

Sigma's VIRTUAL 31st International Nursing Research Congress (Wednesday, 22 July - Friday, 24 July)

Trauma-Informed Education and Nursing Students: A Cross-Sectional Study

Felesia Bowen, PhD, DNP, APRN, FAAN

School of Nursing, MUSC College of Nursing, Charleston, SC, USA

Purpose: Children who experience adverse childhood experiences (traumatic events such as neglect, physical and sexual abuse, surviving a severe illness, natural disaster, or public shootings) may exhibit difficulty with learning and general coping^{1,2}. Children who experience three or more ACEs are at increased risk of developing mental health disorders during adulthood^{1,3}. Primary and secondary schools in the U.S. have developed best practices for trauma informed education (TIE) (in-school psychological support) that have resulted in children successfully graduating high school and pursuing college degrees⁴.

Nursing school curriculum requires students to take classes that have content that may re-trigger past trauma. Rutgers University School of Nursing (RUSON) does not have a written policy for psychological safe learning spaces. Students who experience re-triggering of past trauma may cope by avoidance (not coming to class or choosing not to participate in assignments) or revert to self-medication. These self-protective behaviors may result in failing grades or worse, dismissal from nursing school. The purpose of this exploratory study was to assess nursing faculty and generic baccalaureate students' knowledge of trauma informed education and ascertain the degree to which trauma informed education and re-triggering occurs within the RUSON generic baccalaureate nursing program.

Methods: A cross-sectional, web-based survey consisting of closed and open-ended questions was distributed to 85 faculty and 230 students in the RUSON generic undergraduate program. Students were surveyed to learn what they knew about trauma informed education, whether or not the nursing classes were trauma informed, and if they experienced trauma or re-traumatization as a result of didactic and clinical course content.

Results: More than half of faculty and student respondents (57% and 71%) reported that they had never heard of TIE. Twenty-one percent of student respondents reported an existing mental health diagnosis (PTSD $n=1$, Maj Depression $n=5$, Anxiety $n=18$), and some had more than one diagnosis. Fifty-six percent of the student respondents reported that they had experienced more than one adverse childhood exposure (ACE). Twenty-two percent of student respondents reported experiencing a psychological trigger during a nursing class that impacted their ability to learn and 22% of the faculty reported an incident where a student experienced psychological distress during their course.

Conclusion: TIE is a concept that is not well known or practiced at RUSON. Self-reporting of trauma and re-traumatization associated with course content supports the need for TIE at the collegiate level, especially for nursing students. Nursing programs should direct resources toward faculty training and developing policies that support students with a history of trauma. It stands to reason that this phenomenon is not

isolated to nursing students but may occur in students throughout the health professions. Further research is needed to explore this phenomenon using multi-site and multi-discipline students and faculty. Findings from future studies should be used to develop interventions that will allow faculty to develop safe learning spaces for students in the classroom and clinical settings.

Title:

Trauma-Informed Education and Nursing Students: A Cross-Sectional Study

Keywords:

Adverse Childhood Experiences, Nursing Education and Trauma

Abstract Summary:

Mental health disorders are a leading cause of disability in the U.S., and 25% of U.S. children experienced a traumatic event. Nursing students are exposed to material that can re-traumatize and impede educational success. Trauma informed educational practices in nursing programs support and aid the success of affected students.

References:

- Child Welfare Committee, National Child Traumatic Stress Network. (2008). Child welfare trauma training toolkit: Comprehensive guide (2nd ed.). Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, B., ... Marks, J. S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventative Medicine*, 14, 245-258
- Felitti, V. (2009). Adverse Childhood Experiences and Adult Health. *Academic Pediatrics*, 9, 131-132.
- Pickens, I. B., & Tschopp, N. (2017). Trauma-Informed Classrooms. *National Council of Juvenile and Family Court Judges*
- Blitz, L., Anderson, E., & Saastamoinen, M. (2016). Assessing Perceptions of Culture and Trauma in an Elementary School: Informing a Model for Culturally Responsive Trauma-Informed School. *Urban Review*, 48, 520-542.

First Primary Presenting Author***Primary Presenting Author***

Felesia Bowen, PhD, DNP, APRN, FAAN

MUSC College of Nursing

School of Nursing

Assistant Professor and Francois-Xavier Bagnoud Endowed Chair in Community

Pediatric Nursing

Charleston, South Carolina

USA

Author Summary: Dr. Felesia Bowen is an Associate Professor and Director,

Undergraduate Programs at the Medical University of South Carolina. Dr. Bowen is a Pediatric Nurse Practitioner and has an established program of research in pediatric asthma symptoms and management, health disparity, and health equity.