

Community Resiliency Model Training to Improve the Mental Well-Being of Nurses

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Hospital-based nurses are known to have high rates of depression, anxiety, secondary traumatic stress, compassion fatigue, vicarious trauma, and burn-out. Preventative and restorative interventions for these stress reactions are rare. This is the 1st part of a randomized controlled trial of the Community Resiliency Model (CRM), a simple set of self-mental wellness skills, for hospital-based nurses in Atlanta, Georgia. Baseline measures show that most of the nurses self-identified as resilient and emotionally well; however, the burden of work stress is evident in their somatic and burn-out symptoms.

Background

The Community Resiliency Model (CRM) is

- a biological perspective on normal human reactions to stress and trauma
- a skills-based mental wellness and prevention program
- an innovative, research-informed model (Miller-Karas, 2015)

Resiliency

- is the ability to manage life's challenges and persevere through stress and adversity
- can be learned

CRM's "Resilient Zone" is

 an internal state of balance where we are our best selves, can learn and solve problems, and work effectively with others.....BUT it is possible to get "stuck" outside of the Resiliency Zone

The Resilient Zone Traumatic/Stressful Event Edgy Irritable Too much Stressful/Traumatic Triggers Mania sympathetic Anxiety & Panic discharge Angry outbursts Stuck in High Zone Depression/Sadness Isolated Exhaustion/Fatigue Stuck in Low Zone Numbness

sympathetic discharge

Too much

CRM self-regulation skills may

- reduce symptoms associated with stress and trauma
- widen the Resilient Zone
- help return us to a balanced state when "bumped out" of the zone

Methods

Design: Randomized controlled trial study (in progress) of 100 hospital-based nurses with a pre-test and two post-tests at 1 week and 3 months after training

Intervention: A 3-hour CRM training Control group: A 3-hour nutrition training

Hypothesis: If the CRM resiliency skills are integrated by the nurses, it is expected that their mental well-being and resilience will increase and secondary stress, burn-out, and physical complaints will decrease

Participant

Age range

Characteristics

Median

Median

Years in nursing range 0.5 - 42

23 - 65

46 years

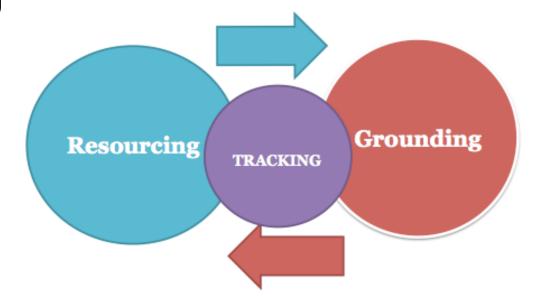
21 years

1,100 nurses were invited to participate in a Nurse Wellness study: 56 enrolled

Measures:

- Resiliency
- Well-being
- Secondary traumatic stress
- Burnout
- Physical symptoms

CRM Training



All of the CRM skills are based on "tracking:"

- Tracking: Awareness of physical sensations in the body
- Grounding: Noticing sensations of contact with the floor, clothing, a chair or a table, when still or walking
- Resourcing:
- 1) identifying in detail a pleasant or neutral memory/place/object/people/pet which brings a sense of comfort or peace, and
- 2) noticing internal sensations associated with the resource (may be breath, heart rate, muscle tone)

Results

Baseline Data on 56 Nurses

WHO Well-Being Scale	% Most or	
Will Well Bellig Scale	all of the	
	time	
Cheerful and in good spirits	80.4	
Calm and relaxed	70.9	
My daily life has been filled with	69.6	
things that interest me		
Active and vigorous	60.7	
Fresh and rested	52.7	

Rostral anterior cingulate cortex	Dorsal anterior cingulate cortex Thalamus	
1		The seat of resilience:
-1151	Insula	Awareness of
		sensations
		(interoception) occurs in
P.		the brain areas that are
Ventral medial		also responsible for

Hypothalamus-

3	Being and Resilience				
	Connor-Davidson Resilience Scale	% Often or nearly always true			
	I tend to bounce back after illness, injury, or	87.0			
	other hardships.				
	I am able to adapt when changes occur.	85.7			
	I believe I can achieve my goals, even if	85.7			
	there are obstacles.				
	I think of myself as a strong person when	85.7			
	dealing with life's challenges and				
	difficulties.				
	I can deal with whatever comes my way.	82.1			
	Under pressure, I stay focused and think	78.6			
	clearly.				
	I am able to handle unpleasant or painful	74.1			
	feelings like sadness, fear, and anger.				
	Having to cope with stress can make me	70.9			
	stronger.				
	I am not easily discouraged by failure.	60.7			
	I try to see the humorous side of things	54.5			
	when I am faced with problems.				

Burn-Out, Secondary Stress, and Physical Symptoms

Copenhagen Burn-Out Scale	%
	Somewhat
	or to a high
	or very
	degree
Is your work emotionally exhausting?	68.0
Do you feel burnt out because of your	61.2
work?	
Does your work frustrate you?	45.9
	% Often or
	always
Do you feel worn out at the end of	58.8
the working day?	
Do you have enough energy for family	38.0
and friends during leisure time?	
Are you exhausted in the morning at	24.5
the thought of another day at work?	
Do you feel that every working hour is	12.0
tiring for you?	

emotion regulation,

the sense of self

social interaction, and

Secondary Traumatic Stress Scale (items with highest rates) (in the past 7 days)		% Often or very often
I had trouble sleeping.		23.2
I felt discouraged about the future.		11.1
I thought about my work with patients when I didn't intend to.		9.3
I felt jumpy.		9.1
I wanted to avoid working with some patients.		7.5
I was easily annoyed.		7.3
Compatio Compatono Coolo O	0/	Ouite

Somatic Symptom Scale-8	% Quite a
	bit or very
	much
Feeling tired of having low energy	37.0
Pain in arms, legs, or joints	35.9
Back pain	27.8
Trouble sleeping	18.5
Headaches	14.8
Stomach or bowel problems	7.4
Chest pain or shortness of breath	1.9
Dizziness	0.0

Conclusions

- Baseline data reflected an average of 20 years in nursing
- The burden of the nurses' work stress can be seen in somatic and burn-out symptoms
- Most of the nurses see themselves as resilient and emotionally well in spite of their challenging work environments

Next Steps

- To increase sample size, we will move training and data collection to a large sister hospital in Atlanta
- Obtain data on at least 100 nurses and use a repeated measure ANOVA to identify outcomes in the CRM vs. the nutrition group
- Pilot the CRM training with other target groups: 1st responders, public safety officers, ED staff; high-risk, homeless, and incarcerated youth (in progress)

Potential follow-up research

Quality of care, job turnover, and hard data on other healthcare parameters of nursing effectiveness should be examined in future research if the intervention proves effective

References – Funding -- Acknowledgements

Miller-Karas, E. (2015). Building resilience to trauma: The trauma and community resiliency models. New York, NY: Routledge

Van der Kolk (2015). The body keeps the score. New York: Penguin Brain image: journal.frontiersin.org Neuroimaging resilience to stress (Van der Werff, 2013)

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CRM training of 1st responders and high-risk women and youth in Atlanta is supported by the Atlanta Women's Foundation and Community Advanced Practice Nurses, Inc. www.capn.org



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