN NURSING STUDENTS

### Appendix E

#### The Mindfulness Attention Awareness Scale

##### The Mindful Attention Awareness Scale (MAAS)

The trait MAAS is a 15-item scale designed to assess a core characteristic of mindfulness, namely, a receptive state of mind in which attention, informed by a sensitive awareness of what is occurring in the present, simply observes what is taking place.

Brown, K.W. & Ryan, R.M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology*, 84, 822-848.

Carlson, L.E. & Brown, K.W. (2005). Validation of the Mindful Attention Awareness Scale in a cancer population. *Journal of Psychosomatic Research*, 58, 29-33.

Instructions: Below is a collection of statements about your everyday experience. Using the 1-6 scale below, please indicate how frequently or infrequently you currently have each experience. Please answer according to what really reflects your experience rather than what you think your experience should be. Please treat each item separately from every other item.

- |           | 1  | 2                  | 3                      | 4                        | 5                    | 6            |
|-----------|--|--------------------|------------------------|--------------------------|----------------------|--------------|
|           | almost<br>always   | very<br>frequently | somewhat<br>frequently | somewhat<br>infrequently | very<br>infrequently | almost never |
| _____ 1.  | I could be experiencing some emotion and not be conscious of it until some time later.                       |                    |                        |                          |                      |              |
| _____ 2.  | I break or spill things because of carelessness, not paying attention, or thinking of something else.        |                    |                        |                          |                      |              |
| _____ 3.  | I find it difficult to stay focused on what's happening in the present.                                      |                    |                        |                          |                      |              |
| _____ 4.  | I tend to walk quickly to get where I'm going without paying attention to what I experience along the way.   |                    |                        |                          |                      |              |
| _____ 5.  | I tend not to notice feelings of physical tension or discomfort until they really grab my attention.         |                    |                        |                          |                      |              |
| _____ 6.  | I forget a person's name almost as soon as I've been told it for the first time.                             |                    |                        |                          |                      |              |
| _____ 7.  | It seems I am "running on automatic," without much awareness of what I'm doing.                              |                    |                        |                          |                      |              |
| _____ 8.  | I rush through activities without being really attentive to them.  |                    |                        |                          |                      |              |
| _____ 9.  | I get so focused on the goal I want to achieve that I lose touch with what I'm doing right now to get there. |                    |                        |                          |                      |              |
| _____ 10. | I do jobs or tasks automatically, without being aware of what I'm doing.                                     |                    |                        |                          |                      |              |
| _____ 11. | I find myself listening to someone with one ear, doing something else at the same time.                      |                    |                        |                          |                      |              |
| _____ 12. | I drive places on 'automatic pilot' and then wonder why I went there.  |                    |                        |                          |                      |              |
| _____ 13. | I find myself preoccupied with the future or the past.   |                    |                        |                          |                      |              |
| _____ 14. | I find myself doing things without paying attention.   |                    |                        |                          |                      |              |
| _____ 15. | I snack without being aware that I'm eating.   |                    |                        |                          |                      |              |

Scoring: To score the scale, simply compute a mean (average) of the 15 items.

## Appendix F

### PERMA-Profiler Scale of Well-being

Updated October 14, 2016 - MLK

**The PERMA Profiler**  
**Julie Butler & Margaret L. Kern, University of Pennsylvania**

#### Measure Overview

In his 2011 book *Flourish*, Dr. Martin Seligman, Distinguished Professor of Psychology at the University of Pennsylvania and one of the founders of the field of positive psychology, defined 5 pillars of wellbeing: PERMA (positive emotion, engagement, relationships, meaning, accomplishment). The PERMA-Profiler measures these five pillars, along with negative emotion and health.

#### **P and N = Positive and Negative emotions**

**Emotions** are an important part of our well-being. Emotions can range from very negative to very positive, and range from high arousal (e.g., excitement, explosive) to low arousal (e.g., calm, relaxed, sad). For **Positive emotion**, the PERMA-Profiler measures general tendencies toward feeling contentment and joy. For **Negative emotion**, the Profiler measures tendencies toward feeling sad, anxious, and angry.

#### **E = Engagement**

**Engagement** refers to being absorbed, interested, and involved in an activity or the world itself. Very high levels of engagement are known as a state called “flow”, in which you are so completely absorbed in an activity that you lose all sense of time.

#### **R = Relationships**

**Relationships** refer to feeling loved, supported, and valued by others. Having positive relationships with others is an important part of life feeling good and going well. Other people matter!

#### **M = Meaning**

**Meaning** refers to having a sense of purpose in life, a direction where life is going, feeling that life is valuable and worth living, or connecting to something greater than ourselves, such as religious faith, a charity or a personally meaningful goal. Meaning provides a sense that life matters.

#### **A = Accomplishment**

**Accomplishment** can be objective, marked by honors and awards received, but feelings of mastery and achievement is also important. The Profiler measures subjective feelings of accomplishment and staying on top of daily responsibilities. It involves working toward and reaching goals, and feeling able to complete tasks and daily responsibilities.

#### **H = Health**

Although not part of the PERMA model itself, physical health and vitality is another important part of well-being. The Profiler measures a subjective sense of health – feeling good and healthy each day.

## MENTAL WELLBEING AND RESILIENCE IN NURSING STUDENTS

Updated October 14, 2016 - MLK

**The PERMA-Profiler Measure**

#	Label	Question	Response Anchors
Block 1	<b>A1</b>	How much of the time do you feel you are making progress towards accomplishing your goals?	0 = never, 10 = always
	<b>E1</b>	How often do you become absorbed in what you are doing?	
	<b>P1</b>	In general, how often do you feel joyful?	
	<b>N1</b>	In general, how often do you feel anxious?	
	<b>A2</b>	How often do you achieve the important goals you have set for yourself?	
Block 2	<b>H1</b>	In general, how would you say your health is?	0 = terrible, 10 = excellent
Block 3	<b>M1</b>	In general, to what extent do you lead a purposeful and meaningful life?	0 = not at all, 10 = completely
	<b>R1</b>	To what extent do you receive help and support from others when you need it?	
	<b>M2</b>	In general, to what extent do you feel that what you do in your life is valuable and worthwhile?	
	<b>E2</b>	In general, to what extent do you feel excited and interested in things?	
	<b>Lon</b>	How lonely do you feel in your daily life?	
Block 4	<b>H2</b>	How satisfied are you with your current physical health?	0 = not at all, 10 = completely
Block 5	<b>P2</b>	In general, how often do you feel positive?	0 = never, 10 = always
	<b>N2</b>	In general, how often do you feel angry?	
	<b>A3</b>	How often are you able to handle your responsibilities?	
	<b>N3</b>	In general, how often do you feel sad?	
	<b>E3</b>	How often do you lose track of time while doing something you enjoy?	
Block 6	<b>H3</b>	Compared to others of your same age and sex, how is your health?	0 = terrible, 10 = excellent
Block 7	<b>R2</b>	To what extent do you feel loved?	0 = not at all, 10 = completely
	<b>M3</b>	To what extent do you generally feel you have a sense of direction in your life?	
	<b>R3</b>	How satisfied are you with your personal relationships?	
	<b>P3</b>	In general, to what extent do you feel contented?	
Block 8	<b>hap</b>	Taking all things together, how happy would you say you are?	0 = not at all, 10 = completely



MENTAL WELLBEING AND RESILIENCE IN NURSING STUDENTS

**Appendix H**

Proposed Program Outline

Some revision may occur during project implementation.

