

FOSTERING NURSING STUDENT RESILIENCE

by

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A scholarly project submitted in partial fulfillment
of the requirements for the degree

of

Master of Nursing

In

Clinical Nurse Leadership

MONTANA STATE UNIVERSITY
Bozeman, Montana

May 2023

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DEDICATION

This paper is dedicated to my husband, Tucker, and my daughter, Koulee Rae for their unconditional love and support.

ACKNOWLEDGEMENTS

Thank you to my committee members, Sandra Kuntz, PhD, RN, and Anne Brown PhD(c), BSN, RN, for their encouragement and guidance. To my preceptors, Jordan Teller, FNP-C, DNP and Mary Pankratz, MSN-NE, CCRN, my greatest appreciation for their consistent uplifting inspiration, engaging discussions, and mentorship. Many thanks to my nursing colleagues for their support, motivation, and compassion.

TABLE OF CONTENTS

1. INTRODUCTION	1
Project Introduction	1
Background	2
Microsystem Assessment.....	3
Purpose.....	3
Patients	4
Professionals	4
Processes	5
Patterns.....	6
Problem	7
Significance.....	7
Purpose and Aims	8
Definitions.....	8
2. REVIEW OF LITERATURE	10
Overview.....	10
Search Strategy	11
Conceptual Framework.....	13
CNL Role in Nursing Education.....	15
Search Results.....	16
Components of Resilience	16
Measures of Resilience	19
Tools to Build Resilience.....	22
Summary.....	25
3. METHODS	26
Overview.....	26
Design of Quality Improvement Initiative.....	26
Planning the Project Intervention.....	27
Proposed Implementation	29
Human Subjects	33
Evaluation Tool and Outcomes Measurement.....	34
4. SUMMARY	36
Introduction.....	36
QI Project Summary	36
Discussion.....	38

TABLE OF CONTENTS CONTINUED

Conclusion/CNL Role.....	39
Implications and Recommendations	40
REFERENCES CITED.....	42
APPENDICES	46
APPENDIX A: Copyright Permission Obtained for Nursing Student Resilience Model	47
APPENDIX B: Copyright Permission Obtained for Connor-Davidson Resilience Scale-10	49

LIST OF TABLES

Table	Page
1. Articles used in Literature Review	12
2. “Thriving in Nursing School” Workshop Design.....	31
3. Connor Davidson Scale 10-item (CD-RISC-10)	32

LIST OF FIGURES

Figure	Page
1. Nursing Student Resilience Model	15

ABSTRACT

The purpose of this quality improvement project was to identify components of resiliency and create a solution to develop senior-level nursing student resilience. Assessment of Location X nursing school highlighted the need to identify components, tools, and measures of senior-level nursing student resiliency. The American Association of Colleges of Nursing (AACN) cites the importance of the development of nursing student wellbeing and resilience in the 2021 *Essentials* Domain 10 titled Personal, Professional and Leadership Development. The AACN further advocated for resiliency development during a 2020 Call to Action of United States nursing programs to promote and create a culture of wellness and resiliency among nursing students. The “Thriving in Nursing School” workshop was developed as a solution to equip students with the necessary tools, practices, and skills to develop resilience. The workshop consists of five evidence-based components: relaxation strategies, coping techniques, communication skills for problem solving, community and university resources available, and faculty mentorship. Formal focus and education about resilience has the potential to increase resiliency skills and was measured using the Connor-Davidson Resilience Scale (CD-RISC-10). It was hypothesized that resiliency-development quality improvement implementation will contribute to further development of nursing students’ resiliency skills to meet the demands of the nursing profession. Through a focus on student wellbeing and resiliency, this project has the potential to increase student success and improve skills to thrive in a rigorous education program. This quality improvement project was implemented to gather data and analyze workshop efficacy.

CHAPTER ONE

INTRODUCTION

Project Introduction

New nurses entering the profession require resiliency tools and skills to encounter a demanding and stressful workplace. The American Association of Colleges of Nursing (AACN, 2021) defines resilience as “the ability to survive and thrive in the face of adversity” (p. 63). The organization continues by stating:

Resilience can be developed, and internalized as a measure to improve retention and reduce burnout. Building positive relationships, maintaining positivity, developing emotional insight, creating work-life balance, and reflecting on successes and challenges are effective strategies for resilience building. (p. 63)

The need for nurses in the profession necessitates supporting them to develop their ability to thrive and grow in adverse environments. The United States (U.S.) Bureau of Labor Statistics (2022) anticipates 203,200 openings for nurses annually through 2031, while employment is projected to grow 6% during the same decade. These statistics emphasize the need for nurses to enter a changing and stressful profession with clinical experience, confidence, vast knowledge, and the skills to overcome adversity and challenging situations. Therefore, as leaders in nursing education, the AACN endorsed a resolution in 2020 titled “A Call to Action for Academic Nurse Leaders to Promote Practices to Enhance Optimal Well-Being, Resilience and Suicide Prevention in U.S. Schools of Nursing,” an initiative to support nursing schools across the country to develop “a culture of wellness and resiliency” (2020, October 6, para. 1–2).

The AACN serves as the “national voice for academic nursing” and works “to establish quality standards for nursing education” (n.d., para. 1). As an organization, the AACN “works to establish quality standards for nursing education; assists schools in implementing those standards and influences the nursing profession to improve health care; and promotes public support for professional nursing education, research and practice” (n.d., para. 1). In 2021, an important new competency to the AACN 2021 *Essentials* was introduced. For example, professional nursing education programs were encouraged to address nursing students' wellbeing, resilience, and personal health as an integral element of the undergraduate education curriculum (2020, October 6). The AACN Domain 10, titled Personal, Professional and Leadership Development, advocates for nursing student curriculum to include “participation in activities and self-reflection that foster personal health, resilience, and well-being; contribute to lifelong learning; and support the acquisition of nursing expertise and the assertion of leadership” (2021, p. 53).

Curriculum, coursework, and learning activities highlighting resiliency and self-care allow students access to the tools to face a challenging profession. For example, the AACN supported high-functioning nurses in their discussion that nurses must be healthy and focus on their wellbeing in order to care for patients, their families, communities, and greater health systems (AACN, 2020).

Background

To better understand the role of education in the implementation and enhancement of Domain 10, a description of senior-level nursing students attending a university in the Northwest, referred to as Location X, is described using a microsystem assessment. According to

Nelson et al. (2007), a microsystem “involves various roles and recurrent patterns that can include culture patterns, flow patterns and outcomes patterns” (p. 7). Nelson and colleagues support that microsystems are “the essential building blocks of health systems” and “vary widely in terms of quality, safety outcomes and cost” (Nelson et al., 2007, p. 7). Identifying opportunities to develop nursing student resiliency at Location X will uncover current process breakdowns and guide a solution.

Microsystem Assessment

Assessing the microsystem includes five steps that analyze various categories with the intention of improvement (Nelson et al., 2007). The 5 Ps is one suggested method of microsystem analysis and includes purpose, patients, professionals, processes, and patterns (Nelson et al., 2007). This organizational stepwise approach for assessing a microsystem can result in outcome-driven solutions to ensure improvement is reached.

Purpose

As a land-grant institution, the university is committed to integrating education, knowledge, arts, and service. Location X envisions transforming lives and communities in impactful ways. Essential components of the standards at Location X include diversity and inclusion to encourage personal growth and cultivate cultural respect and understanding.

The nursing program at location X is a Commission of Collegiate Nursing Education (CCNE) accredited nursing school that continually works to ensure the curriculum includes the necessary components for students to gain the knowledge, skills, and tools to enter the profession with competency and tenacity. As a result, a refreshed curriculum was launched in August 2022,

while the current curriculum will continue until it is phased out. The purpose of this microsystem assessment is to examine the curriculum and identify components of resiliency and wellbeing, incorporate tools to measure resiliency, locate opportunities to foster and develop these qualities, and achieve improved building blocks for students.

