

Steps Toward a Resilient Future Nurse Workforce

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Introduction

The psychosocial needs of students are a pressing matter as mental health disorders may later affect nursing students' lives and journeys as professional nurses (Labrague et al., 2017).

Preparing these students to persevere through adversities is essential for maintaining physical, mental, and emotional health throughout their career (Low et al., 2019).

There is a correlation between health professionals' resilience and well-being in the workplace, yet this concept is generally excluded from nursing education. Resilience is a core value and fundamental theme that must be addressed in nursing education.

In search of various nursing curricula around the United States, it was found that courses in student nurses' self-care and resilience were typically not part of the required or elective offerings. Hence, nursing faculty need support in assisting students through these processes.



Implementation: Resilience-Building

- Mindfulness-based stress reduction strategies
- Meditation and muscle relaxation exercises
- Self-care
- Communication skills and study skills
- Problem-solving and conflict resolution skills
- Life coaching
- Storytelling
- Reflective practice

Implementation: Faculty Supportive Behaviors

- Being approachable
- Being trustworthy
- Encouraging students to ask questions
- Acknowledging when students have done well
- Listening to students
- Varying teaching methods to meet student needs

Implementation: Caring Atmosphere of Mentorship

- Meaningful student–faculty collaboration
- Role-modeling strong professional values
- Sharing personal stories of resilience and knowledge gained from adversities
- Peer support and mentoring

Discussion

The creation of a resilient nurse workforce begins with the mentoring and preparation of students by faculty. Educating faculty on resilience strategies will aid nurse educators to create new instructional approaches or modify existing techniques with students to improve mental health wellness, refine nursing education practices, and ultimately promote more effective learning. We need skilled, caring, competent nurses who can cope with the physical and psychological demands of the nursing profession. It is up to nursing educators to help our students cope with that reality.

Conclusions

The science of nursing education can be advanced when nursing faculty focus not only on teaching the facts, but also on the caring and wellness of students. Resilience-building, supportive faculty behaviors, and a caring atmosphere of mentorship infused throughout the nursing curriculum may promote the effective transition of students into practice, providing the necessary foundation for improving stress management in the workplace and increasing longevity and satisfaction in the profession.



Do Nurses Eat their Young?

A Bullying Prevention Program for Nursing Profession: Integrative Review



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Background

- A growing body of scientific evidence reports increased prevalence of workplace incivility, lateral violence, and bullying
- Occupational Safety and Health Administration (OSHA) reports over 50 percent of registered nurses and nursing students were verbally abused in a 12-month period
- Such events are negatively associated with physical, psychological and professional spheres of the victims

Aims

- Examine various programs designed to promote civility in academic and clinical settings for nursing students/ nurses
- Identify the nature of intervention, outcomes, and impact, and effectiveness

