Creating Healthy Work Environments 2019

Wisdom in Nursing: Assessing the Effectiveness of Teaching Wisdom to Nursing Students

Meghan M. Bradshaw, SN
School of Nursing, Department of Research, University of Virginia, Charlottesville, VA, USA
Regina M. DeGennaro, DNP, RN, CNS, AOCN, CNL
Acute and Specialty Services, University of Virginia, Charlottesville, VA, USA
Bethany M. Coyne, PhD, APRN, PNP-BC
School of Nursing, University of Virginia, Charlottesville, VA, USA
Susanna Williams, Ph.D.
School of Medicine, University of Virginia, Charlottesville, VA, USA

Background and Purpose:

The purpose of this study is to assess the effectiveness of a new course curriculum initiative in the undergraduate baccalaureate nursing program. A core component of the initiative includes the concepts of wisdom leadership. Wisdom leadership, in the healthcare setting, is defined as the capacity of health care providers to build deeper connections, to be aware of their own thoughts and biases, and to communicate profound thoughts while appreciating the complexity of human life (Plews-Ogan & Beyt, 2013). There are two types of wisdom: general and personal (Matney, Staggers & Clark, 2016). General wisdom is directed towards others and personal is about one's own issues and decisions (Matney, Staggers & Clark, 2016). The goal of cultivating wise nurses is to combine the general and personal scopes of wisdom in order to best care for patients, while also taking care of themselves to reduce burnout. To combine both aspects of wisdom requires nurses to have compassion towards others while understanding their own limitations. The nursing community must now strive to teach wisdom leadership to nurses before reaching their full scope of practice. At the University of Virginia, the School of Nursing's mission has been for over one hundred years now to create compassionate and wise nurses. A significant part of that mission is achieved through the Compassionate Care Initiative. As part of the Compassionate Care Initiative, the Wisdom in Nursing (WIN) program's purpose is to enhance the School's curriculum to better prepare nurses to be fluent in general and personal wisdom before job attainment. Stemming from the University of Virginia Medical School's Phronesis Project, based on the Model of Wisdom development, in which medical students were given opportunities beginning in their first year to foster wisdom through longitudinal patient relationships and seminars focusing on creating therapeutic relationships with patients and self-care (Plews-Ogan & May, 2016). Students in the School of Nursing now have the opportunity to participate in a similar care longitudinal relationship with a patient (care partner) in order to learn how chronic disease manifests in the actual lives of patients over time. The program also strives to include mindful practice in the curriculum in the form of multiple practices that teach skills such as compassion, deep listening, forgiveness and motivational behavior. The hope of the program is that after their time in the WIN program, students will be better equipped to face all of the challenges of the profession and combat burnout compared to the students in the traditional Bachelors' of Science (BSN) program. The successfulness of the curriculum will be measured through a set of validated questionnaires and compare the scores of the questionnaires for both intervention and control groups to assess the ability of the curriculum to teach wisdom.

Designs and Methods:

Nine second year BSN students were selected through an intense application process to participate in the WIN program. Every third student from the remainder of the second year class roster was invited to participate in the control. From the third of the class invited, the first nine students to respond to the invitation and sign the consent form were chosen to be in the control group. The total of eighteen students participating in the study will complete five different surveys at three time points during the current school year. The five surveys include the Quality of Life Scale (Thomas, Duybye, Huntington, et. al., 2007), Patient Health Questionnaire-4 (PHQ-4) (Kroenke, Spitzer, Williams & Löwe, 2009), Three Dimensional

Wisdom Scale (Ardelt, 2003), Mindfulness Attention Awareness Scale (MAAS) (Brown & Ryan, 2003), and the Tolerance for Ambiguity scale (Gellar, Tambor, Chase & Holtzman, 1993). The results of the surveys will be analyzed longitudinally to assess differences between the control and intervention groups.