Patients

Currently Location X enrolls 1,310 undergraduate nursing students as part of the 16,841 undergraduate student body as of fall, 2021. During the academic year 2020–2021, 276 undergraduate students graduated from this institution with a retention rate between 94% and 100% (Location X, personal communication, 2022, September 20).

Data reflect the diversity of student enrollment with 83.5% female, 16% male, 0.5% non-identified gender, and 18% of students being part of underrepresented minority groups (Location X, personal communication, 2022, September 20).

Location X presents a unique characteristic because students are assigned to one of five regional campuses across the state. These locations offer experiences at rural clinical sites and exposure to interprofessional communication to serve rural patients' many needs.

Professionals

The nurses who teach the students have varying specialties, academic degrees, backgrounds, and work experiences. Faculty work through interprofessional communications and keep students at the forefront, ensuring their educational needs are met individually. Students are enrolled in required courses with assigned faculty instructors. Additionally, they are assigned a faculty advisor responsible for supporting the student and ensuring their academic

track aligns with the institutional criteria for their degree. Instructors at Location X comprise 25 clinical, 93 nontenure, and 17 tenure-track faculty. Of the 135 faculty, 88% are female, 12% are male, and 16.7% constitute underrepresented minorities (Location X, personal communication, 2022, September 20).

When teaching a course, faculty receive a Master Resource Outline (MRO), which provides details regarding the necessary content to include in a course to meet the requirements of an accredited nursing school. In addition, faculty can access resources to help students as needed through an office focused on student academic success. Other available resources a faculty member may access when concerned for a student's wellbeing or safety include an electronic system that notifies other faculty involved in the student's academic success with student support systems.

Processes

The current curriculum does not specifically require encouragement, fostering, or development of student resiliency; however, many faculty incorporate activities, readily accessible online resources, and support for students. Mental health resources, health organizations, and community involvement exist; however, finding these resources and information is not always user friendly or easy to access. The refreshed curriculum formally presents professional concepts around wellbeing and resiliency. Domain 10 will be included in 10 refreshed curriculum courses (Location X, personal communication, 2022, September 19). These courses will focus on either introducing, developing, or advancing self-care and resiliency. However, no standard assessment is in place to evaluate a student's baseline resiliency in order to determine growth and development toward improved resiliency.

Students must meet with their faculty advisor once per semester, which meeting usually occurs at the beginning of the academic semester. Students continue to have access to their advisor after this required meeting has occurred. Additionally, faculty are often included if there are individual course-related incidents or when needs arise.

Students and faculty have access to online resources, but no formal education about what is available exists. In addition, student-driven groups are available to reinforce student support, camaraderie, and community. However, because nursing students are assigned to one of five regional campus locations, finding and accessing resources may prove challenging. Resources available through the main university campus location present geographic and accessibility challenges.

Patterns

Anecdotally, faculty have identified informal patterns of student stress, poor focus, and tools to support student resiliency. Currently, no formal program or curriculum content exists to introduce and advocate for resources readily available to faculty or students that are known to increase student resiliency and support their mental health. In 2020, the AACN cited the American Nurses Association that determined nurses are 2.8 times as likely to be stressed than the American public. And while the stress students feel can be different from registered nurses, students are still required to apply new skills and understand conceptual material in a demanding clinical environment (Diffley & Duddle, 2022). Specific patterns must be identified to find a solution to increase a student's ability to enter the workforce as a strong and resilient nurse. New graduates, with survival skills, are the solution to the growing nursing shortage within the profession (Diffley & Duddle, 2022).

Problem

The microsystem assessment identified the lack of a tool to measure high-to-low nursing student resiliency within the curriculum. In addition, resources and formal curriculum components must be determined to ensure every nursing student enters the nursing profession with tools to support resilient behavior and focus on self-care when caring for others.

Significance

Without resources and tools to support self-care at the beginning of their careers, nursing student attrition could be impacted as well as student success throughout their academic careers.

It is evident that nursing students who have high levels of resilience adopt more positive healthy coping strategies than nursing students with low resilience levels. Furthermore, findings indicate resilience levels are a good predictor of psychological well-being. Nursing students with low levels of resilience experience increased stress, burnout, and emotional exhaustion. A suggested solution that has emerged from previous research is to incorporate resilience programs within the curriculum for nursing students (Diffley & Duddle, 2022, p. 229).

Recognizing the nursing shortage and identifying why new nurses are leaving the profession shortly after entering remains important. These gaps support finding ways to increase student resiliency as they grow and develop into registered nurses. Another factor that deserves recognition is the impact on patient outcomes due to increased mental health challenges and a lack of tools to overcome adverse situations. In 2020, the AACN discussed how nurses' physical and mental health correspond to medical errors and safety hazards. Including a focus on wellbeing and resiliency in nursing student curriculum works to develop safe and knowledgeable nurses prepared to meet the challenges of a demanding and growing profession.

Purpose and Aims

The purpose of this project is to identify nursing student resiliency components and create outcome-driven solutions to foster the growth and development of senior-level nursing student resiliency.

This project aims to:

1. Review and synthesize evidence-based literature related to:
 - a. Measures of resiliency
 - b. Tools to improve nursing student resiliency
2. Create an evidence-based learning activity to foster student resiliency.

Definitions

For the purpose of this paper the following definitions will be used.

- Core values: “In nursing, core nursing values include human dignity, integrity, autonomy, altruism, social justice” (AACN, 2021, p. 57).
- Domains of competence: “Broad distinguishable areas of competence that in the aggregate constitute a general descriptive framework for a profession” (AACN, 2021, p. 58).
- Resilience: “The ability to survive and thrive in the face of adversity. Resilience can be developed, and internalized as a measure to improve retention and reduce burnout. Building positive relationships, maintaining positivity, developing emotional insight, creating work-life balance, and reflecting on successes and challenges are effective strategies for resilience building” (AACN, 2021, p. 63).

- Self-care: “The act of attending to one’s physical or mental health, generally without medical or other professional consultation” (AACN, 2021, p. 64).
- Stress management: “A range of strategies to help one better deal with stress and difficulty (adversity). Managing stress can help an individual lead a more balanced, healthier life. Stress is an automatic physical, mental, and emotional response to a challenging event. Stress management approaches include learning skills such as problem-solving, prioritizing tasks, and time management to enhance the ability to cope with adversity (AACN, 2021, p. 64).
- Wellness and Wellbeing: “A state of being marked by emotional stability (e.g., coping effectively with life and creating satisfying relationships) and physical health (e.g., recognizing the need for physical activity, healthy foods, and sleep)” (AACN, 2021, p. 66).

CHAPTER TWO

REVIEW OF THE LITERATURE

Overview

The purpose of this project aimed to identify nursing student resiliency components and create outcome-driven solutions to foster the growth and development of nursing student resiliency. In addition, a literature review was performed to synthesize evidence-based literature related to resiliency and to identify measurements and tools to improve nursing student resiliency.

Academic support and commitment to building nursing student resilience and wellbeing as students prepare to enter the profession works to develop strong nurses. Therefore, the AACN agreed in 2020 to support nursing student development of “wellness and resilience” through an initiative titled “A Call to Action for Academic Nurse Leaders to Promote Practices to Enhance Optimal Well-Being, Resilience and Suicide Prevention in U.S. Schools of Nursing” (2020, October 6, para. 1–2).