Methods

Identification of studies via databases

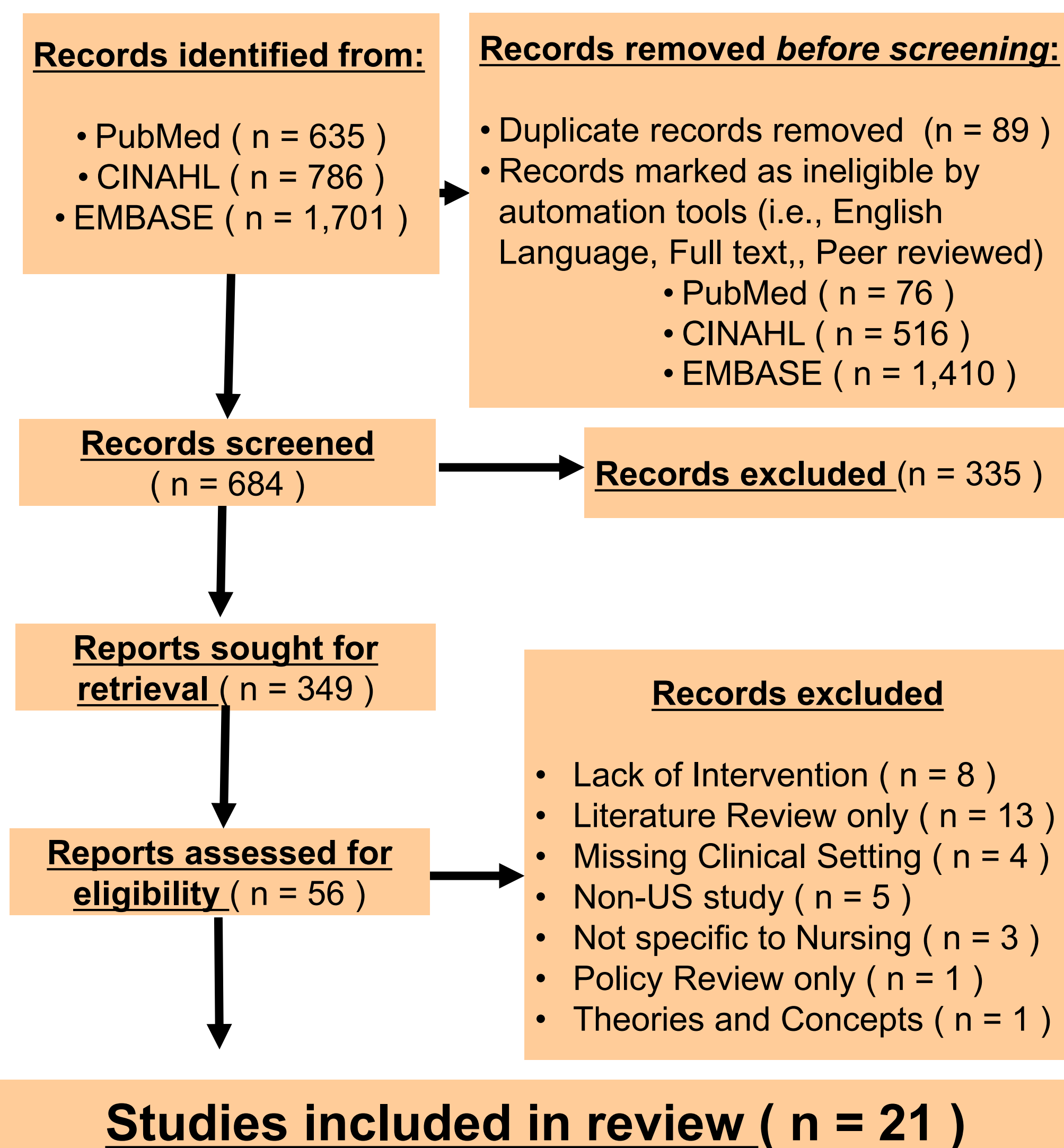


Figure 1. PRISMA Flow Diagram

Methods (cont.)

- Utilizing three electronic databases, scientific studies which included interventions designed to increase civility (e.g., anti-bullying program) in nursing profession was identified
- All relevant articles were screened for eligibility, using title/ abstract review and full-text review
- Eligibility criteria were
 - Peer review research articles; Written in English; Included at least one intervention targeting civility training and/or anti-bullying programs; Described intervention outcomes and/ or effectiveness

