

# Building Resilience in New Graduate Nurses

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# Resilience

What is it?

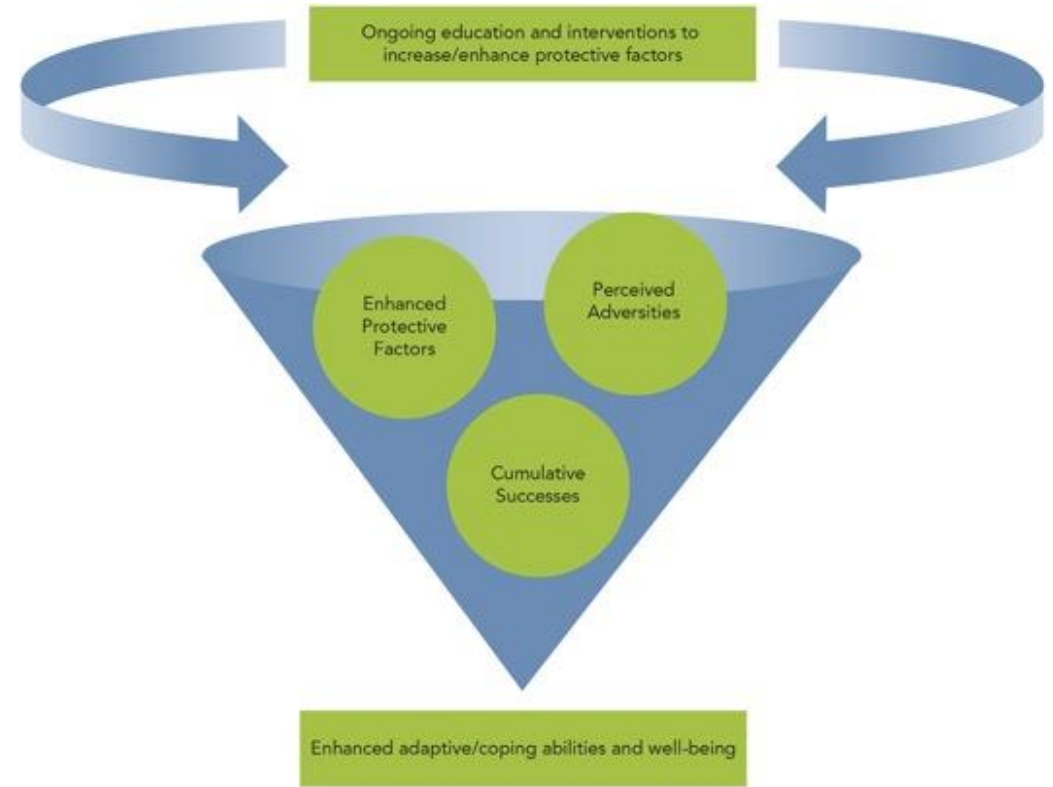
Why does it matter?

How do we become **RESILIENT**?



# RESILIENCE

“an *individualized process* of development that occurs through the use of *personal protective factors* to successfully navigate perceived stress and adversities. *Cumulative successes* lead to enhanced coping/adaptive abilities and *well-being*.” (Stephens, 2013, 2017).



# BURNOUT = Public Health Crisis

Medical errors/malpractice suits

Healthcare associated infections

Patient mortality rates

Decreased quality of teamwork

Patient satisfaction

Turnover/job satisfaction

Loss of productivity

Increased referrals and ordering of tests

Substance abuse

Suicidal ideation/Suicide



Enhanced  
Patient  
Experience

Improved  
Population  
Health

Reduced Cost

Improved Work-Life of Providers and  
Staff

Quality

Safety

**Quadruple  
Aim**



**400**  
physicians die by suicide each year, a rate more than **2X** that of the general population  
*Andrew & Brenner, 2015*

**24%**  
of ICU nurses tested positive for symptoms of post-traumatic stress disorder  
*Mealer et al., 2007*

Physician rates of depression remain alarmingly high at **39%**  
*Shanafelt, 2015*

**23-31%**  
Prevalence of emotional exhaustion among primary care nurses  
*Gomez-Urquiza et al, 2016*

**How can we protect the health of the people who protect our own?**

**National Academy of Medicine**  
Action Collaborative on Clinician Well-Being and Resilience

Learn more at [nam.edu/ClinicianWellBeing](https://nam.edu/ClinicianWellBeing) @theNAMedicine