<p>Sophomore year</p> <ul style="list-style-type: none"> <li>• 6 sessions</li> <li>• Integrated into N211</li> <li>• Community-building integrated into each session</li> </ul>	<ul style="list-style-type: none"> <li>• Session 1: Education: the stress cycle, how stress negatively impacts mental and physical health; basic practices to build resilience (sleep, nutrition, exercise, supportive relationships, therapy as needed)</li> <li>• Session 2: Intro to 24 character strengths, mini-mindfulness moment (deep breathing), assess personal resilience practices plan</li> <li>• Session 3: Introduction to practice: mindfulness, self-compassion, and growth mindset.</li> <li>• Session 4: Review. What helps you personally bounce back? Mini-mindfulness moment (savor chocolate or raisin). Begin to craft personal resilience practice plan</li> <li>• Session 5: Revisit 24 character strengths, mini-mindfulness moment (progressive relaxation), review of stress and growth mindset.</li> <li>• Session 6: Wrap-up, assess personal resilience practices plan– how will you move forward?</li> </ul>
<p>Junior year</p> <ul style="list-style-type: none"> <li>• 14 weeks</li> <li>• Integrated into N308</li> <li>• Community-building integrated into each session</li> </ul>	<ul style="list-style-type: none"> <li>• Weeks 1-4: Review of mindfulness, growth mindset, and 24 strengths– students will review strengths, reflect in class on their strengths, and creatively represent strengths in some way.</li> <li>• Weeks 5-10: introduction to emotional intelligence and the RAIN practice for challenging clinical experiences (recognize, allow, investigate, nurture). Within each session, mindfulness and self-compassion practices will be built in, as well as building/adjusting own resiliency practices plan (including 24 strengths in practices plan)</li> <li>• Weeks 11-14: Review all so far, intro to trauma-informed care</li> </ul>
<p>Senior year</p> <ul style="list-style-type: none"> <li>• 7 weeks</li> <li>• Integrated in N408</li> <li>• Community-building integrated into each session</li> </ul>	<ul style="list-style-type: none"> <li>• Throughout all 7 weeks, will be building resilience practices plan for first year of nursing</li> <li>• Weeks 1-3: Review of RAIN, growth mindset, mindfulness, 24 character strengths, trauma-informed care, resilience practices plan</li> <li>• Weeks 4-6: Review of all + trauma-informed care on an institutional level</li> <li>• Weeks 7: Wrap-up, sharing of resilience practices plan</li> </ul>

## MENTAL WELLBEING AND RESILIENCE IN NURSING STUDENTS

### Appendix I

#### Post-program Recommendation Memo

Recommendation for mental well-being & resilience education in BSN nursing program  
September 2023  
College X

#### **Background:**

Nurses and nursing students in the United States currently report high levels of stress and low levels of emotional health. According to the American Nurses Foundation (2021), 74% of all nurses felt stress in their work, and a mere 35% of all nurses rated themselves as emotionally healthy. Furthermore, younger nurses (ages 25-34) were less likely to rate themselves as emotionally healthy than older nurses (American Nurses Foundation, 2021). In a similar fashion, nursing students report high levels of stress amid the demands of challenging academic work and clinical experiences, with a recent study finding that over half of all nursing students report worse health during nursing school than in the prior years (Martin et. al., 2022).

The purpose of this Doctor of Nursing Practice project was to develop and implement an evidence-based, unified approach to maximizing mental well-being and building resilience throughout the final three years of a small Midwest college's baccalaureate program of nursing, integrating education, individual skills, and community approaches. Upon completion of this project, the following recommendations are made.

#### **Sophomore year**

The sophomore year appears to be the best time to introduce the topic and specific concepts & skills. Three scales and six presentations are recommended. All three scales are in the public domain. Presentations could be condensed into one semester or spread out throughout the year with three presentations in the fall and three in the spring.

The recommended schedule for the sophomore year:

1. 3 weeks before 1st presentation: Mindfulness Attention Awareness Scale & Self-Compassion Scale administered
2. 1 week before 1st presentation: PERMA-profiler administered
3. Session 1: Introduction to mental well-being and resilience/stress cycle
4. Session 2: Introduction to mindfulness & character strengths
5. Session 3: Self-compassion
6. Session 4: Mindfulness (increased depth)
7. Session 5: Growth mindset
8. Session 6: Wrap-up
9. End of semester: PERMA-profiler administered along with a qualitative survey

#### **Junior year**

Junior nursing students participate in 4 clinical courses, each lasting 7 weeks. During this year, specific concepts can be integrated into specific clinical groups, with each clinical course providing a focus for a specific concept. The Self-Compassion Scale, Mindfulness Attention Awareness Scale, and the PERMA-profiler will again be administered (see recommended schedule below for specific information on scales).

## MENTAL WELLBEING AND RESILIENCE IN NURSING STUDENTS

The recommended schedule for the junior year:

- At the start of the year: PERMA-profiler administered
- Nursing Care of the Adult 1 (fall course): focus on mindfulness; Mindfulness Attention Awareness Scale administered at start and end of clinical
- Nursing Care of the Adult 2 (spring course): focus on self-compassion; Self-Compassion Scale administered at start and end of clinical
- Nursing Care of the Child (fall or spring course): focus on growth mindset
- Nursing Care of the Expanding Family (fall or spring course): focus on character strengths
- At the end of the year: PERMA-profiler administered along with a qualitative survey

Concept focus for each clinical course will consist of one short presentation (approximately 10 slides) on the concept during the first week of class, followed by integration of the concept into clinical post-conference discussions and clinical reflections. Faculty are encouraged to integrate these concepts in a manner that feels authentic to them. Possibilities include discussion questions during post-clinical conferences and/or reflection questions at the end of weekly care plan. See “faculty resources” section below for resources for clinical integration.

### Senior year

During the senior year, faculty are encouraged to integrate mental well-being concepts and skills into clinical courses. The additional well-being topic for this year is secondary trauma/trauma-informed care, which is potentially a fit in any of the 4 senior clinical settings (Community Health Nursing, Acute Care Nursing, Mental Health Nursing, and Leadership). At this time, it is recommended that Community Health Nursing own this topic, but it could belong to any of the four senior clinicals

The recommended schedule for the senior year:

- At the start of the year: PERMA-profiler administered
- Community Health Nursing: secondary trauma and trauma-informed care
- At the end of the year: PERMA-profiler administered along with a qualitative survey

### Faculty resources

- PowerPoint presentations (see appendices) which can be personalized
- Resources for mental well-being
- Resources for mindfulness
  - There are so many good online resources for mindfulness, among them:
    - <https://www.mayoclinic.org/healthy-lifestyle/consumer-health/in-depth/mindfulness-exercises/art-20046356#:~:text=Mindfulness%20is%20a%20type%20of,mind%20and%20help%20reduce%20stress.>
    - <https://www.mindful.org/meditation/mindfulness-getting-started/>
    - <https://jonkabat-zinn.com/> (Jon Kabat-Zinn is a well-respected expert on mindfulness; his books are also highly recommended)
  - <https://www.themindfulnessapp.com/> This app includes meditations from many of the mindfulness experts. You can search for both long and short sessions and/or specific topics. Some free content, some only accessible for paid users
  - Podcasts: there are many good apps, including Tara Brach, How to build a happy life, Metta Hour with Sharon Salzberg
- Resources for self-compassion

## MENTAL WELLBEING AND RESILIENCE IN NURSING STUDENTS

- Kristin Neff's website on self-compassion is full of information: <https://self-compassion.org/>
- Particularly, she provides a number of exercises here: <https://self-compassion.org/category/exercises/#guided-meditations>
- Neff also has a number of publications: <https://self-compassion.org/store/>
- Resources for growth mindset
  - Book: Mindset (Carol Dweck)-- Carol is the "big name" in growth mindset
  - Carol Dweck's ted talk: [https://www.ted.com/talks/carol\\_dweck\\_the\\_power\\_of\\_believing\\_that\\_you\\_can\\_improve](https://www.ted.com/talks/carol_dweck_the_power_of_believing_that_you_can_improve)
- Resources for character strengths
  - <https://www.viacharacter.org/>
  - There are a number of publications on character strengths: <https://www.viacharacter.org/resources/books>
- Resources for clinical integration:
  - Consider adding one concept reflection prompt on each care plan.
  - Consider beginning each post-clinical conference with a moment of silence to allow students to transition from the clinical experience to reflection and discussion.
  - Consider bringing the concept attached to your course into the post-clinical conference with questions such as "How did you bring mindfulness to your clinical experience today?" and "What was hard for you today and what can you do to learn from that experience?"
  - Consider encouraging students to apply the concept attached to your course to both their professional development and their personal life. For example, in self-compassion, how are students demonstrating self-compassionate in not only didactic and clinical nursing education, but also in their relationships with family and friends or in other aspects of their life?