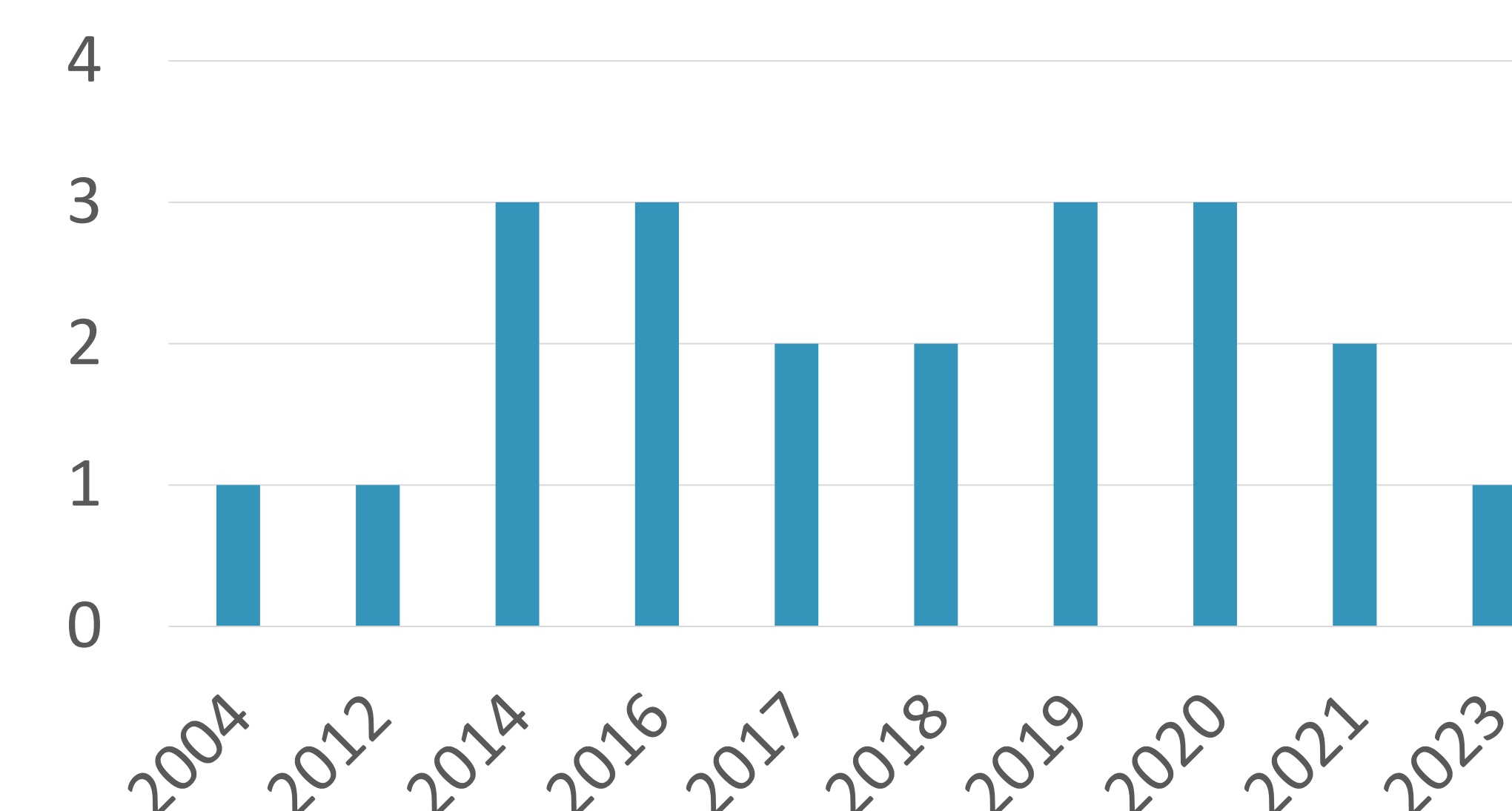
Results

- Included studies aimed to identify whether intervention/ training implemented had impact on increased awareness, and knowledge of incivility in nursing profession
- Majority of studies (n = 13; 62%) included clinical nursing staff as study participants, while only 14% (n = 3) of the studies included New Grad Nurses as study participant
- Only 19% (n = 4) of studies implemented civility training and/ or anti-bullying curriculum for undergraduate nurse students (e.g., senior and sophomore)
- Cognitive Rehearsal (CR) was the most widely used method in civility training. CR is rooted in behavioral science, and individuals work with a skilled facilitator to discuss and rehearse effective ways to address a particular problem or social situation
- Duration of intervention varied; ranging between one session (total of 25-minutes) to a day
- Workplace Incivility Scale was most commonly used to examine effectiveness of intervention and/or to assess if significant changes pre-, post intervention
- All studies that were conducted in a hospital setting were unit-specific (e.g., Medical Surgical, Emergency room)

Table 1. Study Participants

Mean	1,179
Median	26
Mode	16
Mimumum	8
Maximum	22,385
Range	8 - 22,385
Total (N)	23,567

Chart 1. Number of Publications per year



Discussion

- Damaging consequences of incivility and bullying in nursing profession are evident
- External factors (e.g., unit specific factors) may influence effectiveness of programs
- A few studies shared statistically significant changes in perception, and positive changes in behaviors (e.g., increased collaboration amongst nurses)
- Studies with no significant difference shared that there might be a positive culture shift, where importance of civility is widely understood

Conclusion

- Various programs and trainings for bullying prevention are available for academic and clinical settings
- Implementation of such programs pose potential to improve civility in nursing

Recommendations

- Incorporating civility, and conflict resolution training in nursing curriculum is needed
- Longitudinal studies are warranted to identify most effective interventions for nurses of all experiences (e.g., student, new grad, novice, and seasoned nurses)
- Rigorous research activities is needed to design evidence-based and strategic program to foster culture of civility
- Identifying facilitating vs. hindering factors in implementing anti-bullying program might guide the next step to in changing the culture of *Nurses Eat their Young*



Motivators for Nurse Educators to Persist in their Profession: A Phenomenological Study

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Introduction

The nurse faculty shortage has impacted the nursing workforce that is available to fulfill societal healthcare needs.