# Nurse Suicide: Breaking the Silence

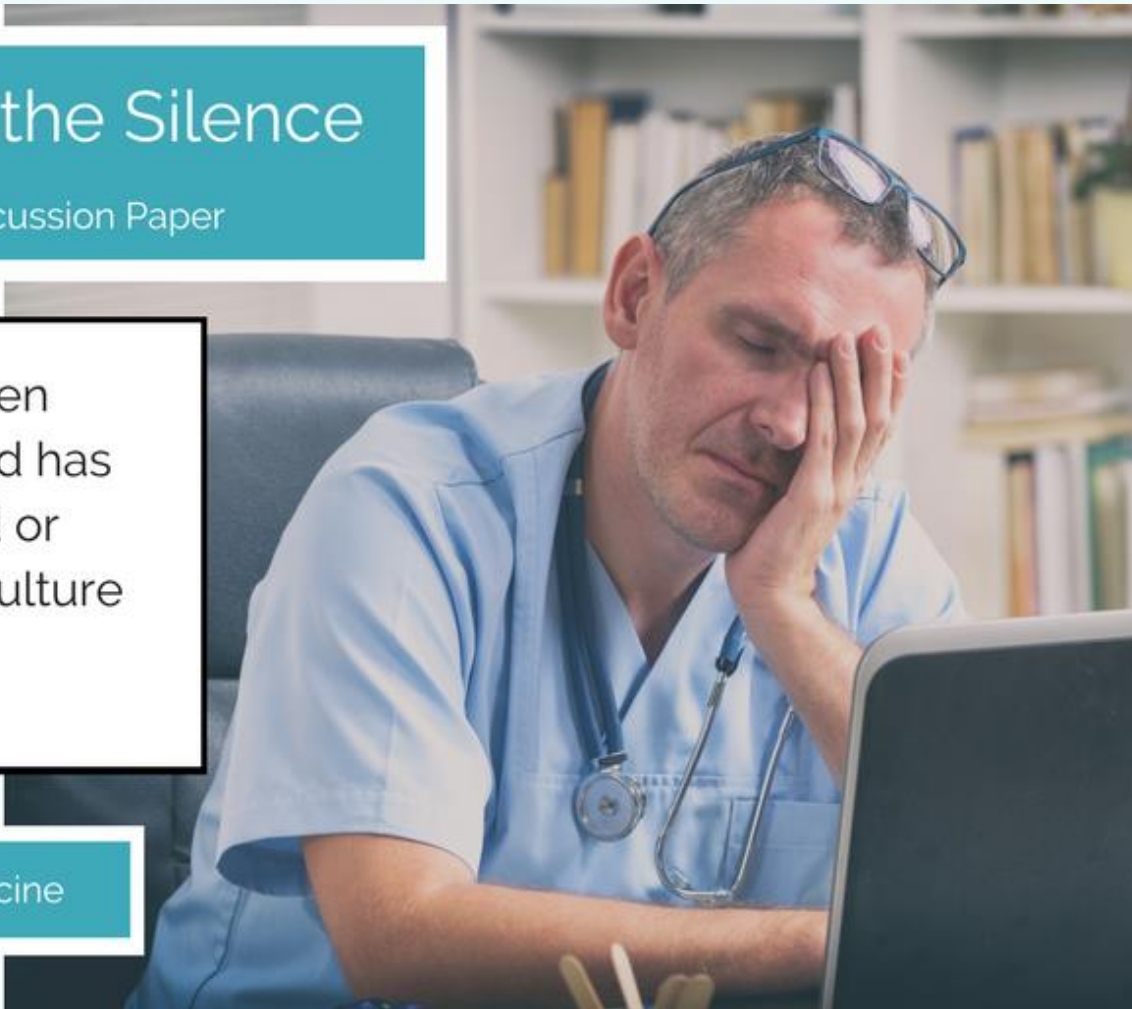
A National Academy of Medicine Discussion Paper

"Nurse suicide has been a hidden phenomenon in the profession and has not been adequately measured or studied in the U.S. The time for a culture change is now."

Davidson et al., 2017

[nam.edu/perspectives](https://nam.edu/perspectives)

@theNAMedicine



# FACTORS AFFECTING CLINICIAN WELL-BEING AND RESILIENCE

## EXTERNAL FACTORS

### SOCIO-CULTURAL FACTORS

- Alignment of societal expectations and clinician's role
- Culture of safety and transparency
- Discrimination and overt and unconscious bias
- Media portrayal
- Patient behaviors and expectations
- Political and economic climates
- Social determinants of health
- Stigmatization of mental illness

### REGULATORY, BUSINESS, & PAYER ENVIRONMENT

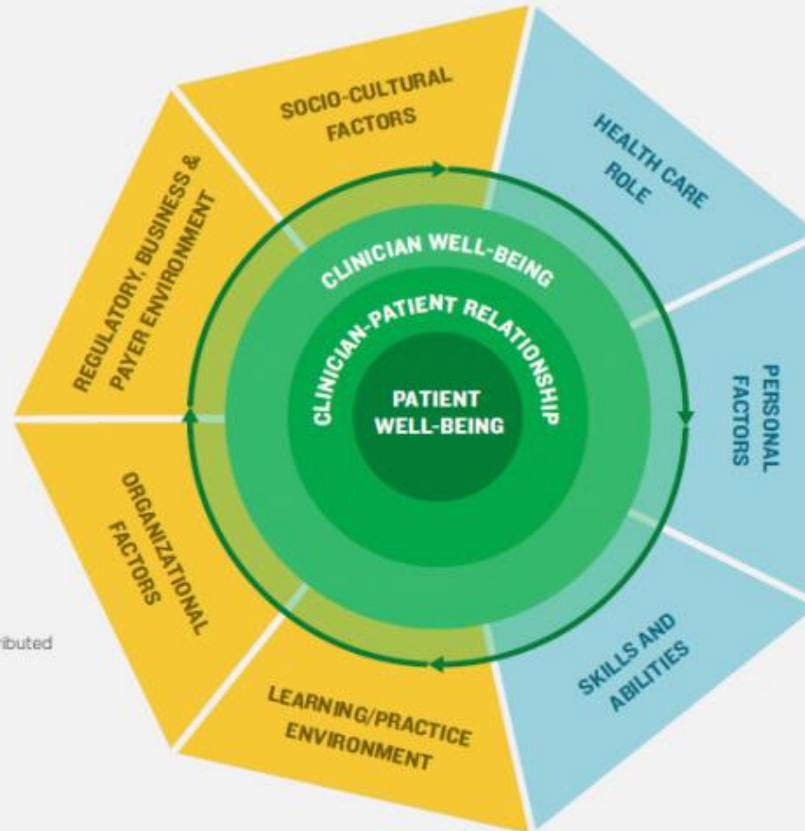
- Accreditation, high-stakes assessments, and publicized quality ratings
- Documentation and reporting requirements
- HR policies and compensation issues
- Initial licensure and certification
- Insurance company policies
- Litigation risk
- Maintenance of licensure and certification
- National and state policies and practices
- Reimbursement structure
- Shifting systems of care and administrative requirements