Anticipated Findings:

If the program is effective in guiding students to cultivate wisdom, the students in the intervention group will produce scores that show greater cognitive, affective and reflexive wisdom. In general scores of the intervention will show improvement in the overall wellbeing of the participants and the control's scores will not show the same improvement. For the Quality of Life Scale, the possible score ranges from zero to ten with ten representing the highest quality of life (AACM, 2015). WIN program students will over time have higher scores on the Quality of Life Scale. The Three Dimensional Wisdom Scale is divided into three different parts: cognitive, reflective, and affective (Ardelt, 2003). Each item in the three domains is scored on a scale of one to five and each item in the certain domain is averaged for the domain score (Ardelt, 2003). The closer the score is to five demonstrates higher levels of wisdom in each domain (Ardelt, 2003). As the year progresses, the participants in WIN program will have scores closer to five demonstrating higher levels of wisdom. The PHQ-4 scale is a quick screening tool for anxiety and depression. A score higher than two in a certain set of questions indicated a positive screen for anxiety or depression (Kroenke, Spitzer, Williams & Löwe, 2009). As part of the WIN Program, participants will develop appreciative practices to decrease stress and therefore score lower on the PHQ-4 scale. The MAAS is a scale that assesses the ability of an individual to be present or aware of the present moment instead of being distracted by the past or pulled into the future. The final score is the mean of the fifteen items and the scores closer to six demonstrate higher levels of mindfulness (Brown & Ryan, 2003). Participants in the intervention group will after going through the WIN program have scores closer to six. The Tolerance for Ambiguity scale measures one's ability to cope with uncertainty. Scores range from seven to forty-two and scores closer to forty-two are associated with greater tolerance for ambiguity (AACM, 2015). Students in the WIN program will have greater tolerance for ambiguity compared to the students in the control group. The control group will not have the same improvement due to the lack of additional mindfulness and care partner experiences that the intervention group has.

Clinical Relevance:

The health care setting can be extremely stressful and nurses are not immune to the effects of this stress. In 2011, the American Nursing Association conducted a survey that found that acute and chronic stress is one of two top concerns for workplace safety (Roberts & Grubb, 2013). The acute and chronic stress leads to burn out and compassion fatigue, ultimately leading many nurses to leave the profession (Cocker & Joss, 2016). The loss of humanity that accompanies burnout also affects nurses ability to deliver optimal care. The expansion of the WIN program to every BSN student at the University of Virginia and other nursing institutions will help teach nursing students how to cope with workplace stress, prevent burnout, and deliver optimal compassionate care to their patients.

Title:

Wisdom in Nursing: Assessing the Effectiveness of Teaching Wisdom to Nursing Students

Keywords:

education, mindfulness and wisdom

References:

AACM. (2015). Medical school year two questionnaire: 2014 all schools summary report. *Association of American Medical Colleges, 1(1),* 14-15.

Ardelt, M. (2003). Empirical assessment of a three-dimensional wisdom scale. *Research on Aging, 25(3),* 275-324.doi: 10.1177/0164027503251764

Brown, K.W. & Ryan, R.M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *J Pers Soc Psychol, 84(4),* 822-848*.* doi: 10.1037/0022-3514.84.4.822

Cocker, F. & Joss, N. (2016). Compassion fatigue among healthcare, emergency and community service workers: A systematic review. *Int J Environ Res Public Health, 13(6),* 618.doi: 10.3390/iljerph13060618

Gellar, G., Tambor, E.S., Chase, G.A. & Holtzman, N.A. (1993). Measuring physicians' tolerance for ambiguity and its relationship to their reported practices regarding genetic testing. *Medical Care, 31(11),* 989-1001.Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/8231339

Kroenke, K., Spitzer, R.L., Williams, J.B., Lowe, B. (2009). An ultra-brief screening scale for anxiety and depression: the PHQ-4. *Psychosomatics, 50, 613-621.*

Matney, S.A., Staggers, N., Clark, L. (2016). Nurses' wisdom in action in the emergency department. *Glob Qual Nurs Res, 3(1),* 1-10.doi: 10.1177/2333393616650081

Phronesis. (2018). In *Oxford Dictionaries online*. Retrieved from https://en.oxforddictionaries.com/definition/phronesis

Plews-Ogan, M. & Beyt, G. (2013). *Wisdom leadership in academic health science centers: Leading positive change.* London and New York: Radcliff Publishing.