- ❖ Studies reveal that many qualified nursing school candidates are turned away each year due to faculty shortages.

Nursing academia has an increasing challenge of recruiting and retaining nurse educators.

- ❖ Reasons for leaving academia are well-documented.
- ❖ Understanding which factors motivate nurse educators to remain in the teaching profession can improve strategies for retention.

Purpose

The aim of this phenomenological qualitative study was to explore nurse educators' motivating factors that influence their decision to remain in academia.

- ❖ Understanding nurse educators' motivators to remain in academia may assist in promoting nursing education climates and practices that are shown to retain these educators within the field.



Methods

The lived experiences of seasoned nurse educators from three purposefully selected BSN programs were explored. A qualitative, semi-structured interview approach was used to solicit key information from participants.

Sample: Sixteen (16) nurse educators were purposefully selected from three schools of nursing in midwestern and southern areas of the U.S.

- ❖ Currently employed as full-time nurse educator in a BSN program
- ❖ At least 5 concurrent years of teaching experience in nursing

Procedure: Self-determination theory was used as a framework to develop semi-structured interview questions that discovered the motivators to persist in nursing education.

- ❖ Six (6) open-ended questions guided the interviews
- ❖ Data was gathered using criterion sampling, digital recordings of interviews, and verbatim transcription.
- ❖ Transcripts were hand-coded; researchers triangulated data; Excel spreadsheet tracking was used to facilitate validation of data processes.

Data Analysis: Open coding, theming, and horizontalization were used to extract rich data from transcripts for analysis

- ❖ Methodological rigor was established utilizing data saturation, audit trails, member checking, triangulation, reflexivity, and thick descriptions.

Results

Findings emerged as intrinsic and extrinsic motivators influencing participants' persistence as nurse educators:

- ❖ **Intrinsic motivators:** 'love of teaching', desire to learn more', 'satisfaction from service to the nursing profession', and 'seeking professional challenges'
- ❖ **Extrinsic motivators:** 'flexibility' and 'opportunities for professional advancement'