### ORGANIZATIONAL FACTORS

- Bureaucracy
- Congruent organizational mission and values
- Culture, leadership, and staff engagement
- Data collection requirements
- Diversity and Inclusion
- Level of support for all healthcare team members
- Professional development opportunities
- Scope of practice
- Workload, performance, compensation, and value attributed to work elements

### LEARNING/PRACTICE ENVIRONMENT

- Autonomy
- Collaborative vs. competitive environment
- Curriculum
- Health IT interoperability and usability/Electronic health records
- Learning and practice setting
- Mentorship
- Physical learning and practice conditions
- Professional relationships
- Student affairs policies
- Student-centered and patient-centered focus
- Team structures and functionality
- Workplace safety and violence



## INDIVIDUAL FACTORS

### HEALTH CARE ROLE

- Administrative responsibilities
- Alignment of responsibility and authority
- Clinical responsibilities
- Learning/career stage
- Patient population
- Specialty related issues
- Student/trainee responsibilities
- Teaching and research responsibilities

### PERSONAL FACTORS

- Inclusion and connectivity
- Family dynamics
- Financial stressors/economic vitality
- Flexibility and ability to respond to change
- Level of engagement/connection to meaning and purpose in work
- Personality traits
- Personal values, ethics and morals
- Physical, mental, and spiritual well-being
- Relationships and social support
- Sense of meaning
- Work-life integration

### SKILLS AND ABILITIES

- Clinical Competency level/experience
- Communication skills
- Coping skills
- Delegation
- Empathy
- Management and leadership
- Mastering new technologies or proficient use of technology
- Mentorship
- Optimizing work flow
- Organizational skills
- Resilience
- Teamwork skills





Average cost of **turnover** for a bedside RN = **\$49,500** (range = \$38,000-\$61,000)

Average hospital **loss** = **\$4.4M-\$7.0M**

Each percent change in RN turnover will cost/save the average hospital an **additional \$337,500**

RN vacancy rate increased to **8.2%**

It takes approximately **2.5 months** to recruit an experienced RN.

Greatest potential to offset margin compression is in the top budget line item (labor expense).

For every 20 travel RNs eliminated, a hospital can **save**, on average, **\$1,435,000.**





# SENSE OF URGENCY



# New Graduate Nurses and Resilience

- Vulnerable to negative effects of stress due to ineffective coping abilities and lack of experience dealing with conflict
- Developmental transitions, academic challenges, and “firsts” of clinical experiences
- Unexpected emotional and physical demands of a healthcare profession
- Cumulative effects of stress and ineffective coping = vulnerability to psychological & physical health problems



# It Takes a Village



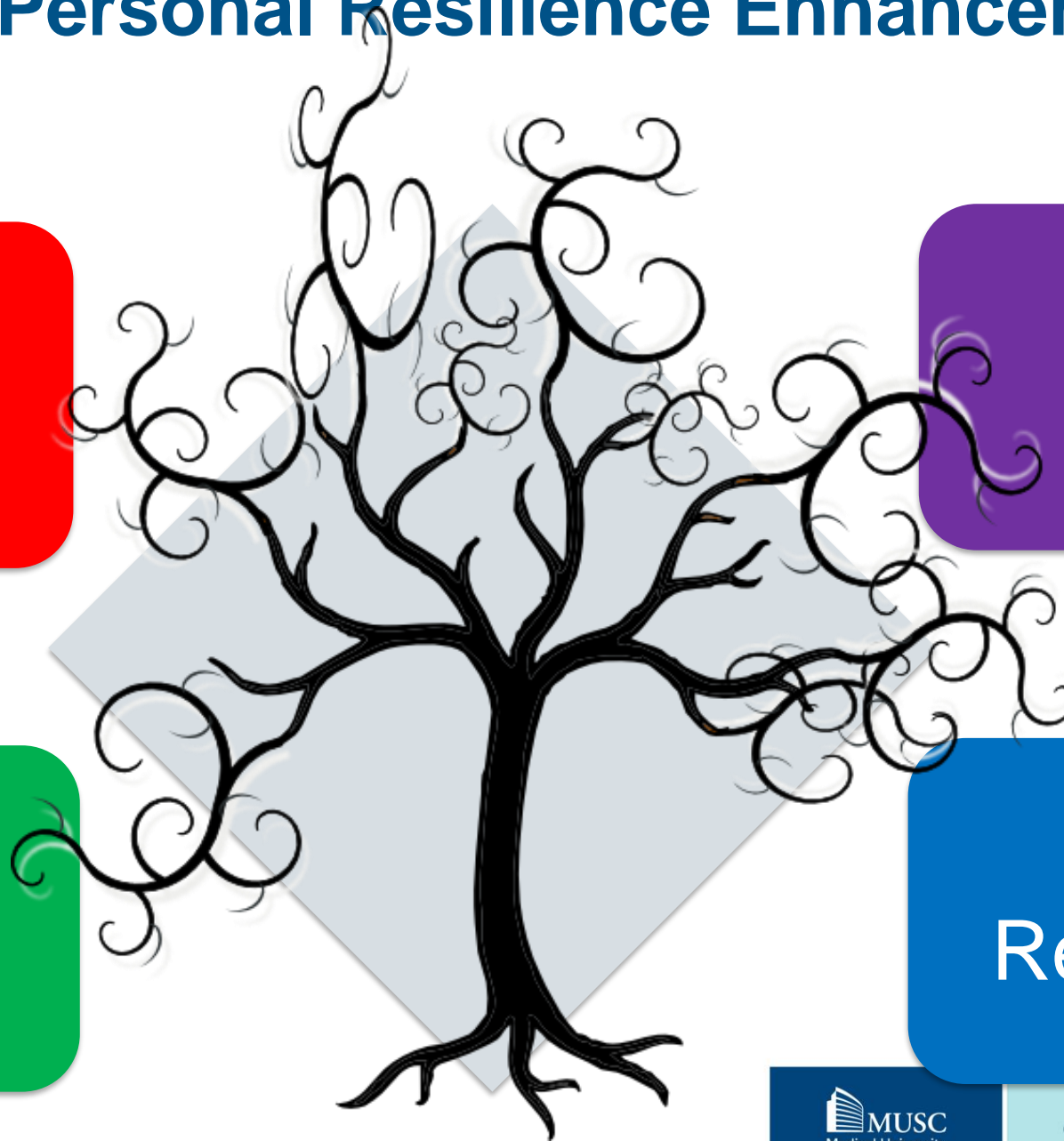
# RN P.R.E.P. (Personal Resilience Enhancement Plan)