Plews-Ogan, M. & May, N. (2016). *The phronesis project: Using appreciative practices to foster wisdom in medical students.* Retrieved from https://www.taosinstitute.net/Websites/taos/files/Content/5807908/May,_Natalie,_Peggy_Plews-Ogan_-Fostering_Wisdom.pdf

Roberts, R. K. & Grubb, P.L. (2013). The consequences of nursing stress and need for integrated solutions. *Rehabil Nurs, 39(2),* 62-69. doi: 10.1002/rnj.97

Thomas, M.R., Duybye, L.N., Huntington, J.L., et. al. (2007). How do distress and well-being relate to medical student empathy? A multicenter study. *J Gen Intern Med, 22(2),*177-183*.* doi: 10.1007/s11606-006-0039-6

Abstract Summary:

This study assesses the effectiveness of the Wisdom in Nursing program at the University of Virginia. The program's purpose is to enhance the nursing curriculum to facilitate greater mindfulness and understanding. After completing the program, students will be better equipped to combat stress and burnout compared to traditional nursing students.

Content Outline:

- Introduction
  - Burnout and Stress
    - According to the American Nurses Association's 2011 survey, acute and chronic stress are one of the two top safety concerns for nurses (Roberts & Grubb, 2013).
    - Stress associated with the nursing profession greatly contributes to the high levels of nurse burnout rates (Cocker & Joss, 2016).

    - Wisdom Leadership
        - The capacity of health care providers to build deeper connections, to be aware of their own thoughts and biases, and to communicate profound thoughts while appreciating the complexity of human life (Plews-Ogan & Beyt, 2013).
- Curriculum
    - Phronesis Program
        - University of Virginia School of Medicine program
        - According to Oxford Dictionary, phronesis means practical wisdom (2018).
        - Medical students were given opportunities beginning in their first year to foster wisdom through care partner relationships and seminars focusing on creating therapeutic relationships with patients and self-care (Plews-Ogan & May, 2016).
        - Program began with twelve students in their first year of medical school and has now expanded to the entire first year medical school class.
        - Proven effective program.
    - Nursing Curriculum
        - During first semester of program, students will engage in a mindfulness class that helps them explore self-care and appreciative practices.
        - Students will have a care partnership with a patient in the University of Virginia Health System Continuum Care program. The care partner and student will foster their relationship through the second semester of their second year through graduation.
        - Seminars occur once a month beginning the second semester of the Wisdom in Nursing program. Topics for seminars include mindful communication, food insecurity, poverty, aging, and seeking closure in therapeutic relationships. There will also be clinical seminars to discuss experiences that the students had with their care partner.

- Data analysis
    - Two groups studied will include control and intervention group.
        - The control group will be students in the second year nursing class participating the traditional Bachelor of Science in Nursing (BSN) program. Students were selected at random from every third student on the remaining class roster.
        - The intervention group will include the students that applied and were accepted into the Wisdom of Nursing program.
    - Questionnaires will include five scientifically validated surveys at different time points.
        - The surveys include the Quality of Life Survey (QOL) (Thomas, Dubye, Huntington, et. al., 2007), Patient Healthcare Questionnaire-4 (Kroenke, Spitzer, Williams & Löwe, 2009), Three Dimensional Wisdom Scale (Ardelt, 2003), Mindfulness Attentive Awareness Scale (MAAS) (Brown & Ryan, 2003), and the Tolerance for Ambiguity Scale (TFA) (Gellar, Tambor, Chase & Holtzman, 1993).
    - The questionnaires will be administered via Qualtrics at the beginning of the WIN program, the end of the first semester and at the end of the second semester of the first year, then at end-year the following two years.
        - The results of each survey will be analyzed longitudinally to assess differences between the control and intervention groups.

- Anticipated findings
    - The intention of the program is that the students in the Wisdom in Nursing program will have scores that correlate with mindfulness.
    - Higher scores in the QOL, Three Dimensional Wisdom Scale, MAAS, and the TFA indicate greater wisdom.
        - In the QOL, answers to the question closer to ten indicate higher quality of life (Thomas, Dubye, Huntington, et. al., 2007).
        - Scores in the three dimensions of the Three Dimensional Wisdom Scale that are closer to five indicate higher levels of wisdom (Ardelt, 2003).

        - Questions of the MAAS are scaled from one to five and computed scores closer to five signify greater levels of attention and awareness of the present moment (Brown & Ryan, 2003).
        - Higher scores of the TFA designate that the respondent has a greater tolerance for ambiguity (Gellar, Tambor, Chase & Holtzman, 1993).
    - Lower scores in the Patient Healthcare Questionnaire-4 correlate with less feelings of anxiety and depression indicating greater mindfulness (Kroenke, Spitzer, Williams & Löwe, 2009).
        - A score greater than two in the first subcategory is a positive screen for anxiety.
        - A score greater than two in the second subcategory is a positive screen for depression.