The American Nurses Association (ANA) developed the *Code of Ethics for Nurses* to guide them in their commitment to various responsibilities and care for others with high ethical standards (n.d.). Provision 5 of the *Code of Ethics for Nurses* outlines that “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” (ANA, 2015, p. 35). The ANA guidance supports the need for new nurses to have a high sense of self to support their wellbeing and utilize tools to build resilience.

Provision 5.2 specifically discusses the expectation of nurses to promote personal health, safety, and wellbeing because “nurses should model the same health and maintenance and health promotion measures that they teach and research” (ANA, 2015, p. 36).

While the ANA (2015) outlines the expectation to maintain a sense of wellbeing, they further define wellbeing. This definition includes that nurses should eat healthy, exercise, get rest, have personal relationships, partake in recreational activities, and meet their spiritual needs. These practices support a balanced lifestyle to keep up on their health and wellbeing.

The studies reviewed in this chapter support nurses’ need to prioritize their resilience and wellbeing, and for academic settings to support and foster nursing student resiliency. A synthesis of evidence-based literature identified two conceptual frameworks, measurements and tools, to improve nursing student resiliency. In addition, the literature was used to discover outcome-driven solutions to foster the growth and development of nursing student resiliency. The following sections identify literature search strategies and findings, the conceptual frameworks, resiliency components, resiliency measurements, and tools to improve resilience.

Search Strategy

The American Psychological Association (APA) PsychInfo research database and three-term combinations, (a) “resilience and nursing student,” (b) “resiliency and nursing student,” and (c) “well-being and nursing student,” were used to yield the first literature results. Applying limits of peer-reviewed published within the last 10 years yielded 236, 18, and 362 articles respectively, with three common articles. APA PsychInfo was utilized as the sole database to

incorporate both theoretical and subjective qualities of resilience, while capturing statistical data and research components.

Additional and more specific words were added to the search criteria to narrow down the results. For example, “nursing education” and “COVID-19” were added individually to the initial searches. “Nursing education” added to the search criteria resulted in 128, 12, and 317 articles respectively, with three common articles. The pandemic term COVID-19 was added to the original searches and yielded 24, one, and 31 findings respectively, with one common article. Articles were chosen based on commonality within the search criteria. Additional articles were accepted based on a discussion of research relevant to nursing student resilience or methods of building student resiliency. A total of 11 studies were analyzed during this literature review.

Table 1 outlines each reviewed article and pertinent information.

Table 1. Articles used in Literature Review

Authors	Title	Origin	Design	Findings
Diffley and Duddle (2022)	Fostering Resilience in Nursing Students in an Academic Setting: A Systematic Review	Australia	Systematic Review	Resilience built through face to face interactions (workshops, discussions, etc.) Info sessions on coping, conflict resolution, violence, Curriculum on resilience application Teach relaxation, coping, nontechnical skills
Drach-Zahavy et al. (2021)	A Multi-Level Examination of Nursing Students' Resilience in the Face of the COVID-19 Outbreak: A Cross-Sectional Design	Israel	Cross-Sectional	Stable Trait theory Amplified stress for nursing students during pandemic Relationship between individuals and larger systems CD-RISC, CSISF, Tzafirir and Dolan, SSQ-14-5 High distrust in policy makers Moderate disengaged problem-solving coping strategies Significantly lower resilience in first year nursing students than fourth year
Dowling et al. (2021)	Cultivating Inclusive Learning Environments Foster Nursing Education Program Resiliency During the Covid-19 Pandemic	USA	Descriptive	Holistic admission, supportive advising, tutoring, early warning systems, support sessions, inclusive teaching, diversity and inclusion training
Hughes et al. (2021)	Strengthening Internal Resources to Promote Resilience Among Prelicensure Nursing Students	USA	Literature Review	Self-efficacy = positive relationships, clinical skills, ability to overcome adversity Curriculum enhances resilience through faculty support, emotional intelligence, self-care Resilience building workshops address self-confidence, academic and psychological competence, positive thinking, coping strategies
Kim et al. (2021)	Impacts of Coping Mechanisms on Nursing Student Health During COVID-19 Lockdown: A Cross-Sectional Survey	USA	Cross-Sectional	Covid-19 pandemic correlated to higher levels of stress in nursing students CD-RISC, 12 point Spirituality Support Scale, APGAR, GAD-7, PHQ-9 Higher resilience associated with lower risk of anxiety and depression

Table 1. Articles used in Literature Review Continued

Authors	Title	Origin	Design	Findings
Ledesma (2014)	Conceptual Frameworks and Research Models on Resilience in Leaders	USA	Descriptive	Resilience theory Relationship of resilience and thriving while facing adversity Internal and external factors
McDermott et al. (2020)	Nursing Students' Resilience, Depression, Well-being, and Academic Distress: Testing a Moderated Mediation Model	USA	Cross-Sectional	Internal vs. external factors Target education BRS, PHQ-9, BIT, Sense of Social and Academic Fit Scale, Academic Higher resilience associated with sense of belonging Depression affected academic success and resilience
McIntosh (2021)	Improving Nursing Student Resilience Using Online Simulation and Resilience-Based Content in a Pediatric Course	USA	Cohort Study	1/3 of college students exhibit significant anxiety, depression, or substance abuse 20% of nursing students positive for depression CD-RISC Statistically significant improvement of resilience after implementing tools
Merino-Godoy et al. (2022)	The Influence of Emotional Burnout and Resilience on the Psychological Distress of Nursing Students During the COVID-19 Pandemic	Spain	Cross-Sectional	Psychological Distress Scale (K-10), CD-RISC Lower resilience correlated to higher psychological distress
Stephens (2013)	Nursing Student Resilience: A Concept Clarification	USA	Descriptive	Conceptual framework of resilience Recovery or return to previous state after stressful event Protective factors against stress Norris Method Faculty support of nursing student resilience
Yildirim et al. (2020)	The Effects of Communication Skills on Resilience in Undergraduate Nursing Students in Turkey	Turkey	Cohort Study	External support systems are necessary Support systems identified as social environment, colleagues, mentors, instructors Support systems = coping mechanisms Introductory Information Form, RSA, CSS Higher perceived resources, support and coping skills and communication skills were related to higher resiliency scores

Conceptual Framework

During the review, two frameworks were identified related to resiliency: (a) resilience theory (Ledesma, 2014) and (b) conceptual framework of resilience (Stephens, 2013). Ledesma (2014) and Stephens (2013) recognized an intrinsic quality of resilience that an individual is innately born with, but also discussed the external factors that contribute to high resilience. Ledesma (2014) referred to external factors as supportive relationships and utilizing helpful resources. Comparatively, Stephens (2013) described external factors as identifying protective factors and successful coping strategies.