### References (see PowerPoint slides for references related to PowerPoint content):

American Nurses Foundation (2021). Pulse of the nation's nurses survey series: Mental health and wellness. <https://www.nursingworld.org/~4aa484/globalassets/docs/ancc/magnet/mh3-written-report-final.pdf>

Martin, S. D., Urban, R. W., Johnson, A. H., Magner, D., Wilson, J. E., & Zhang, Y. (2022). Health-related behaviors, self-rated health, and predictors of stress and well-being in nursing students. *Journal of Professional Nursing*, 38, 45-53. <https://doi-org.ezproxy.goshen.edu/10.1016/j.profnurs.2021.11.008>

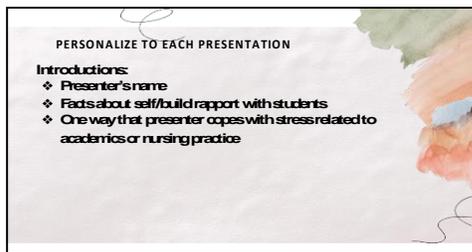
Appendix J

PowerPoint presentation templates for sophomore level

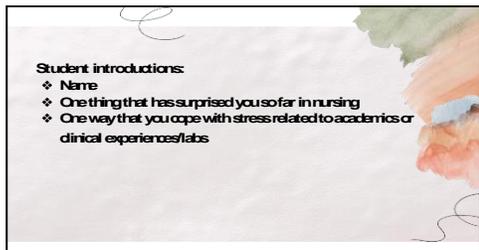
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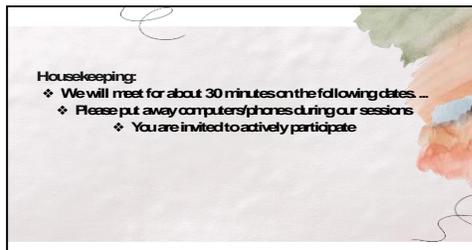
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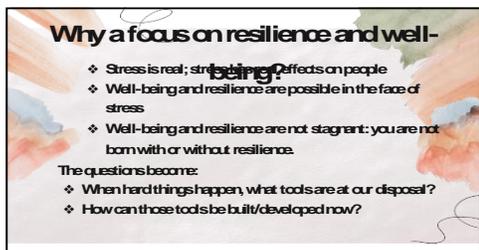
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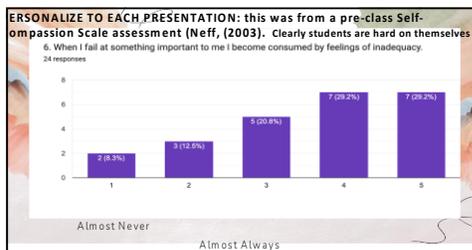
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6

9/15/23

### Stressors and the stress cycle

Stressors have existed since the beginning of time:

- Stressors today are different than stressors from before

7

### Stressors and the stress cycle

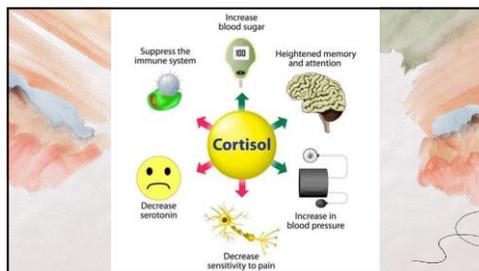
Stressors have existed since the beginning of time:

- Stressors today are different than stressors from before

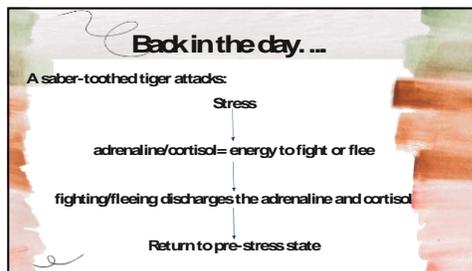
The stress response system or "stress cycle" has evolved over time and is relatively stable:

- Cortisol and adrenaline are released
- Cortisol and adrenaline are discharged through physical fight/flight
- This serves us well in SOME stressful situations

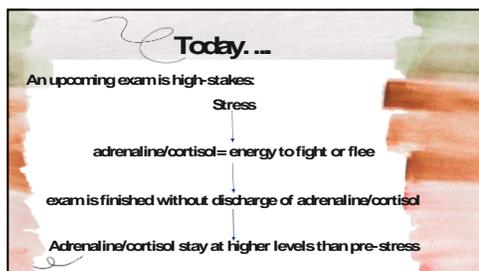
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10



11

### Stressors and the stress cycle

We have to deal with both the stressors and the stress response system

- Once the exam (the stressor) is over, how do you bring cortisol/adrenaline levels back to baseline (the stress response system)?

Bringing the cortisol/adrenaline levels back to baseline is often referred to as "completing the stress cycle."

12

MENTAL WELLBEING AND RESILIENCE IN NURSING STUDENTS

9/15/23

**7 EVIDENCE-BASED STRATEGIES FOR COMPLETING THE STRESS CYCLE**

#1 physical activity  
(20-60 minutes most days)

#2 breathing

#3 positive social interaction

#4 laughter

#5 affection

#6 crying

#7 creative expression

Intentional

13

**Nadine Burke Harris' work with adverse childhood experiences & resilience**

Harris outlines 6 general approaches to building resilience:

- ❖ Nutrition
- ❖ Exercise
- ❖ Sleep
- ❖ Mindfulness
- ❖ Supportive relationships
- ❖ Counseling/therapy as needed

14

**One thing approach**

Begin a google folder for resilience/well-being  
Open a doc with today's date:

- ❖ One thing to think about and/or implement for the next week
- ❖ Keep it simple
- ❖ I invite you to share it with me

15

**References**

American Psychological Association (2012, July/August). *What are the benefits of mindfulness?* APA. <https://www.apa.org/monitor/2012/07-08/co-corner>

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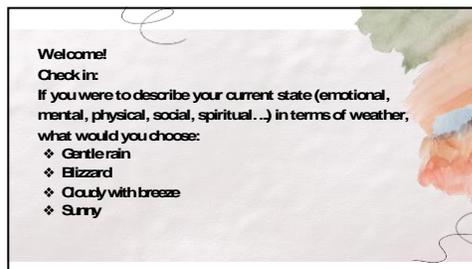
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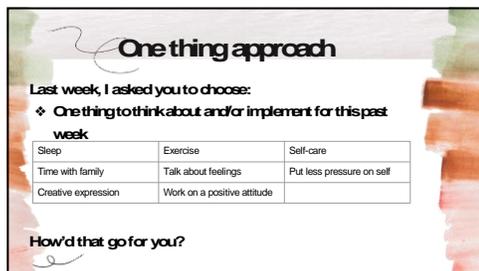
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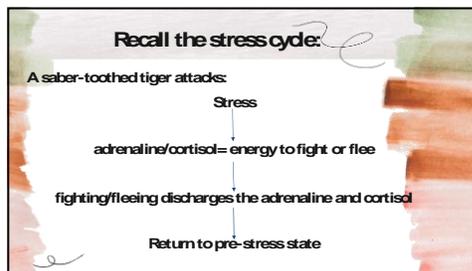
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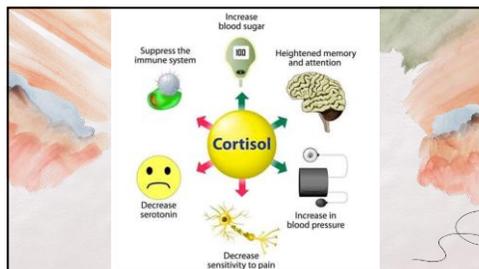
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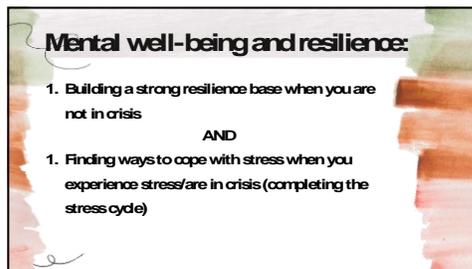
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### Building a strong base of well-being (Nadine Burke Harris' work)