- Conclusion
    - The expansion of the Wisdom in Nursing program to every BSN student at the University of Virginia and other nursing institutions will help teach nursing students how to cope with workplace stress, to prevent burn out, and to better relate on a more compassionate way with patients.

First Primary Presenting Author

Primary Presenting Author

Meghan M. Bradshaw, SN
University of Virginia
School of Nursing, Department of Research
Undergraduate Research Assistant
Charlottesville VA
USA

Professional Experience: 2016-Present Undergraduate Student at the University of Virginia School of Nursing May 2018-Present Undergraduate Research Assistant Trained in SPSS and Qualtrics Worked on Obstetrics and Neonatal Outcome Study, Mindfulness Based Pregnancy Eating Awareness Promoting Optimal Development Study, Perinatal Marijuana Use Counseling by Health Care Workers In a Population-Based Study, Wisdom in Nursing
Author Summary: Meghan M. Bradshaw, better known by her patients as “Nurse Meg,” was selected as a 2019 Rising Star Presenter. Meghan will graduate from the University of Virginia with her Bachelor of Science in Nursing in May 2020. Recognized by her faculty for her ability to foster therapeutic patient relationships, she plans on working in cardiology and eventually hopes to receive her doctorate. Her research interests include symptom management, pediatrics, maternal fetal health, and mindfulness.

Second Author

Regina M. DeGennaro, DNP, RN, CNS, AOCN, CNL
University of Virginia
Acute and Specialty Services
Associate Professor
Charlottesville VA
USA

Professional Experience: Dr. DeGennaro is an Associate Professor with more than thirty years of experience as an oncology and palliative care clinician and educator in NY, CA, IA and Virginia. Dr. DeGennaro serves as a reviewer for professional organizations and holds memberships and certifications from the Oncology Nursing Society and from the American Association for Colleges of Nursing for the

CNL certification. Dr. DeGennaro facilitates introductory experiential contemplative practices in class and in clinical settings for students and nurses to learn to care for self. Dr. DeGennaro has re-designed courses and added contemplative pedagogical approaches within existing courses to address quality and safety outcomes and self-care for nurses and nursing students. She is a member of the Healthy Work Environment Committee at the School.
Author Summary: Dr. DeGennaro is Academic Director for Clinical Partnerships at the UVA School of Nursing. Her clinical research focuses on translating the evidence for oncology nursing practice to the bedside and specifically on improving symptom management, quality and safety. She has presented regionally, nationally and internationally. Dr. DeGennaro serves as the Assistant Department Chair for the Department of Acute and Specialty Care at the School of Nursing. She is an Oncology CNS and teaches across programs.

Third Author

Bethany M. Coyne, PhD, APRN, PNP-BC
University of Virginia
School of Nursing
Bachelor of Science in Nursing Program Coordinator, Assistant Professor
Charlottesville VA
USA

Professional Experience: Bachelor of Science in Nursing Program Coordinator, University of Virginia (2018-Present) Assistant Professor of Nursing, University of Virginia (2016-Present) STTI, Beta Kappa Chapter, Nan Hilt Award for Excellence in Clinical Practice (2017) Nursing Student Training Grant, National Institutes of Health (2009-2011) Excellence in Clinical Practice, University of Virginia Health System (2002) Board Certified Pediatric Nursing Practitioner (1999-Present) Registered Nurse, University of Virginia (1997-Present)
Author Summary: Dr. Coyne is a certified pediatric nurse practitioner and assistant professor at the UVA School of Nursing. She maintains her practice with the UVA Health System in the department of Pediatric Nephrology. Additionally, she serves as project manager for an RO1 study on decision making in patients with advanced lung disease.

Fourth Author

Susanna Williams, Ph.D.
University of Virginia
School of Medicine
Assistant Professor
Charlottesville VA
USA

Professional Experience: 2017-Present Assistant Professor, Compassionate Care Initiative, University of Virginia May 2008-Present Mindfulness Center Faculty, University of Virginia 2006-2010 Director of Education, GI Initiative UVA Medical School, Curry School of Education
Author Summary: Susanna Williams, PhD, is on the faculty of the UVA Mindfulness Center, where she teaches several courses (including Mindful Writing and Mindfulness and the Brain) and directs educational research in the contemplative sciences. She also works with the Center of Appreciative Practice, leading workshops and developing curriculum.