Purpose

Priorities

Perspective

Personal  
Responsibility



# MUSC New Graduate Nurse Residency Program Transformation Process & Strategic Plan



# BRIDGES (Phase 1): Assessment and Planning

(Building Resilience through Inclusion, Professional Development, Guided Academic Progression, Engagement, and Support)

Pilot Study

Academic-Practice Partnership

Cohort-based study – 1 year

Funding Sources:

- › Sigma Chapter Grants (x2)
- › Dream Proposal – MUSC CON



# Background

- *New Student Population*
- Cumulative stressors, challenges, & barriers





# Purpose

The purpose of this study is to identify the **unique needs** of the Associate Degree new graduate nurse (ADNGN) who is transitioning to practice while simultaneously completing a RNBSN program and becoming socialized as a member of an interprofessional team.



# Objectives

1. Identify the barriers, challenges, and beneficial resources as perceived by the ADNGN as he/she transitions to practice while simultaneously completing a RNBSN program
2. Explore the value of the BSN as perceived by the ADNGN



# Methods

IRB exempt

Descriptive, exploratory design

Convenience Sample

Redcap surveys (x3)

Interviews/Focus Groups (x3)

Data Analysis – descriptive statistics, directed content analysis



# Preliminary Results (to-date)

T1: Survey Data

T1: Interviews/Focus Groups



# Sample Profile (T1)

Sample ( $n = 29$ )

<2 yrs RN (67%)

Female, 97% (28); Male, 3% (1)

Employed full-time as RN, 97% (28);

Employed part-time as RN, 3% (1)

Receiving financial aid, 78% (22)

Military Veteran, 3% (1)

Children living at home (16), 55% (1-4)

Passed NCLEX First Time, 90% (26)

Planned to obtain BSN upon entrance to ADN, 79% (23)

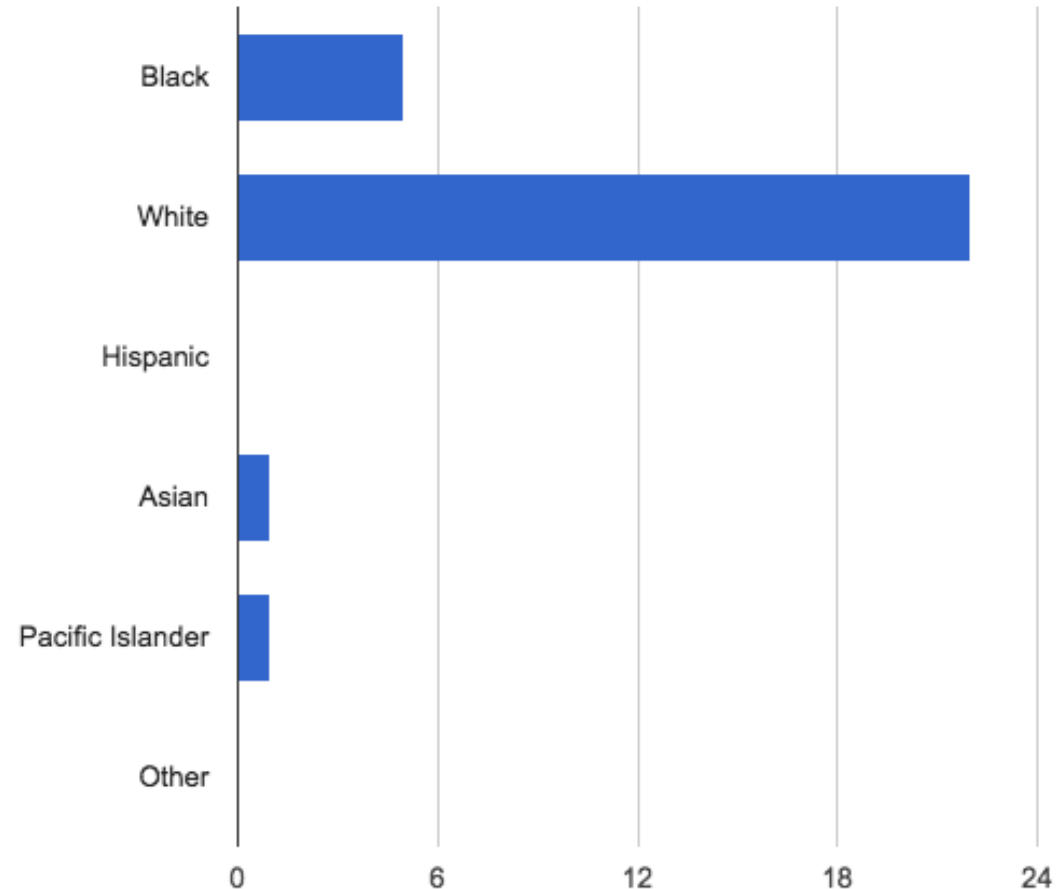
Nurse Residency Program, 24% (7)