- ❖ Nutrition
- ❖ Exercise
- ❖ Sleep
- ❖ Mindfulness
- ❖ Supportive relationships
- ❖ Counseling/therapy as needed

7

### Completing the stress cycle

7 EVIDENCE-BASED STRATEGIES FOR COMPLETING THE STRESS CYCLE

- #1 physical activity (20-60 minutes most days)
- #2 breathing
- #3 positive social interaction
- #4 laughter
- #5 affection
- #6 crying (intentional)
- #7 creative expression

8

### Mindfulness

"WE ARE VERY GOOD AT PREPARING TO LIVE, BUT NOT VERY GOOD AT LIVING. WE KNOW HOW TO SACRIFICE TEN YEARS FOR A DIPLOMA, AND WE ARE WILLING TO WORK VERY HARD TO GET A JOB, A CAR, A HOUSE, AND SO ON. BUT WE HAVE DIFFICULTY REMEMBERING THAT WE ARE ALIVE IN THE PRESENT MOMENT, THE ONLY MOMENT THERE IS FOR US TO BE ALIVE." —THICH NHAT HANH

9

### Mindfulness

Mindfulness is awareness that arises through paying attention, on purpose, in the present moment, and non-judgmentally. (Jon Kabat-Zinn)

Research on mindfulness has shown it to be a useful coping skill for stress.

10

### Mindfulness

Structured mindfulness: time set aside to practice mindfulness  
 Unstructured mindfulness: incorporating mindfulness into one's daily activities

Examples of:

- ❖ Structured mindfulness
- ❖ Unstructured mindfulness

We will explore these further in coming weeks!

11

### Mini mindfulness moment

A brief structured mindfulness technique: breath work

- ❖ Slowed, regular breathing activates the parasympathetic system (the system that calms us down)

Practice: if you are comfortable, I invite you to close your eyes. It is okay to keep them open too. I will lead you through this slow breathing exercise. We will do 10 cycles of breathing.

- ❖ In for the count of 4
- ❖ Hold for the count of 7
- ❖ Out for the count of 8

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# MENTAL WELLBEING AND RESILIENCE IN NURSING STUDENTS

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## Character strengths

Via Institute's Character Strengths survey results in your personal character strength profile.  
<https://www.viacharacter.org/account/register>  
 ✦ What did you learn about yourself from this survey?

Knowing, building, and using our personal strengths can increase our well-being and resilience

13

## Moving forward

What is your "one thing" for this week?

1. Wrap up: add your name and character strengths to the shared google doc
2. Return to your week 1 doc:
  - a. Reflect: what went well, what was challenging?
  - b. One thing to think about and/or implement for the next week
3. You are invited to share this with me

Remember to keep it simple & as concrete as possible

14

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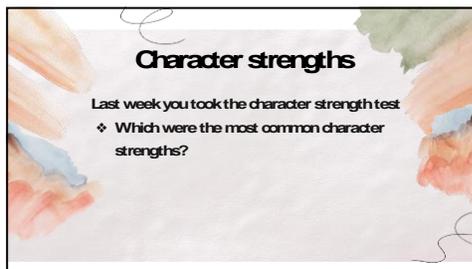
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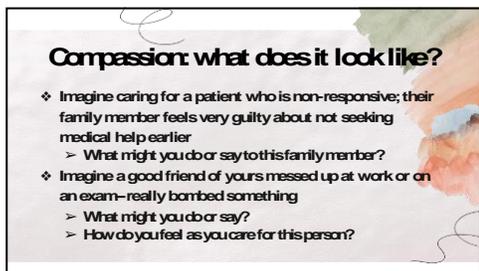
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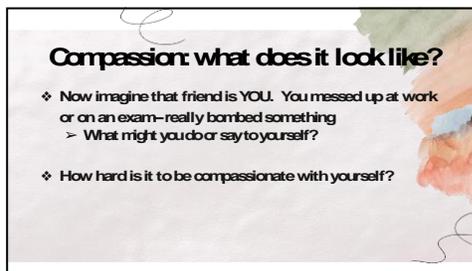
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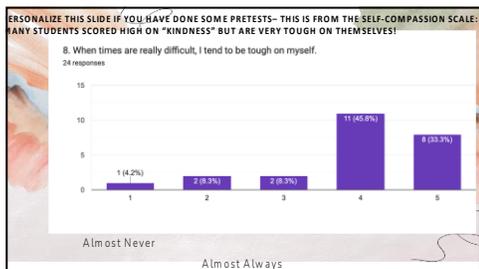
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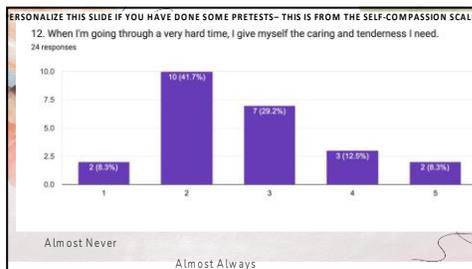
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PERSONALIZE THIS SLIDE

### Kindness as a character strength

- ❖ 12 out of 20 of you had kindness as a top strength
- ❖ 5 out of 24 of you reported offering care and tenderness to yourselves during hard times.
  - > Another way to say it: **5 out of 24 of you have built skills** in offering care and tenderness to yourselves

7

### Self-Compassion

Why is it so hard to offer compassion to ourselves?

8

### Nurses and self-compassion

- ❖ Things will not always go well.
- ❖ At times, you will be sad/angry/hurt.
- ❖ At times, you will fall short of your ideals.

This is what it means to be human.

We expect so much out of ourselves. Self-compassion means accepting our human limitations, recognizing our own suffering, and responding kindly to ourselves.

9

### 3 Elements of Self-Compassion

1. Self-kindness over self-judgment
2. Common humanity over isolation
3. Mindfulness over over-identification

10

### 3 Elements of Self-Compassion

1. Self-kindness over self-judgment
  - a. Life is hard, we will have pain, we are imperfect
  - b. Choose to be gentle with yourself rather than criticizing or becoming frustrated with self

This may feel easier said than done—self-kindness is not always natural. Try thinking about what you might say to a good friend who is in the same position in which you find yourself.

11

### 3 Elements of Self-Compassion

2. Common humanity over isolation
  - a. We are together in this shared human experience
  - b. Watch for common humanity—a-ha experiences they can shape us

When we are in pain, we often isolate ourselves. Create relationships where support is the norm

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# MENTAL WELLBEING AND RESILIENCE IN NURSING STUDENTS

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### 3 Elements of Self-Compassion

3. Mindfulness over over-identification

- Be mindful of thoughts/feelings without trying to change them
- Thoughts & feelings change: they are not you

Mindfulness can be structured or unstructured (remember last week?). Examples of each?

We will talk more about mindfulness in future weeks

13

### Embodying Self-Compassion Practice

- ❖ Place your hand over your heart.
- ❖ Options: place both hands over heart, place your hands around your face, place your hands over your solar plexus.
- ❖ Feel the natural rise and fall of your breath.
- ❖ Wait. Breathe.
- ❖ Wonder: what do you need to hear? What words of compassion can you offer to yourself?
  - You are worthy
  - You are doing the best that you can
  - You can do this hard thing

14

LOTS of information at Kristin Neff's website:  
<https://self-compassion.org/>

15

### Moving forward

What will be your "one thing" for this week?