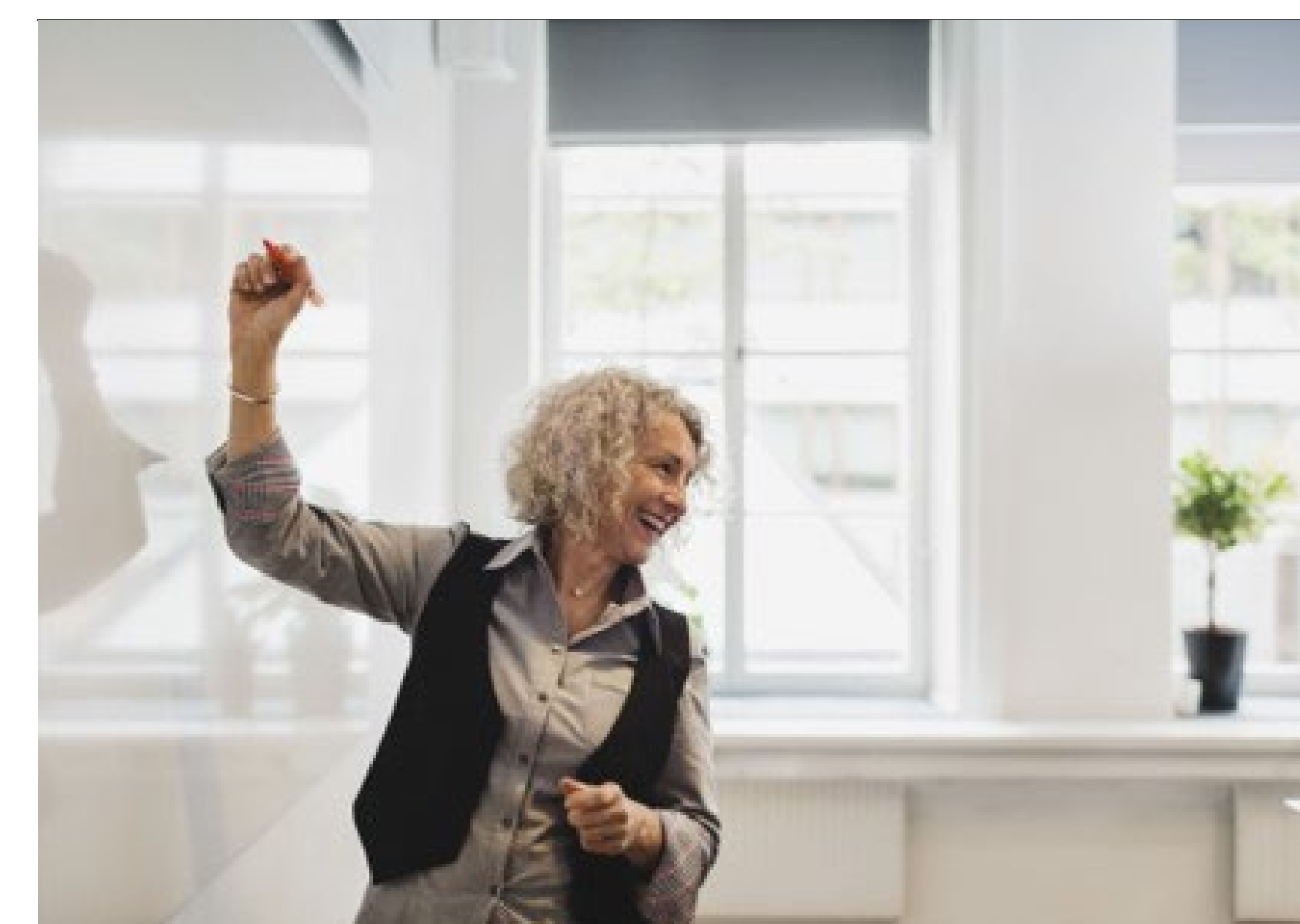
Conclusions

This study identified aspects of intrinsic and extrinsic motivators that strongly influenced nurse educators' persistence in the field.

- ❖ Participants experienced more intrinsic than extrinsic motivators to persist as educators
- ❖ Nurse educators were attracted to and remained in academic settings that provided them with opportunities for work-life balance, mentoring, and advancement of their formal education
- ❖ A better understanding of motivators can help nursing academia enhance academic climates and strategies that help recruit and retain nurse educators

Implications for Future Research

Implementation of retention motivators identified in this study may determine their influence on nurse educator retention and recruitment.



Interview Questions

1. What events in your life do you see as significant in shaping your decision to enter the nursing profession?
2. Describe significant persons or events in your personal life that you think contributed to your choice of pursuing your current profession as a nurse educator.
3. What factors influenced your decision to become a nurse educator?
4. Describe your experience in your role transition from a nurse to a nurse educator.
5. What personal motivating factors do you believe contribute to continuing in your role as a nurse educator?
6. What external factors keep you motivated, at this point, to continue in your role as a nurse educator?



Ending Incivility: One Nurse Educator at a Time

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THE PROBLEM

Incivility is rampant in nursing education. The need to abolish incivility in nursing educational settings as well as practice settings is paramount for the survival of our profession.

THE BACKGROUND

Issues with incivility are being brought to the forefront of the nursing world. Uncivil behaviors that are learned in the academic setting are following the students into the workplace, causing nurses to leave the profession and contributing to the nursing shortage.

Students report faculty are not kind, do not show up as promised, grade subjectively, are not available, roll their eyes and are condescending.

This behavior affects student learning and the nursing profession. Students model what they see. They learn incivility and take it into the workplace.

THE REMEDY

DETECT:

Issues of incivility within the educator's own academic setting.

Incivility in education is reported more in nursing programs than in any other genre of education.

DEVISE:

A personal statement to be a catalyst for improvement of issues of incivility.

Nurse educators are the first line in civility training. Nurse educators must teach by modeling.

DETERMINE:

To take action to promote civility in nursing education. Become an expert educator.

Empower the student! Work with the student to create civil academic relationships. Create safe spaces for students to voice their needs and concerns.



REMEMBER: ACTIONS SCREAM and words merely whisper.



A PERSONAL STATEMENT

"I am committed to promote a culture of civility in my educational and clinical workplace by being a servant for co-workers and students; by asking "how can I help you today" and then cheerfully provide what that person has asked"

--Lea Ann VanBuskirk

INCIVILITY CAUSES:

Students to become frightened.
Student learning to be impaired.
Students become negative.
Students to lose confidence.
Students to perform poorly.
Faculty become frustrated.
Faculty leave academia.

Nurses leave the profession.
The nursing shortage worsens.

REFERENCES

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