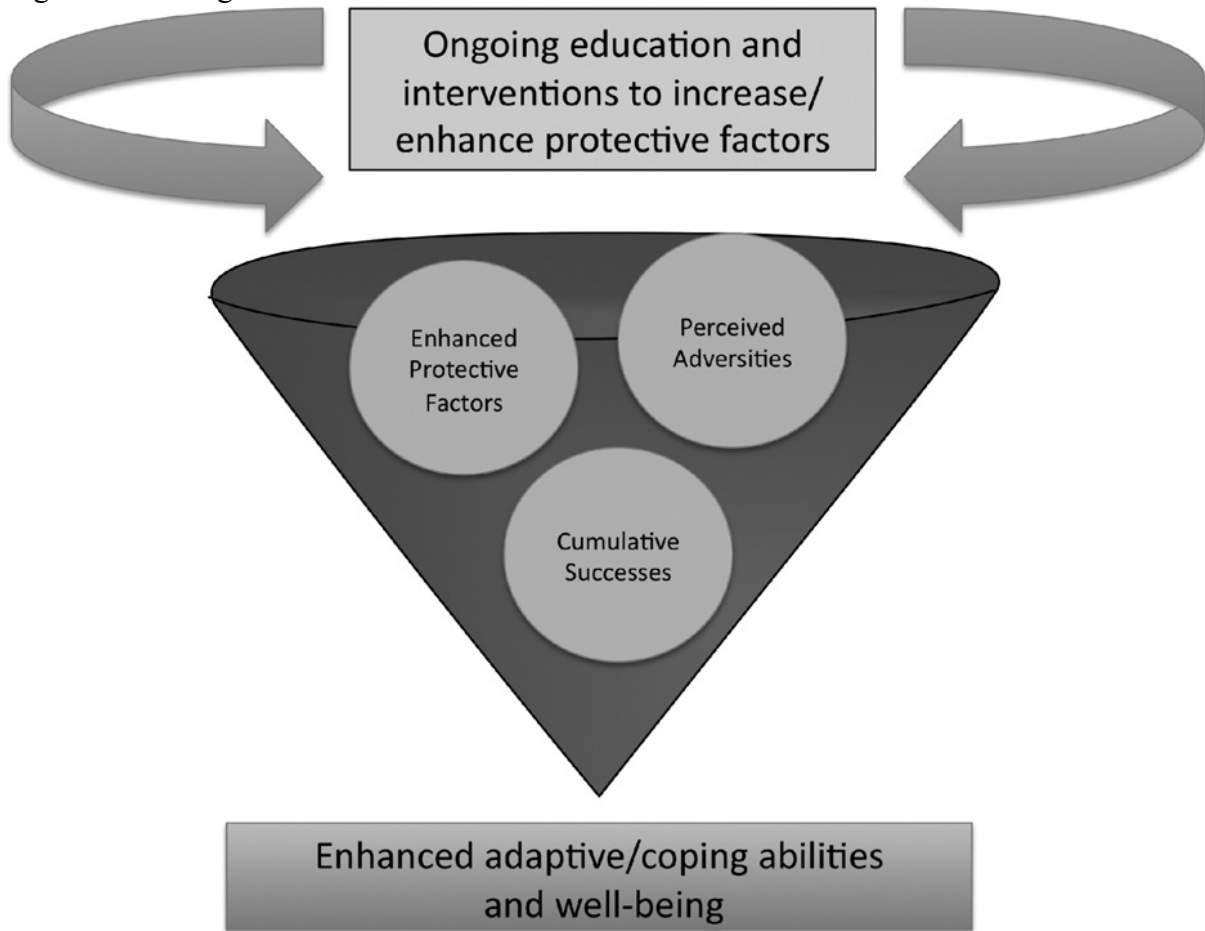
Resilience theory encompasses an understanding of resilience definition and includes the relationship between resiliency and thriving when facing adversity. Ledesma (2014) defined

resilience as the ability to overcome adversity and stress without disrupting baseline functioning and the ability to thrive. Ledesma (2014) cited historical evidence and identified resiliency as a human strength dating back to the 1980s when resilience was an individual's ability to utilize coping strategies during challenging situations to maintain a sense of self. In addition, Ledesma (2014) outlined resilience theory "in the field of nursing, it is the ability to regenerate power to respond to the internal or external environment for survival, growth, or development" (p. 2). Despite the understanding of resilience having complexities of subjectivity, Ledesma connected the concepts of resilience and thriving with internal and external factors (2014). Internal factors are personality factors, self-factors, and individual resources utilized or expressed when overcoming challenging situations (Ledesma, 2014). Ledesma also named external factors as having a close relationship to personal relationships and support (2014).

Stephens (2013) discussed the conceptual framework of resilience as it directly relates to nursing students. Much like Ledesma, Stephens defined resilience as a term with significant ambiguity, but as a state of recovery or return to a previous individual state after exposure to a stressful time (2013). Stephens (2013) gathered evidence that resilience can be further developed for an individual at any point in their life. Stephens identified factors that relate to resiliency as protective factors or resources used to minimize stress (Stephens, 2013). Utilizing The Norris Method of concept clarification, Stephens (2013) worked to further develop the concept of resilience through questions and inquiry. Stephens (2013) described The Norris Method, which nurses traditionally use to clarify a concept by developing questions and hypotheses. Using this method, perceived stress or adversity, identifying enhanced protective factors, and cumulative successes of utilizing adaptive behaviors were strongly correlated to improved resiliency and

wellbeing (Stephens, 2013). Figure 1 shows the synergistic relationship between the three components named as Stephens Nursing Student Resilience Model (2013) components.

Figure 1. Nursing Student Resilience Model



Note: From *Nursing student resilience: A concept clarification* [Image], by T. Stephens, 2013, *Nursing Forum*, 48(2). Wiley Periodicals, Inc. CC.

CNL Role in Nursing Education

Stephens (2013) outlined the faculty's role in enhancing nursing student resiliency as being helpful in offering support from caring adults. Faculty in an academic setting fulfill the role of a clinical nurse leader (CNL) by fulfilling the role of a leader (2013). The AACN defines

the role of the CNL and outlines the competencies they must be able to perform to be contributing leaders in their field. Nursing faculty are working to identify and develop nursing student resiliency to meet the CNL competencies outlined by the AACN. Specifically, the educator role meets competencies 3.3, 3.5, 4.4, and 4.6 (AACN, 2013). Competency 3 outlines the CNL's role specifically in quality improvement and safety, with 3.3 reflecting "use evidence to design and direct system improvements that address trends in safety and quality" and 3.5 promoting "a culture of continuous quality improvement within a system" (AACN, 2013, p. 11). Competency 4 identifies the CNL's role in translating and integrating scholarship into practice, with 4.4 facilitating "the process of retrieval, appraisal, and synthesis of evidence in collaboration with healthcare team members" and 4.6 applying "improvement science theory and methods in performance measurement and quality improvement process" (AACN, 2013, pp. 13–14). The CNL plays an essential role in fostering nursing student resilience in education settings. The CNL must have a solid foundational understanding of resilience to guide the continuous development of nursing students.

Search Results

The literature review uncovered components, measurements, and tools of resilience. Search results yielded confirmatory information through both qualitative and quantitative studies. Collectively, the studies highlighted ways to improve nursing student resilience.

Components of Resilience

To understand resilience, components were outlined to understand better what comprises resilience quality. The characteristic cannot be improved without understanding what makes up

resilience. Due to the subjectivity of resilience by definition, components of nursing student resilience can also be quite individual. While components can be identified, these elements are applied to each individual and are not prescriptive. Mcdermott (2020) discussed that, historically, researchers typically cited resilience as an internal psychological factor rather than focusing on how environmental influences could impact resilience.

Drach-Zahavy et al. (2021) supported that resilience is a relatively stable trait theory that individuals utilize to protect themselves against adversity. Trait theory can also be described as the natural capacity or potential for successfully adapting to challenges (Drach-Zahavy et al., 2021). The authors described genetic components as showing strong support for trait theory, revealing the argument that little can be done to develop or change an individual's resilience. However, Mcdermott et al. (2020) stated that resilience does have a trait-like component that has been theorized to have "malleable construct(s) that can be enhanced through target education" (p. 4). Additionally, other identified components of resilience reinforce the idea that, despite individual genetic components of resilience, supporting and fostering the development of resilience demonstrates promise.

Yildirim et al. (2020) suggested external support systems are positive and necessary for strong resilience. Support systems include a social environment, colleagues, mentors, and instructors. Supportive mechanisms were found to be important coping mechanisms for resilient expression. Support systems are often used synonymously with coping mechanisms. Some authors offered that constructing a peer group as a part of nursing programs could impact a student's resilience (Drach-Zahavy et al., 2021). Notably, the utilization of external support systems can be tough to predict related to effectiveness and availability, but Yildirim et al.