- Return to what you wrote last week: what went well? What was challenging?
- Choose one of the following for this coming week:
  - ❖ Choose a stress-relief practice that you feel pulled towards (exercise, breathing, nature, etc) and make a plan to implement that practice at least once this week
  - ❖ Build on your strengths: notice, journal, use them!
  - ❖ Watch for times this week when you are critical of yourself.
    - Offer self-compassion: sometimes life is hard.

16

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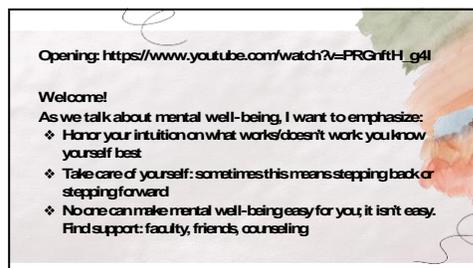
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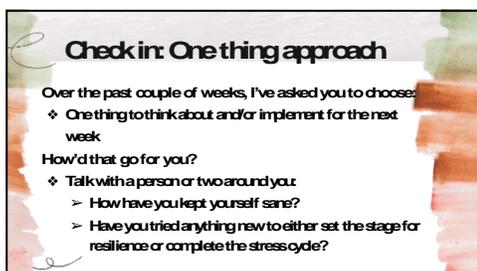
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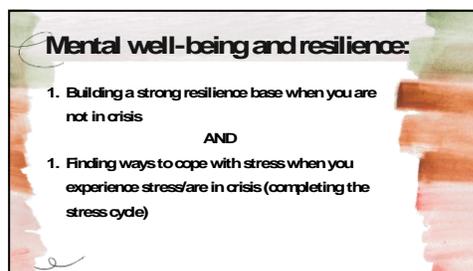
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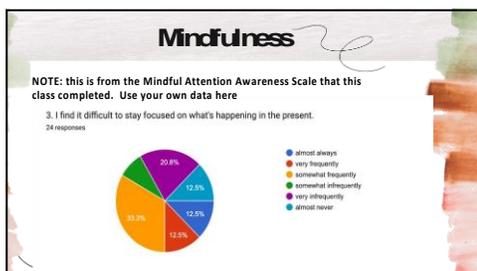
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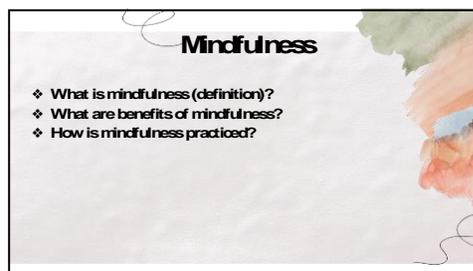
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### Mindfulness

A definition of mindfulness:

1. The quality or state of being conscious or aware of something; attention.
2. A mental state or attitude in which one focuses one's awareness on the present moment while also being conscious of, and attentive to, this awareness. Also: the cultivation and practice of this, esp. as a therapeutic technique.

❖ Oxford English Dictionary

7

### Benefits of Mindfulness

- ❖ Stress reduction
- ❖ May decrease negative affect and anxiety
- ❖ Greater ability to relax
- ❖ Decreased rumination
- ❖ Improvements to working memory
- ❖ Increased focus
- ❖ Increased empathy and compassion for health care providers

8

### Mindfulness

- ❖ Structured mindfulness (formal)
- ❖ Unstructured mindfulness (informal)

9

### Structured Mindfulness

Structured mindfulness: set-aside time for developing mindfulness skills

- ❖ Sitting/walking meditation
- ❖ Body scan
- ❖ Guided meditation
- ❖ Yoga, tai chi

10

### Unstructured Mindfulness

Unstructured mindfulness: integration of mindfulness into activities (integrated into your day, not set-aside time)

- ❖ Paying attention to this moment rather than acting on autopilot
- ❖ Spending more time living in the present than in the past or future
- ❖ Mindful eating (waking, walking, conversing)
- ❖ Pause during the day
- ❖ Breathing exercises integrated in your day: in through the nose for count of 4, hold for 5, exhale for count of 6

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### Moving forward

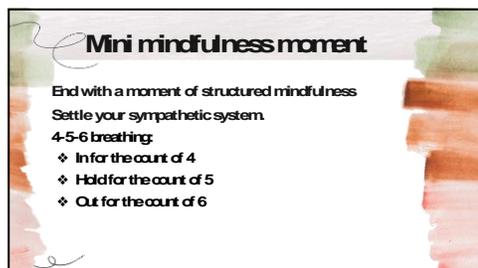
What will be your "one thing" for this week?

1. Return to what you wrote last week: what went well? What was challenging?
2. Choose one of the following for this coming week:
  - ❖ Choose a mindfulness practice that you feel pulled towards—either structured or unstructured—and make a plan to implement that practice at least once this week.
  - ❖ Continue to build on your character strengths from last week: notice, journal, use them!
  - ❖ Plan how you will offer self-compassion to yourself over this next week, then put your plan into action.

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# MENTAL WELLBEING AND RESILIENCE IN NURSING STUDENTS

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**Mini mindfulness moment**

End with a moment of structured mindfulness  
Settle your sympathetic system.  
4-5-6 breathing:

- ❖ In for the count of 4
- ❖ Hold for the count of 5
- ❖ Out for the count of 6

13



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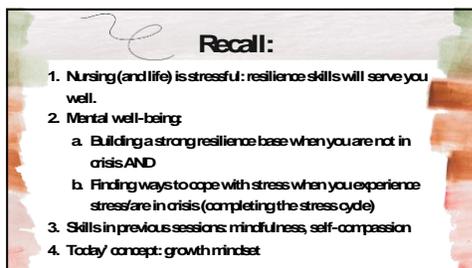
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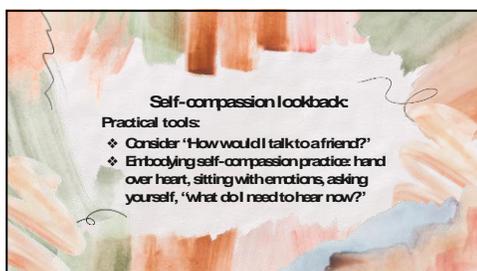
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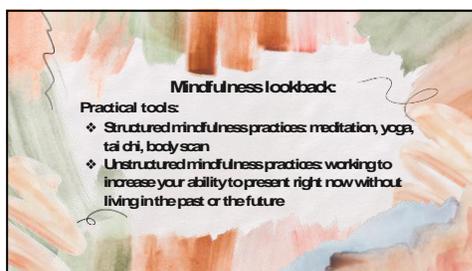
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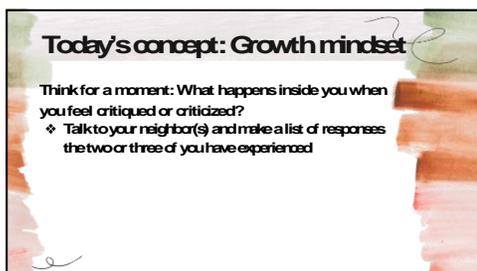
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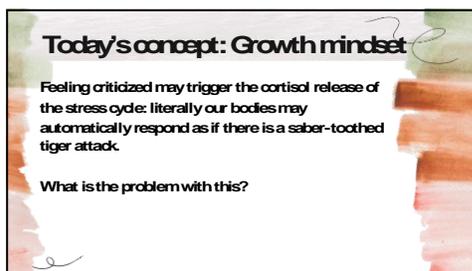
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**Today's concept: Growth mindset**

Feeling criticized may trigger the cortisol release of the stress cycle: literally our bodies may automatically respond as if there is a saber-toothed tiger attack.

What is the problem with this?  
*When we are flooded with cortisol, all energy is diverted to our readiness for fight/flight/freeze. We literally cannot learn.*

7

The empowering thing is that you can cope positively to criticism in a number of ways:

- ❖ You can use mindfulness to change your stress response to criticism
- ❖ You can settle your nervous system after the stress response has kicked in

How do YOU settle your nervous system?