Magnet Institution, 76% (22)



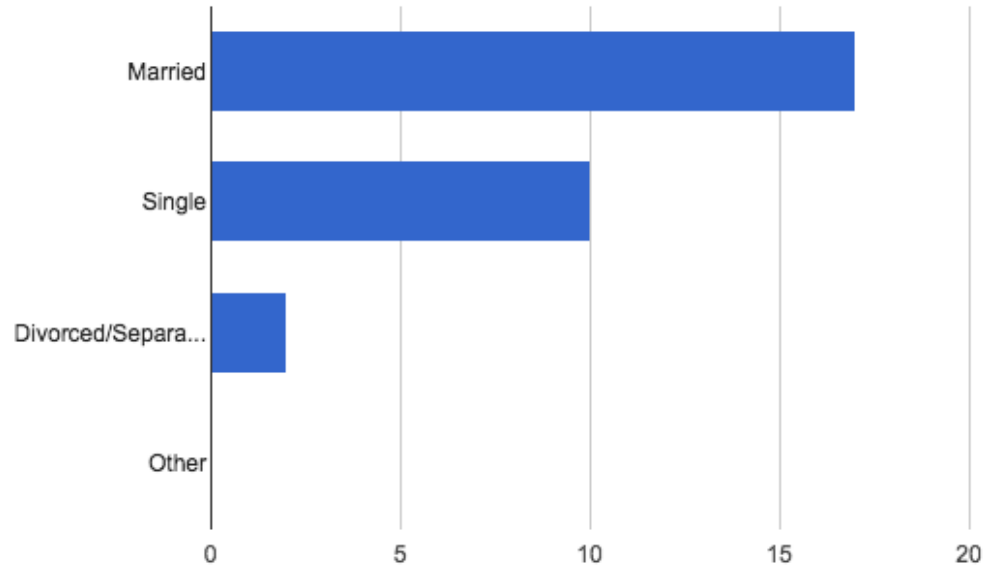
# Race/Ethnicity

- White (22, 75.9%)
- Black (5, 17.2%)
- Asian (1, 3.4%)
- Pacific Islander (1, 3.4%)



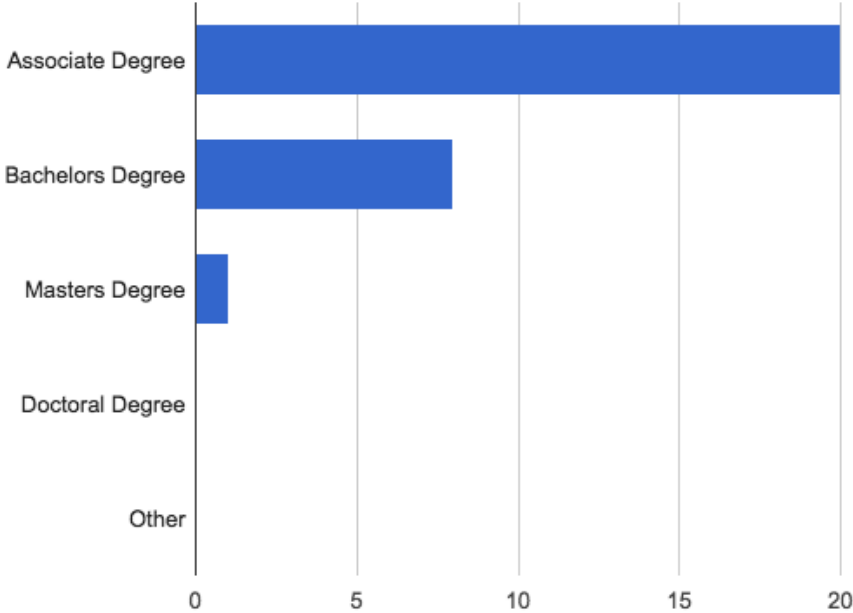
# Marital Status

- Married (17, 58.6%)
- Single (10, 34.5%)
- Divorced/Separated (2, 6.9%)