(2020) still suggested encouraging students to utilize support. Stephens (2013) discussed the role of CNLs in being part of the support system through mentorship, faculty, and preceptors to aid students in their self-examination of resiliency.

The COVID-19 pandemic was found to create additional stress for nursing students. As a result of the pandemic, significant research was conducted on nursing student resilience and the focus on aiding nursing students in this necessary component of the profession (Drach-Zahavy et al., 2021).

Nursing students experienced even higher levels of stress as they adjusted to challenges of rigorous academic requirements as well as clinical demands, resulting in stress-related illnesses, depression, and sleep disturbances. In China, the arrival of the COVID-19 pandemic has resulted in even higher levels of stress, anxiety, and depression among college students. A study from Israel demonstrated that during the third week of COVID-19 lockdown, more than half of nursing students reported moderate-to-severe anxiety symptoms (Kim et al., 2021, p. 37).

Literature written before the pandemic highlighted the importance of resilience in nurses, but the pandemic intensified this recognition and elevated the need for incorporation into the curriculum more quickly. Descriptions of nursing student resiliency during the pandemic compounded previous worries and called for greater attention to the vulnerabilities specific to nursing students (Drach-Zahavy et al., 2021). In addition, pandemic findings emphasized the necessity of understanding resiliency as a relationship between individuals and an extensive system (Drach-Zahavy et al., 2021).

Accessibility or lack of accessibility to resources were important attributes of resiliency in nursing schools. Stephens (2013) connected the importance of community resources found in adolescent resiliency also affecting nursing students. Additionally, accessibility to resources encourages building awareness of healthy behaviors (Stephens, 2013).

Components that contributed to the ability to be resilient or were associated with the lack of resiliency included anxiety and depression. For example, Mcdermott et al. (2020) cited, of first-year college students, more than one-third self-reported symptoms of anxiety, depression, or substance abuse. More specifically, “approximately 20% of undergraduate nursing students across the United States screened positive for probable depression” (p. 3).

Association was drawn between low levels of resilience and increased stress, burnout, and exhaustion (Diffley & Duddle, 2022). Thus, the authors also found a strong correlation between resilience preventing or decreasing anxiety and depression. Kim et al. (2020) found that “high resilience and family functioning were independently associated with 2- to 2.4-fold lower risk of moderate-to-severe anxiety, and moderate-to-severe depression” (p. 40).

Internal innate factors of resilience for individuals correlate to an individual’s resilience, but many external factors contribute to this trait. For example, supportive relationships through family, mentorship, and academic success contributed to resilience. Finally, anxiety and depression were strongly correlated to resilience. (Diffley & Duddle, 2022; Drach-Zahavy et al., 2021; Kim et al., 2020; Mcdermott et al., 2020; Stephens, 2013; Yildirim et al., 2020).

Measures of Resilience

Various measurement tools were utilized by the authors described in this literature review. Notably, the Connor-Davidson Resilience Scale (CD-RISC) was the most widely used tool throughout the literature. In addition, many additional measurement tools were found in the reviewed studies. For example, tools analyzed social support, spiritual support, perceived stress, anxiety, depression, patient health, communication skills, psychological distress, and coping strategies.

Kim et al. (2020) analyzed nursing student resilience during the COVID-19 pandemic and utilized measurement methods to look at nursing student resilience. First, the Connor-Davidson Resilience Scale (CD-RISC)-10 was used. Responses were measured on a 5-point Likert scale where 0 was not true and 4 meant true all the time. The maximum score was 40 points, where higher scores indicated higher resilience. Second, a 12-item Spirituality Support Scale was used to investigate student-perceived spiritual support using a 4-point Likert Scale. Third, the Family APGAR questionnaire measured student satisfaction with support from family utilizing a 3-point Likert scale out of 10, where the higher the score, the higher the perceived functioning of the family. Fourth, the Perceived Stress Scale (PSS) assessed student perception of stress through 10 items, with two subscales of 6-item positive and 4-item negative factors using a 5-point Likert scale. The higher the score out of 40 points, the higher the stress. Finally, the General Anxiety Disorder 7 (GAD-7) and Patient Health Questionnaire-9 (PHQ-9) assessed for symptoms of anxiety and depression, with scores greater than or equal to 10 indicating moderate to severe stress. Findings resulted in higher stress, anxiety, and depression during the pandemic than before. Individuals with higher resilience, family functioning, and spiritual support were associated with lower risk of stress, anxiety, and depression.

McIntosh (2021) investigated improving nursing student resiliency through online simulation and resilience-based curriculum. Measurements of program implementation used the Connor-Davidson Resilience Scale (CD-RISC) as a pre- and post-implementation survey. Results found a statistically significant improvement in resilience after implementing statistically significant resilience tools.

Merino-Godoy et al. (2022) studied emotional burnout's and resilience's influence on nursing students' psychological distress during the COVID-19 pandemic and utilized many different measurement tools. Two questionnaires used were the Psychological Distress Scale (K-10) and the Connor-Davidson Resilience Scale (CD-RISC-10). Both methods of measurement used a 5-point Likert scale for 10 items. Results supported that students with lower resilience scores were more likely to experience psychological distress.

Drach-Zahavy et al. (2021) analyzed nursing students' resilience through multiple methods including the Connor-Davidson Resilience Scale (CD-RISC). In addition to this resilience scale, the NASA Task Load Index assessed perceived stress through a 20-point Likert scale. Coping Strategies Inventory Short Form (CSISF) assessed coping strategies using a 5-point Likert Scale. A Tzafirir and Dolan derived a 7-point Likert scale and assessed trust in nurses' policymakers. Finally, student strain symptoms were analyzed with the SSQ-14 5-point Likert scale. Findings found moderate levels of disengaged problem-solving coping strategies and a high-level distrust in policymakers. Results showed significantly lower resilience in 1st-year junior nursing students than in senior 4th-year students.

Nursing student resilience, depression, wellbeing, and academic distress were tested through a moderated mediation model by Mcdermott et al. (2020). Resilience was tested using the Brief Resilience Scale (BRS). Depression was assessed through the Patient Health Questionnaire-9 (PHQ-9). Wellbeing was examined through the Brief Inventory of Thriving (BIT) and the Sense of Social and Academic Fit scale, both using a Likert scale. Finally, academic distress was identified through a 2-item Likert scale. Higher resilience was associated

with a greater sense of belonging; thus less academic distress was likely to be found. Depression was found to have the most significant impact on academic success and resilience.

Yildirim et al. (2020) used three forms to gather data and examine communication skills' effects on undergraduate nursing students' resilience. An Introductory Information Form was used to collect sociodemographic characteristics through 16 questions. The Resilience Scale for Adults (RSA) was adapted to this study's specific needs, and the Communication Skills Scale (CSS) was developed to assess how students perceive their communication skills. Students with perceived accessible resources, support, and adequate coping tools were associated with higher mean resilience scores. Similarly, positive communication skills were associated with higher scores of resiliency.

Reviewed tools to measure resilience found that higher resilience was correlated to higher support, coping, and improved communication skills, and less anxiety and depression. Reliable measurement tools provide data measurement of implemented resilience tools.

Tools to Build Resilience

Various tools of resilience were implemented by authors working to improve nursing student resilience. Tools were implemented in various ways through workshops, curriculum incorporation, lectures, availability of resources, discussions, and faculty training.