8

Once our nervous systems are settled, we can move forward to learning from a situation. Using a growth mindset at this moment can maximize our learning potential.

9

**Many of us have a fixed mindset:**

- ❖ We may believe that we are either naturally good at something or not good at it (at school, at a skill, at communication, etc)
- ❖ We may feel like there is no way to improve because our abilities are fixed

When these are our beliefs and we are criticized or critiqued, our response will be stress and/or defensiveness: *'it's not my fault that I'm not good at it!'*

10

**What growth mindset is**

Growth mindset is:

- ❖ We can be lifelong learners & learn from every situation
- ❖ The belief that intelligence & skills can be developed
- ❖ An understanding that mistakes do not define us; we can learn from them

11

**What growth mindset is**

In growth mindset, higher achievement is a function of:

- ❖ Effort
- ❖ Learning strategies
- ❖ Time
- ❖ Beliefs about learning, self, and errors

Growth mindset doesn't say that we can all be experts at everything. We have real limitations. But we can improve and learn and grow if we cultivate the above characteristics.

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# MENTAL WELLBEING AND RESILIENCE IN NURSING STUDENTS

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A few easy ways to begin to developing a growth mindset:

1. Add "yet" on to your statements about what you are not good at.
2. Embrace "strong and wrong": mistakes are opportunities for growth
3. Settle your nervous system when you get uncomfortable or unfair feedback, then ask what can I learn here?

13

Mini-mindfulness moment:  
a clementine, a pistachio, a piece of dark chocolate

<https://chwblog.dukehealth.org/wp-content/uploads/2017/08/Mindful-Eating-Transcript.pdf>

14

### Moving forward

What will be your "one thing" for this week?

1. Return to what you wrote last week what went well? What was challenging?
2. Choose one of the following for this coming week
  - ❖ Practice growth mindset: choose something that you are "not good at" and develop an action plan. Put it in place!
  - ❖ Continue to build on your character strengths from last week: notice, journal, use them!
  - ❖ Choose a mindfulness practice and engage in it this week
  - ❖ Plan how you will offer self-compassion to yourself over this next week, then put your plan into action.

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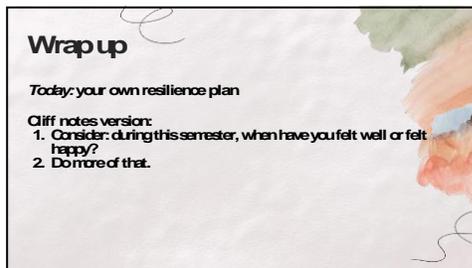
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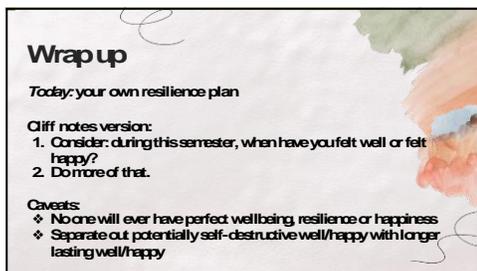
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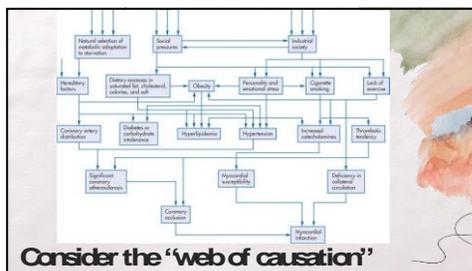
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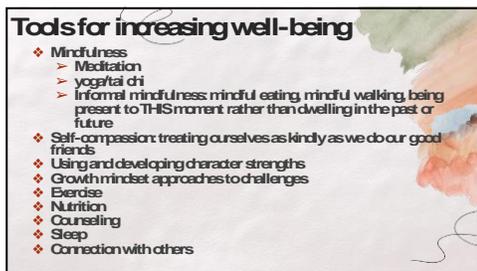
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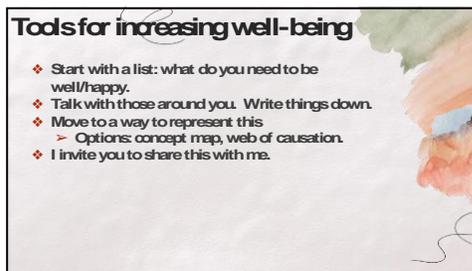
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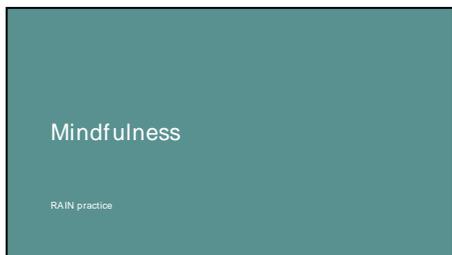
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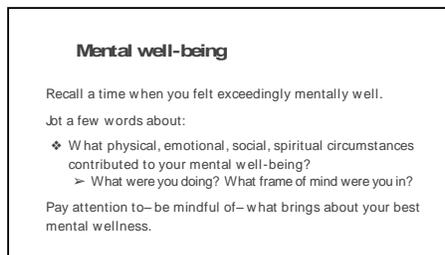
**Appendix K**

PowerPoint presentation templates for junior level

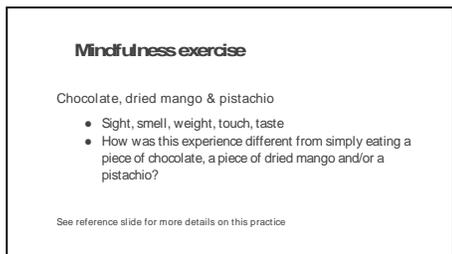
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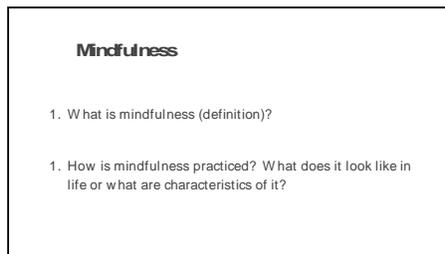
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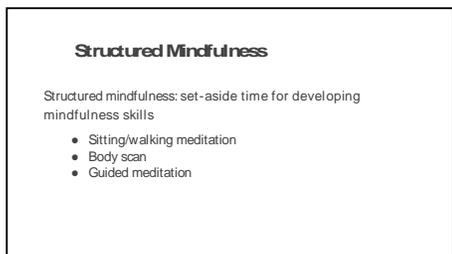
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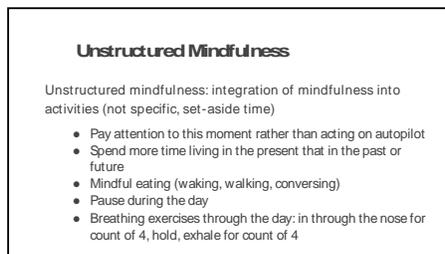
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4



5



6

9/15/23

**Benefits of mindfulness**

- Stress reduction
- May decrease negative affect and anxiety
- Greater ability to relax
- Decreased rumination
- Improvements to working memory
- Increased focus
- Increased empathy and compassion for health care providers

7

**Mindfulness in clinical practice: emotional responses to challenging situations**

- ❖ One way to practice mindfulness in clinical practice is to be aware of your human responses to patients and experiences.
- ❖ Our patients will have emotional responses. We will have emotional responses. How have you found ways to navigate this?

Work towards not pushing the experience away. At the same time, protect yourself as needed.

8

**One option: RAIN:  
recognize, allow, investigate, nurture**

**Recognize** what you are experiencing/feeling

**Allow** it to be, accept it

**Investigate** where is this response coming from? What's behind it?

**Nurture** yourself in a helpful way

- ❖ Put your hand on your heart: "this belongs"
- ❖ deep breaths, work out or take a walk in nature, relaxation at home.