# Highest Degree Already Obtained

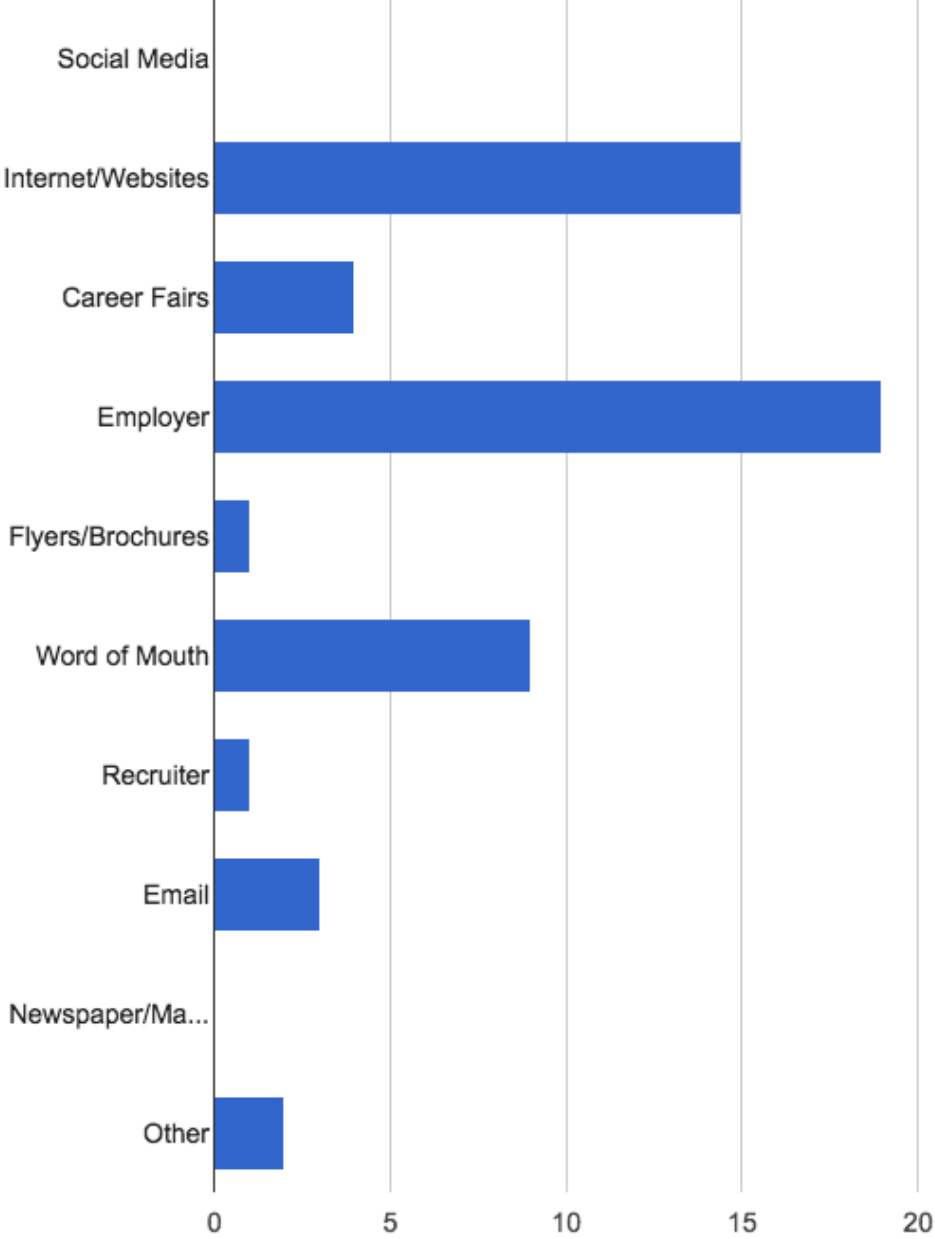
- Associate (20, 69%)
- Bachelors (8, 27.6%)
- Masters (1, 3.4%)





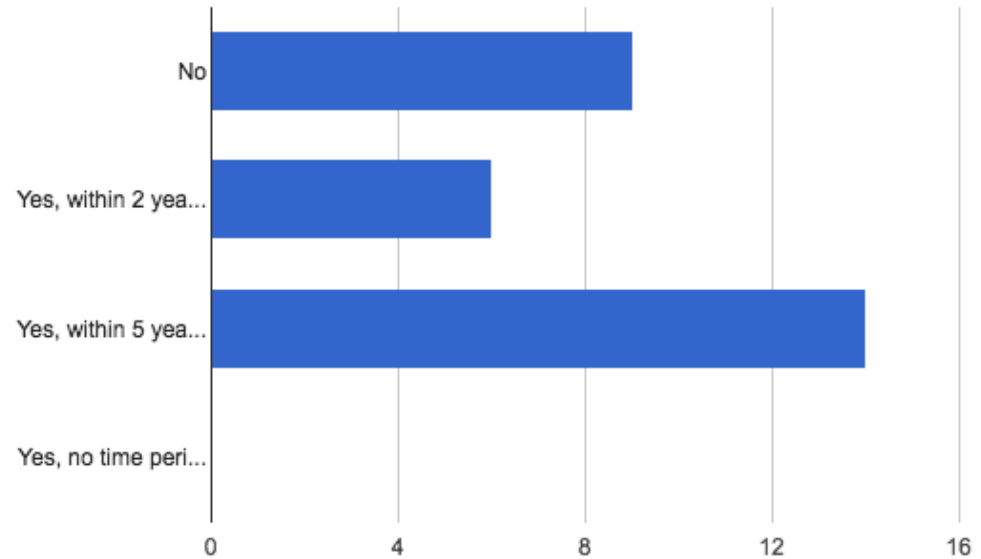
# Sources of Information: RNBSN Programs