Diffley and Duddle (2021) highlighted that resilience was beneficial through face-to-face interactions with students through lectures, workshops, and class discussions. Specific information about the effects of stress, coping strategies, conflict management, violence, aggression, end-of-life care, communication, time management, and career planning were all crucially important areas of connection when interacting with students. Curriculums that focused

on skill application to build resilience were more impactful. These skills included relaxation strategies, coping techniques, nontechnical skills, and practice opportunities. Relaxation techniques were mindfulness, meditation, deep breathing, progressive muscle relaxation, and shadow person aromatherapy. Positive psychology, emotions, and affirmations were used as coping techniques and emotional intelligence (EI) training. Nontechnical skills focused on time management, communication, and teamwork. Practice opportunities utilized simulation, role-playing, scenarios, peer support, career planning activities, and exercise. Reflective processing of learning found positive results through self-assessment, quizzing, reflection, and debriefing with goal setting.

Kim et al. (2021) did not implement resilience-building techniques, but suggested implementing a resilience-focused curriculum due to the low resilience results. Suggestions included a supportive environment to develop coping strategies, mindfulness-based stress reduction, exercise, self-care, communication, problem-solving, and muscle relaxation activities.

McIntosh (2021) investigated the correlation of online simulation to resilience and found that faculty-led simulations were associated with higher levels of resilience. Additionally, suggestions were made about incorporating resilience-building activities into the nursing student curriculum.

Hughes et al. (2021) supported the focus on student self-efficacy through positive behaviors, relationships, clinical skills, and the ability to overcome challenges. Additionally, curriculum and faculty support of student optimism, emotional intelligence, and self-care positively correlate with resilience. Moreover, resiliency-enhanced workshops addressing self-confidence, academic and psychological competence, positive thinking, and coping strategies

were helpful. Stephens (2013) discussed resilience implementation tools more broadly based on the foundation that, if nursing students can identify and develop resilience, they will be better able to handle adverse and challenging situations. The result of this development will increase coping strategies and overall wellbeing. Stephens (2013) names faculty as the key leaders in facilitating this development for nursing students through positive mentorships and self-reflection.

Dowling et al. (2021) discussed cultivating inclusive learning environments for nursing students that supported resiliency building. Findings supported incorporating interventions from the time students are admitted through holistic admission, supportive advising, tutoring, early warning systems, academic support sessions, inclusive teaching, and equity and inclusion training. Additionally, access to positive resources was suggested for peer tutoring, teaching assistants, nursing organizations/clubs, and social engagement activities. Supporting and fostering positive relationships suggests mentor building, clear expectations, check-ins, and engagement activities, which were also associated with building resilience.

Yildirim et al. (2020) suggested implementing positive communication skill-building into the nursing curriculum. Communication skills can be taught and fostered by discussing positive and clear communication, supporting self-care and coping skills, and offering access to supportive mentorship.

No singular implementation technique was found. Findings leaned toward any form of teaching coping skills, communication, fostering positive supportive relationships, and availability of resources.

Summary

Nursing student resilience is a conceptual theory with many associated components. Nursing student resiliency was found to be negatively impacted by the COVID-19 pandemic; thus further research was performed. Many measurements were utilized in measuring nursing student resilience, but the CD-RISC was widely used and supported as an effective measurement method. Various tools were implemented in hopes of improving nursing student resilience. The most common tools utilized were stress reduction, communication skills, accessibility and fostering of mentorship, positive relationships, and resources that support self-care. Nursing education faculty can positively impact students' resilience and lifelong skills as students become nurses.

CHAPTER THREE

METHODS

Overview

This project aimed to identify nursing student resiliency components and create outcome-driven solutions to foster the growth and development of senior-level nursing student resiliency. The microsystem assessment of the Location X nursing program found patterns of student stress, poor focus, and few tools available to address student resilience. In addition, no tool to measure resilience or formal curriculum inclusion components addressing nursing student resilience were identified. Diffley and Duddle (2022) found a strong correlation between nursing students with low levels of resilience and high levels of stress, burnout, and emotional exhaustion. In addition, nursing burnout and exhaustion corresponded with high attrition once students enter the profession. Initiating resilience programs within the nursing student curriculum increases student resilience by incorporating positive and healthy coping strategies in a demanding education program and profession. This chapter highlights the design of the quality improvement (QI) initiative, the plan and proposed intervention, and a description of the evaluation tool designed to measure outcomes.

Design of Quality Improvement Initiative

This educational project aimed to create an evidence-based learning activity to foster nursing student resiliency. Through the proposed implementation of a resiliency workshop titled “Thriving in Nursing School,” senior-level nursing students’ time in this workshop focuses on

teaching relaxation strategies, coping techniques, self-care approaches, communication skills, problem-solving activities, positive mentorship relationships, and identifying resource availability (Diffley and Duddle, 2021; Dowling et al., 2021; Hughes et al., 2021; Kim et al., 2021; Yildirim et al., 2020). The CD-RISC would be used to survey students before the workshop and after activity completion. In addition to the idea that nursing students benefit from resilience development, nursing faculty and nurses in the profession also benefit from a focus on and awareness of improved resiliency in new graduates.

Planning the Project Intervention

Anecdotal evidence from nursing program faculty at Location X initially identified potential patterns of decreased resiliency. Detailed microsystem assessment analysis examined Location X's current curriculum and a literature review uncovered the potential for curriculum inclusion of resiliency and wellbeing components, identified tools to measure nursing student resiliency, and located opportunities to foster and develop student resilience. This investigation of the five-campus system uncovered poor and unequal access to community and university resources related to student mental health and wellbeing. In addition, no standardized assessment of nursing student resiliency exists within the statewide curriculum. Currently a refreshed curriculum is in the early phase of implementation and, while this new curriculum has some resiliency and wellbeing components, it does not encompass all of the dynamics outlined in the AACN Domain 10 guidance. Further, the current curriculum used by senior-level nursing students does not include a deliberate focus on resiliency or wellbeing. These gaps identified a

lack of focus and formal curriculum inclusion on nursing student resiliency and highlighted the need for a resiliency intervention.

Two conceptual frameworks described resiliency as a human characteristic. First, Ledesma (2014) described resilience as the ability to overcome adversity while maintaining the ability to thrive. Further Ledesma recognized that resilience has an intrinsic quality that includes many external factors. Ledesma's conceptual framework of resilience outlined strong supportive personal relationships as a significant contributing external factor. Second, Stephens (2013) also discussed resilience as an intrinsic component. Then Stephens defined resilience as a state of recovery or the return to a previous individual state after exposure to a stressful event. However, Stephens described the external factors of this conceptual theory of resilience by illustrating a close relationship between three components that can be used together to enhance resilience. Through education and interactive educational activities, Stephens outlined enhanced protective factors, perceived adversities, and cumulative successes as ways to increase resilience.

The microsystem assessment findings of Location X highlighted a gap in nursing student curriculum inclusion, accessibility, and educational understanding of tools to build resiliency. In addition, a literature review identified conceptual frameworks of resilience, components and measurement tools of resilience, and tools to build resilience. Considering both the microsystem assessment and review of literature findings, a workshop to build resilience was created using a multifactorial approach to increase senior-level nursing student resilience. By teaching different tools to address the many components of resilience and utilizing activities to reinforce approaches to resilience, nursing students have many tools available to aid them in the rigor of nursing school that fit their unique qualities and needs.

Proposed Implementation

Before the proposed implementation of the workshop, “Thriving in Nursing School,” the gathering of instructional material was required and an instructional plan was created. The instructional plan contains five components. Table 2 outlines each teaching component, associated student activity, and educational learning outcomes.