9

**Invitation for this week (customize options)**

- ❖ Choose a stress-relief practices that you feel pulled towards (exercise, mindfulness, nature, etc). How will you integrate it into your week?
- ❖ Build on your strengths: notice, journal, use them!
- ❖ Before you head into clinical, take a moment for mindfulness. Ask yourself, "what do I want to get out of clinical today?"
- ❖ Watch for times this week when you are critical of yourself.
  - Take a growth mindset point of view: what can I learn?
  - Offer self-compassion: sometimes life is hard.

10

**Resources**

American Psychological Association (2012, July/August). [Mindfulness: A Practical Guide to Transforming Stress into Strength](https://www.apa.org/monitor/2012/07-08/ce-corner). <https://www.apa.org/monitor/2012/07-08/ce-corner>

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11

9/15/23



1

**Reflect on your clinicals to date**

1. What has been good about clinicals?
2. What is something in clinicals that has been challenging on a personal/emotional level? What response did you have?

Talk for a moment in groups about challenging clinical experiences and how you coped.

2

**Reflect on your clinicals to date**

What sort of skills to deal with challenging clinical experiences have you acquired over the past semester?

- ❖ You have lots of skills (you wouldn't have gotten this far if you didn't)

Examples of skills/approaches:

- ❖ Growth mindset
- ❖ Self-compassion
- ❖ Mindfulness
- ❖ RAIN: recognize/allow/investigate/nurture

3

**Compassion**

Imagine for a moment that a good friend has made a mistake in nursing clinicals. Maybe they got a needlestick or gave the wrong med. They feel awful and have come to you.

- ❖ What would you say to them?
- ❖ How would you say it?

4

**Self-compassion**

Now imagine that person who has made a mistake in nursing clinicals is you: you got a needlestick or gave the wrong med. You feel awful.

- ❖ What would you say to yourself?
- ❖ How would you say it?

5

**Compassion and self-compassion**

Nurses are compassionate people... And at the same time, we can be notoriously hard on ourselves.

Sometimes we show compassion to other people while beating ourselves up for the same sort of infraction.

Why are we so hard on ourselves? Talk about this with your neighbor.

6

# MENTAL WELLBEING AND RESILIENCE IN NURSING STUDENTS

9/15/23

## Nurses and self-compassion

Three steps in compassion:

1. Recognize suffering
2. Respond with warmth, caring, desire to help
3. Recognize that suffering is part of the human condition

**Self-compassion** means doing these steps with yourself in mind.

7

## What self-compassion is not:

- ❖ Self-compassion is **not self-pity**
  - Self-pity is feeling sorry for yourself
- ❖ Self-compassion is **not self-indulgence**
  - Self-compassion does not give you permission to eat a carton of ice cream and ignore responsibilities (but when you DO eat a carton of ice cream and ignore your responsibilities, self-compassion helps you understand that "messing up" is part of the human condition)
- ❖ Self-compassion is **not self-esteem**
  - Self-esteem is about self-evaluation; self-compassion is not

8

## Three qualities of self-compassion

### 1. **Self-kindness** vs. Self-judgment.

- ❖ Warmth towards yourself rather than disappointment
- ❖ Self-improvement grows out of self-care

### 2. **Common humanity** vs. Isolation.

- ❖ Feeling inadequate is part of being human; everyone does

### 3. **Mindfulness** vs. Over-identification.

- ❖ Neither ignore nor focus too much on our pain
- ❖ Step back and get some distance; ask yourself, "What would I say to my friend in this situation?"

9

## Some options for when you recognize that you are being hard on yourself:

- ❖ Put your hand on your heart. Tell yourself, "I belong, this mistake does not define me."
- ❖ Imagine what a beloved mentor (parent, grandparent, teacher, etc) would say to you in this situation.
- ❖ Practice RAIN, and make sure you end up with nurturing yourself.
- ❖ Remind yourself that errors/pain/difficulties in life are a common experience; absolutely everyone has them.

10

## Invitation for this week (customize options)

- ❖ Choose a stress-relief practices that you feel pulled towards (exercise, mindfulness, nature, etc). How will you integrate it into your week?
- ❖ Build on your strengths: notice, journal, use them!
- ❖ Before you head into clinical, take a moment for mindfulness. Ask yourself, "what do I want to get out of clinical today?"
- ❖ Watch for times this week when you are critical of yourself.
  - Take a growth mindset point of view: what can I learn?
  - Offer self-compassion: sometimes life is hard.

11

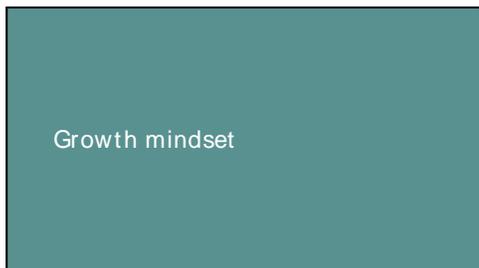
## Resources

Neff, K. (n.d.). [Self-compassion](https://self-compassion.org/)

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12

9/15/23



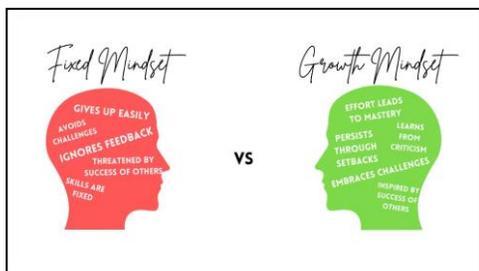
1

**Growth Mindset**

In clinical this past week, what were you not good at?  
 When you are not good at something, how do you respond?

- Do you feel anxiety? Incompetent? Critical? Do you look for an excuse?
- What story do you tell yourself?
  - 'I'm just not good at this'
  - 'I'm just not good at this...yet'

2



3

**Growth Mindset**

What growth mindset is not:

- Growth mindset is NOT effort alone

What growth mindset is:

- A belief that intelligence & skills can be developed
- A belief that higher achievement is a function of effort, learning strategies, time, and beliefs about learning and self

4

**Growth Mindset:** Failure is not an identity; it is an invitation to grow.

Practical steps:

- Add the word "yet"
- Be aware of your internal voice: what is the message?
- Replace unhelpful messages with more helpful ones:
  - "Failure will be embarrassing" → "I'm not sure I can do it, but it's worth it to try"
- Reject comparisons with others, focus on yourself and your growth

5

**Growth Mindset**

Growth mindset:

- Where is there an invitation for you in clinical this week?
- Where is there an invitation for you in another space this week?

6

9/15/23

**Invitation for this week (customize options)**

- ❖ Choose a stress-relief practices that you feel pulled towards (exercise, mindfulness, nature, etc). How will you integrate it into your week?
- ❖ Build on your strengths: notice, journal, use them!
- ❖ Before you head into clinical, take a moment for mindfulness. Ask yourself, "what do I want to get out of clinical today?"
- ❖ Watch for times this week when you are critical of yourself.
  - Take a growth mindset point of view: what can I learn?
  - Offer self-compassion: sometimes life is hard.

7

**Resources**

Dweck, C. (2015, September 22). ~~What is a Growth Mindset?~~ Education Week. <https://www.edweek.org/leadership/opinion-carol-dweck-revisits-the-growth-mindset/2015/09>

WGU Indiana (2019, April 12). ~~What is a Growth Mindset?~~ WGU Indiana. <https://www.wgu.edu/blog/what-is-growth-mindset-8-steps-develop-one1904.html>

8

9/15/23



1



2

**“Serious introductions”**

Think back to last year and the character strengths conversation that you had in sophomore nursing courses

Introduce yourself by identifying a character strength that you value (see previous slide if you need help remembering character strengths)

Tell a story about a time that you used the value.