- Employer (19, 65.5%)
- Internet (15, 51.7%)
- WoM (9, 31%)
- Career Fair (4, 13.8%)
- Email (3, 10.3%)
- Flyer (1, 3.4%)
- Other (2, 6.9%)



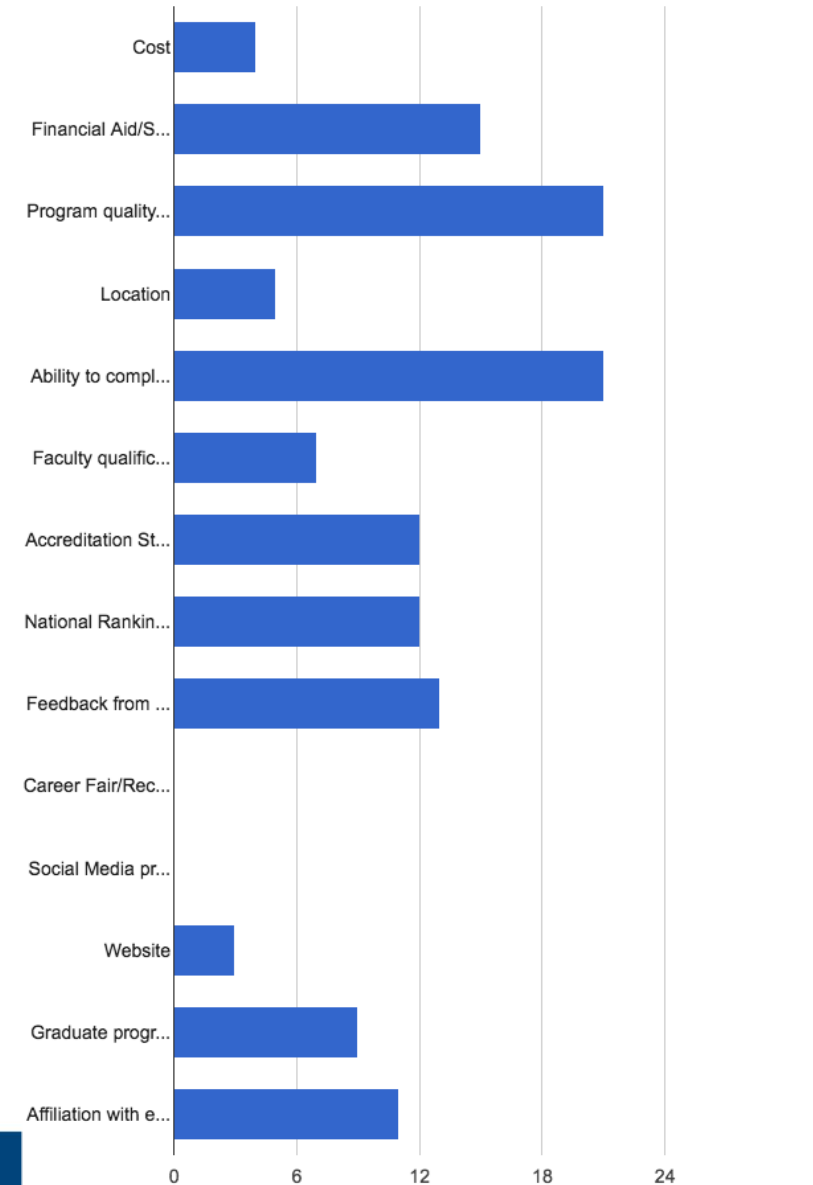
# Employment Requirements for BSN

- Yes, within 5 yrs. or less (14, 48.3%)
- Yes, within 2 yrs. or less (6, 20.7%)
- No (9, 31.0%)



# Factors Influencing Decision on Choice of RNBSN Program

- Program Quality/Reputation 21, 72.4%)
- Online (21, 72.4%)
- Financial Aid/Scholarship (15, 51.7%)
- Feedback (13, 44.8%)
- Accreditation (12, 41.4%)
- National Ranking (12, 41.4%)
- Affiliation with Employer (11, 37.9%)
- Graduate Programs (9, 31.0%)
- Faculty Qualifications (7, 24.1%)
- Location (5, 17.2%)
- Cost (4, 13.8%)
- Website/Internet (3, 10.3%)