1. Relaxation strategies are demonstrated to students with an activity to reinforce these strategies. Relaxation strategies are identified as utilizing mindfulness, meditation, aroma therapy, and guided imagery (Boardman, 2016). The relaxation strategy of mindfulness meditation is demonstrated to the students and performed together as practice (Delaney et al., 2015). Relaxation breathing and simple yoga postures are demonstrated with students practicing alongside the instructor. These strategies are also available in a brochure format for the students to take with them after the workshop.
2. Coping techniques and self-care reappraisal are discussed, with an interactive activity to allow students to consider coping techniques that fit their unique needs. Relaxation techniques are considered part of coping techniques; however, other components of stress management deserve specific attention. Delaney et al. (2015) outlined three categories of coping techniques that guide coping education and activities: (a) time management, (b) cognitive reappraisal, and (c) coping with stress. To address time management, students are asked to complete a map outlining 1 week of their schedule in nursing school. Students are given a blank calendar for 1 weeks’ worth of time and tasked with adding in class, clinical times, work obligations, miscellaneous plans, and time they plan to study. After completion, the students identify areas of improvement and the group

collaboratively works to provide solutions. Successful time-management techniques are identified with the group and outlined in a list format. Cognitive reappraisal asks students to identify three self-care options they want to implement. Class discussion includes positive self-care ideas and incorporation of self-care into a previously completed weekly plan. Stress management is emphasized by using previously discussed relaxation techniques. Class discussion addresses three stress management components: (a) state how to incorporate at least one physical and one psychological stress reduction technique, (b) name two ways to improve relationships with classmates/faculty, and (c) identify one way to contribute to a healthy class/clinical environment (Delaney et al., 2015).

3. Communication skills work to address problem-solving through the development of teamwork and stress reduction in clinical and academic environments (Delaney et al., 2015). Faculty will lead a class discussion asking students to identify effective communication responses during a stressful situation. The class discussion will then ask students to identify therapeutic communication responses in clinical/patient scenarios.
4. Community and university available resources are discussed, compiled, and distributed to students during the workshop.
5. The workshop ends with time to answer questions, provide comradery through games, and space for students to have one-on-one interactions with faculty.

Table 2. “Thriving in Nursing School” Workshop Design

Teaching Component	Student Activity	Learning Outcomes
1. Relaxation Strategies: Discuss mindfulness, meditation, aroma therapy and imagery techniques and uses. Demonstrate mindfulness meditation, relaxation breathing and simple yoga poses.	1. Students will participate in guided mindfulness meditation, relaxation breathing and yoga poses.	1. Discuss relaxation strategies and uses. 2. Demonstrate mindfulness mediation. 3. Demonstrate relaxed breathing. 4. Demonstrate yoga poses. 5. Verbalize when relaxation techniques can be utilized.
2. Coping Strategies: Discuss and teach coping strategies of time management, cognitive reappraisal, and coping techniques with stress management.	1. Students will complete one calendar week map of class and clinical times, work obligations, miscellaneous plans and study times. Students will identify and share with the class areas of improvement. Finally, the class will create solutions. 2. Identify self-care ideas. Students will identify three self-care activities to implement and add them to previously created map. 3. Class discussion led by faculty to answer three questions about stress management: a) state how to incorporate at least one physical and one psychological stress reduction technique b) name two ways to improve relationships with classmates/faculty c) identify one way to contribute to a healthy class/clinical environment.	1. Demonstrate the use of time management techniques. 2. Participate in team building to create outcome-driven solutions. 3. Demonstrate identifying self-care activities. 4. Determine the use of self-care in a weekly schedule. 5. Verbalize stress management techniques.
3. Communication Skills: Discuss effective and therapeutic communication.	1. Faculty lead discussion to identify effective communication during stressful situations. 2. Faculty lead discussion to identify therapeutic communication in class and clinical scenarios.	1. Verbalize effective communication methods. 2. Verbalize therapeutic communication methods.

Table 2. “Thriving in Nursing School” Workshop Design Continued

Teaching Component	Student Activity	Learning Outcomes
4. Community and University Resources: Provide and discuss how to access community and university resources to improve student well-being.	1. Provide a hard copy of resource availability and discuss accessing each resource.	1. Verbalize understanding of resource availability. 2. Verbalize understanding of how to access resources. 3. Describe the uses of each resource.
5. Relationship Building: Provide time and space for students to interact with faculty and students.	1. Available one-on-one interactions with faculty. 2. Available space for student one on one interactions. 3. Available games for students to play with one another.	1. Articulate questions to others. 2. Communicate needs. 3. Implement practiced resilience-building strategies.

Four hours are allotted for workshop completion. Students are surveyed at the beginning of the workshop utilizing the Connor-Davidson Resilience Scale 10 item (CD-RSIC 10) and are re-surveyed after the workshop (see Table 3). Data from the pre- and post-surveys are gathered and compared to ensure the development of resilience is accomplished through this workshop. Recognizing resiliency as a skill highlights the acknowledgment that surveys may not reflect an immediate, astounding increase in resiliency. Still, feedback is imperative to understand if this educational QI project has initiated change and increased knowledge in utilizing skills and resources.

Table 3. Connor Davidson Scale 10-item (CD-RISC-10)

	not true at all (0)	rarely true (1)	sometimes true (2)	often true (3)	true nearly all the time (4)
1. I am able to adapt when changes occur.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I can deal with whatever comes my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate how much you agree with the following statements as they apply to you over the last **month**.
If a particular situation has not occurred recently, answer according to how you think you would have felt.

Table 3. Connor Davidson Scale 10-item (CD-RISC-10) Continued

Please indicate how much you agree with the following statements as they apply to you over the last **month**.
If a particular situation has not occurred recently, answer according to how you think you would have felt.

	not true at all (0)	rarely true (1)	sometimes true (2)	often true (3)	true nearly all the time (4)					
3. I try to see the humorous side of things when I am faced with problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
4. Having to cope with stress can make me stronger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
5. I tend to bounce back after illness, injury, or other hardships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
6. I believe I can achieve my goals, even if there are obstacles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
7. Under pressure, I stay focused and think clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
8. I am not easily discouraged by failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
9. I think of myself as a strong person when dealing with life's challenges and difficulties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
10. I am able to handle pleasant or painful feelings like sadness, fear and anger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Add up your score in each column.	0	+	+	_____	+	_____	+	_____	+	_____
Add each of the columns to obtain the CD-RISC score	= _____									

Note: From *Conor-Davidson Resilience Scale 10* [Image], by Connor, K.M. and Davidson, J.R.T., 2020, CC.

Human Subjects

After a conversation with the Institutional Review Board (IRB) program manager at Location X, it was decided that this educational project met the definition of “quality improvement” (QI) without overlapping into research. Therefore, at this stage the project does

not require a protocol for review by the IRB. According to The University of Kansas Medical Center (2019) summary sheet, quality improvement is defined as:

systematic, data-guided activities, designed to bring about immediate improvements in health care delivery (and education) in particular settings. Initiators of QI projects identify promising improvements, implement small scale changes, monitor results, and decide about additional changes and broader implementation.

Evaluation Tool and Outcomes Measurement

A Plan-Do-Study-Act (PDSA) cycle approach was utilized to implement this quality improvement project. The first portion, the plan, assessed the population's need for this intervention. Then, the study was used to identify evidence-based solutions. Act is carried out as the implementation of the "Thriving in Nursing School" workshop. But, the cycle continues after implementation to evaluate the outcomes. This process restarts the PDSA cycle. To identify if quality improvement was reached, comparing the pre- and post-CD-RISC helped evaluate the success. Additionally, students were encouraged to give feedback on the workshop, allowing for further improvement and use of the workshop in other courses and on different campuses. The final analysis of workshop implementation was conducted with faculty who participated and gathered observations of the skill-building workshop.

Quality improvement projects are ever-evolving and deserve careful consideration and review to ensure outcomes are improved and individuals are benefited. In addition, nursing students are part of a rigorous educational program and eventually serve as professionals in a demanding career. Therefore, nursing students deserve the opportunity to develop their resilience

skills and focus on wellbeing, which will translate into healthy career habits to become successful nurses.