3

**The most identified character strengths in this class:**

Customize this

4

**Character strengths**

- ❖ Our character strengths are bases on which to develop our lives: if you are good at something, claim it and integrate it into your life!
- ❖ In addition to using the strengths that are more natural to us, we can approach character strengths with a growth mindset: character strengths are not fixed capacities, they are skills that can be developed

5

**Character strengths**

Check out “340 ways to use your character strengths”

With another person or two, choose a character strength that you would like to develop. Look through the list and see what might appeal to you as you focus on developing a new strengths.

FYI, the character strengths least likely to be identified in this class:

- ❖ Customize this!

6



MENTAL WELLBEING AND RESILIENCE IN NURSING STUDENTS

Appendix L

PowerPoint presentation template for senior level

9/15/23

Mental well-being and resilience:  
Secondary trauma

1

**Consider:**

Have you experienced a situation where someone else's pain impacted you?  
How is it different from when you cope with your own pain?

Have you observed health care professionals work with their emotional responses to someone else's pain?

2

**Secondary trauma for health care professionals**

Secondary trauma: indirect exposure to trauma through a firsthand account or narrative of a traumatic event  
Also known as **vicarious trauma**  
Can result in **compassion fatigue**  
Estimated prevalence for health care professionals: between 35-60%

3

**Secondary trauma for health care professionals**

Effects of secondary trauma/compassion fatigue

- ❖ Increase absenteeism
- ❖ Impaired judgment
- ❖ Low productivity & poorer quality of work
- ❖ Higher staff turnover
- ❖ Greater staff friction.

4

**Symptoms of Secondhand Trauma**

Secondary traumatic stress disorder, also known as compassion fatigue or vicarious trauma, is common among people who work with traumatized individuals during the course of their jobs. This disorder has been observed in doctors, therapists, social workers and first responders and may impact compliance professionals tasked with sensitive investigations, particularly those involving crimes. Here are a few of the most common symptoms.

<p><b>Cognitive</b></p> <ul style="list-style-type: none"> <li>Lowered concentration</li> <li>Apathy</li> <li>Rigid thinking</li> <li>Perfectionism</li> <li>Preoccupation with trauma</li> </ul>	<p><b>Emotional</b></p> <ul style="list-style-type: none"> <li>Guilt</li> <li>Anger</li> <li>Numbness</li> <li>Sadness</li> <li>Helplessness</li> </ul>	<p><b>Behavioral</b></p> <ul style="list-style-type: none"> <li>Withdrawal</li> <li>Sleep disturbance</li> <li>Appetite change</li> <li>Hyper-vigilance</li> <li>Elevated startle response</li> </ul>	<p><b>Physical</b></p> <ul style="list-style-type: none"> <li>Increased heart rate</li> <li>Difficulty breathing</li> <li>Muscle and joint pain</li> <li>Impaired immune system</li> <li>Increased severity of medical concerns</li> </ul>
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SOURCE: U.S. Department of Health and Human Services

5

**Symptoms of secondary trauma**

In addition to cognitive, emotional, behavioral, and physical symptoms, there are also spiritual symptoms:

- ❖ Loss of faith
- ❖ Questioning meaning

6

9/15/23

**How do people cope with secondary trauma?**

Your thoughts?

7

**Code of Ethics for Nurses (ANA) Provision 5: The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.**

"Fatigue and compassion fatigue affect a nurse's professional performance and personal life. To mitigate these effects, nurses should:

- ◆ eat a healthy diet
- ◆ exercise
- ◆ get sufficient rest
- ◆ maintain family and personal relationships,

engage in adequate leisure and recreational activities, and attend to spiritual or religious needs."

Nadine Burke Harris' list:

- ◆ Nutrition
- ◆ Exercise
- ◆ Sleep
- ◆ Healthy relationships
- ◆ Mindfulness
- ◆ Therapy as needed

8

**Individual vs. corporate responsibility**

The Code of Ethics for Nurses emphasizes personal (individual) responsibility.

What limits exist for personal responsibility? How do we weigh our own responsibility with the responsibility of our workplace to be a healthy environment?

9

**Input on healthy workplaces**  
(Administration for Children and Families)

- ◆ Create an organizational culture that normalizes the effects of working with trauma survivors.
- ◆ Adopt policies that promote and support staff self-care.
- ◆ Allow for diversified workloads and encourage professional development.
- ◆ Create opportunities for staff to participate in social change and community outreach.
- ◆ Ensure a safe work environment.
- ◆ Provide secondary traumatic stress education to and encourage open discussion of STS among staff and administrators.
- ◆ Make counseling resources and Employee Assistance Programs available to all staff.

10

**Resources**

Administration for Children and Families. (n.d.). ~~Secondary Traumatic Stress~~ <https://www.ad.hhs.gov/trauma-toolkit/secondary-traumatic-stress>

American Nurses Association (2015). ~~Code of Ethics for Nurses~~ <https://www.nurses.org/ethics>

Lombardo, B. (2011, January). Compassion fatigue: A nurse's primer. The Online Journal of Issues in Nursing. <https://ojin.nursingworld.org/table-of-contents/volume-16-2011/number-1-january-2011/compassion-fatigue-a-nurses-primer/>

11

Appendix M

Poster: Well-being

# WELLBEING HOW-TO

practice mindfulness in this  
moment

 when stressed, settle  
your nervous system

sleep, move, eat well!

mistakes are opportunities  
to learn

complete the stress cycle 

 talk as kindly to yourself as  
you do to your friends

Appendix N

Poster: Mindfulness



## Appendix O

## Poster: Self-compassion

## The three components of Self-Compassion

### Self-kindness over self-judgment

**No one is perfect.**  
When you mess up or feel inadequate, work towards feeling kindness towards yourself rather than judgment. You can ask yourself what you might say to a friend who was in this situation, or you can imagine what someone who has supported you in the past might say. Then say those things to yourself.

### Common humanity over isolation

**Everyone goes through challenging times.**  
Recognizing that difficulties are part of the human condition can remind us that we are not alone in feeling pain. When we understand that difficulties are to be expected, we can increase our compassion towards ourselves when we go through them.

### Mindfulness over over-identification

**You are not only your feelings.**  
Recognize your pain & allow it, but also remember that this too will pass. Like waves in the ocean, feelings will rise & fall in intensity. Take time to allow them to wash over you. Accept feelings as they come, but work towards facing them with equanimity.

### Why is self-compassion important?

Evidence shows that increased self-compassion is linked with positive emotions, like happiness, optimism, and curiosity. Self-compassion helps us feel more connected with others and can decrease risks of anxiety and depression (National Institutes of Health). Self-compassion will not solve all of your problems, but it is a step in the direction of positive well-being and resilience.

While it's tempting to think that we need to be hard on ourselves to improve at something, kindness and understanding are actually better motivators!

### Simple ways to practice self-compassion

- Listen to the words and tones that you use with yourself: choose to talk as kindly to yourself as you would to a good friend.
- Use a daily journal to explore seeing your life through the lens of self-kindness, common humanity, and mindfulness.
- Explore what makes you feel good and do more of it. Give yourself a foot massage, create something, go for a walk or run, pet a dog, play an instrument, sing a song.

more information at [self-compassion.org](http://self-compassion.org)

Appendix P

Poster: Growth mindset



# CULTIVATING A GROWTH MINDSET



## WHAT IS A GROWTH MINDSET?

A growth mindset is an understanding that ability is not a fixed commodity. We are capable of learning new things and improving our skills and abilities.



## WHAT ABOUT MISTAKES?

Mistakes are a part of being human and are not to be feared. Mistakes can be useful when we learn from them, gaining skill & confidence.

## PRACTICAL TIPS

- Whenever it is safe, embrace "strong & wrong" (if you're going to make a mistake, do it with gusto!)
- Try adding the word "yet" to the end of sentences: "I'm not good at this.... yet"

## WE DO NOT ACHIEVE BECAUSE WE ARE "SMART." RATHER, ACHIEVEMENT IS A FUNCTION OF:

- Effort
- Learning strategies
- Time
- Using errors as opportunities to improve



Increased effort alone is often not enough. We need to also develop new learning strategies, use our time in ways that nurture achievements, and learn from our mistakes!