# The **VALUe** of the BSN

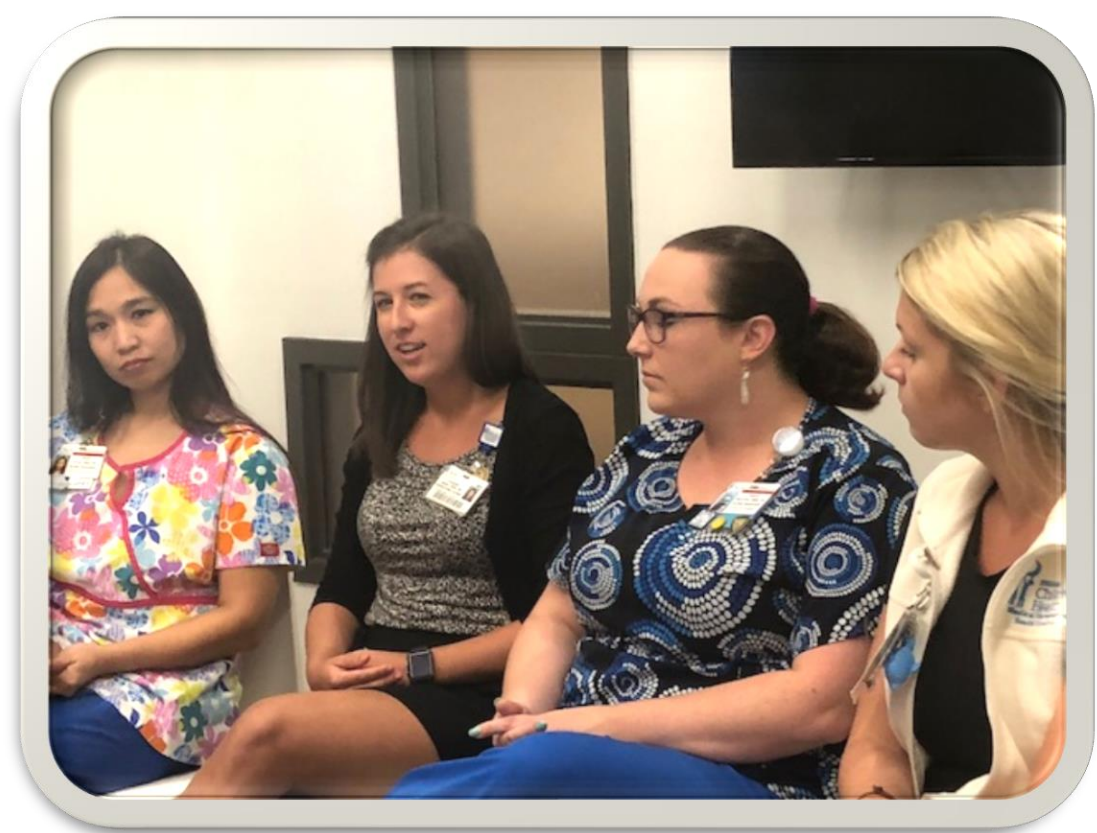
## Incentives & Motivation

Required by employer

Stepping stone (future goals)

Personal growth & development

“Better nurse”



# Seeking 1<sup>st</sup> Jobs as RN

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## Barriers

Limited opportunities  
Residency program requirements  
Timing  
Lack of information

## Supports/Resources

Previous experience  
Word-of-Mouth  
Reputation  
Clinical experiences  
Employer connections



# Choosing RNBSN program

## Barriers

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Prerequisites

Timing

Communication Issues

Rigidity

## Supports/Resources

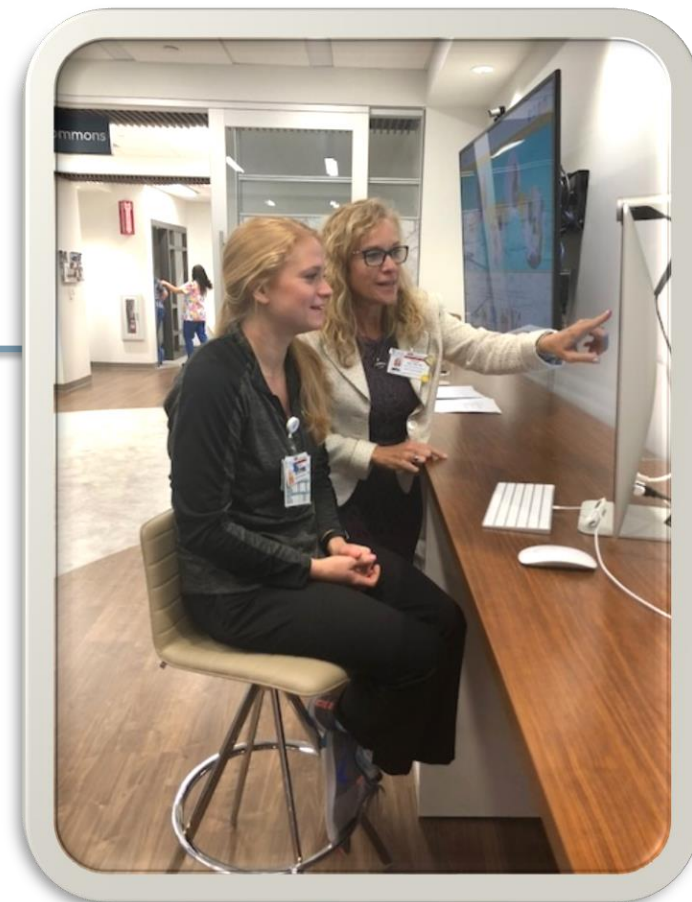
\$\$\$ Assistance

Flexible options

Employer incentives & support

Family Support

University resources



# Admissions/orientation process

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## Pros

Responsiveness  
Office of Enrollment

## Cons

Communication Issues  
Deadlines  
Lengthy Process  
Information overload



# Experience to-date

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## Challenges/Barriers

Time Management

Life Events

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Information Overload

## Supports/Resources

CON Faculty

MUSC Library

Employer support

Personal Satisfaction & Growth





# Next Steps

## T2 & T3 Data Collection

- › Spring Semester
- › Summer Semester

## Data Analysis

## ACTIONS



# Questions



Thank  
You!



Changing What's Possible | [MUSChealth.org](https://MUSChealth.org)