CHAPTER FOUR

SUMMARY

Introduction

A microsystem assessment at Location X identified examples of decreased resiliency through high stress and poor coping in senior-level nursing students. The microsystem assessment also identified a lack of curriculum inclusion or a specific focus on resiliency skills. This quality improvement project worked to improve nursing student resilience by developing resilience-related skills through student attendance at a resiliency workshop. The “Thriving in Nursing School” workshop incorporated evidence-based education and activities identified during a literature review to foster senior-level nursing student resilience and measure changes in resilience before and after the workshop implementation. This chapter summarizes the quality improvement project’s intent, significance, literature review, design of the of the proposed implementation, and the CNL role in this project.

QI Project Summary

This project aimed to identify resiliency components and create a solution to improve senior-level nursing student resilience. Nursing students with lower levels of resilience were found to have higher levels of stress, burnout, and emotional exhaustion (Diffley & Duddle, 2022). Lower levels of resilience could result in higher nursing student attrition rates and affect new graduate nurses’ ability to enter an adverse and demanding profession with tools and resources to cope with stressful events.

A literature review uncovered a resiliency conceptual framework, critical components of resilience, resilience measures, and tools to build resilience. Two conceptual framework descriptions were used and both defined resilience as the ability to overcome an adverse event without disruption to baseline functioning, or the ability to return to a state of baseline functioning after the event has ceased (Ledesma, 2014; Stephens, 2013). Both conceptual frameworks supported that the characteristic of resilience has an intrinsic component. Both also outlined that resilience can be developed and is contributed to by external factors. Ledesma (2014) highlighted supportive relationships as one of the most important contributing external factor that can be built. Stephens (2013) described the synergistic relationship between enhanced protective factors, perceived adversities, and cumulative successes as the contributing external factors to resilience development.

Stable trait theory, positive support systems, additional stress created during the COVID-19 pandemic, anxiety and depression, and availability of community resources were highlighted as crucial components of resilience (Diffley & Duddle, 2022; Drach-Zahavy et al., 2021; Kim et al., 2020; Mcdermott et al., 2020; Stephens, 2013; Yildirim et al., 2020). The CD-RISC was consistently used in analyzed research to accurately measure resiliency and was utilized in the proposed implementation of this quality improvement project to measure intervention effectiveness (Drach-Zahavy et al., 2021; Kim et al., 2020; Mcdermott, 2020; McIntosh, 2021; Merino-Godoy et al., 2022; Yildirim et al., 2020). No single method was found to build resiliency; rather, many tools were identified that foster the growth of an individual's resiliency. Many commonalities were found in the analyzed evidence of tools to build resiliency, but focus was on stress reduction, communication skills, accessibility to mentorship and positive

supportive relationships, and accessibility to supportive community resources (Diffley & Duddle, 2021; Dowling et al., 2021; Hughes et al., 2021; Kim et al., 2021; McIntosh, 2021; Stephens, 2013; Yildirim et al., 2020).

The “Thriving in Nursing School” workshop incorporated evidence-based resiliency frameworks, components, measurements, and tools to foster resiliency in senior-level nursing students. Decreasing nursing student stress, burnout, and attrition through developing nursing student resilience can potentially increase academic success while in the nursing program. Additionally, resilience skills make it possible for students becoming nurses to have an increased availability of tools and knowledge to overcome stressful events in the dynamic nursing profession.

Discussion

The proposed implementation of the “Thriving in Nursing School” resiliency workshop closely aligns with the literature review of resiliency framework, components, development, and significance in nursing student populations. Utilizing the widely used CD-RISC-10 to measure resiliency effectively correlates with evidence found in the literature review. It is hypothesized that, through resilience development implementation, nursing student resilience scores will increase and contribute to more significant development of nursing student skills to be successful and enter a demanding profession.

Conclusion/CNL Role

Nursing school programs are responsible for educating and developing individuals who are prepared to enter the profession of nursing with an understanding, knowledge, skill, and compassion to care for people during all phases of life with a focus on promoting and increasing health. Nursing as a profession is demanding and dynamic. It must comprise individuals who are capable of growing and surviving such a progressive career while having the skills to adapt and thrive through countless adverse events. Building resiliency as a skill should start long before students become nurses to encourage the growth of student nurses with the same skills they will need to succeed in their careers. By fostering nursing-student development, student nurses will have more skills to tend to the rigor of nursing school.

This quality improvement project fulfilled many of the AACN 2013 CNL competencies. First, competency 1.1 describes the CNL's ability to "interpret patterns and trends in quantitative and qualitative data to evaluate outcomes of care within a microsystem and compare to other recognized benchmarks or outcomes, e.g., national, regional, state or institutional data" (AACN, 2013, p. 9). Additionally, this project incorporates many of competency 2, specifically 2.2, 2.3, and 2.6, by participating in organizational leadership to work on interprofessional healthcare teams, utilize systems theory, and evaluate efficacy of evidence-based practice. Finally, competency 3, quality improvement and safety, is a mainstay of this project where assessment of the microsystem identified a problem and a solution was created based on literature to improve nursing student resilience.

Faculty who teach nursing students fill the role of the CNL and meet the expectations of the AACN for the CNL to be a leader who works to ensure the nursing profession practices are

safe, evidence-based, and work to improve the quality of health of all. The CNL plays a crucial role in educating nursing students preparing to enter the nursing profession with knowledge, skills, compassion, and resilience. The development of resilience warrants focus and works to meet the AACN 2021 *Essentials* Domain 10 that outlines student nurses' Personal, Professional, and Leadership development to foster their health, resilience, and wellbeing. These *Essentials* work to meet the ANA *Code of Ethics*' expectations, highlighting a nurse's responsibility of the same duties to self as to others, to have a strong sense of self and wellbeing. In addition, CNLs play a critical role in leading and educating nursing students to enter nursing with resiliency skills to ensure that caregivers can care for themselves to meet the patients' extensive needs.

Implications and Recommendations

This quality improvement project has the potential to shape how this nursing school location includes the AACN expectations that nursing programs work to include resilience and wellbeing in the curriculum of nursing programs. By modeling wellbeing and resiliency practices, this project could increase nursing student success and improve student skills to thrive in a rigorous education program. The process of change in academia can be lengthy due to the number of steps needed. However, this process should be done to improve students' access to knowledge and skillsets that will undoubtedly help them in the nursing program and their nursing careers. This gap could be mitigated by grant funding to implement a pilot quality improvement project and formal data collection to measure efficacy. A pilot project could then be analyzed for necessary improvements before implementing it into the curriculum more permanently. Focusing on nursing student resilience can change nursing education and include a dynamic of wellbeing

that translates into creating a professional nursing culture that makes it essential for caregivers to care for themselves in meaningful ways.

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APPENDICES

APPENDIX A

COPYRIGHT PERMISSION OBTAINED FOR
NURSING STUDENT RESILIENCE MODEL

Permission to utilize Nursing Student Resilience Model obtained from author T. Stephens via correspondence: “You are welcome to use the model in your work” (T. Stephens, personal communication, 2023, March 8).

APPENDIX B

COPYRIGHT PERMISSION OBTAINED FOR
CONNOR-DAVIDSON RESILIENCE SCALE-10

Permission to utilize Connor-Davidson Resilience Scale-10 obtained from author T. Stephens via correspondence: “Dear Gina: Thank you for your interest in the Connor-Davidson Resilience Scale (CD-RISC). We are pleased to grant permission for use of the CD-RISC-10 in the project you have described under the following terms of agreement.” (J.R.T. Davidson, personal communication, 2023, February 15).