Self-Compassion Training for Doctor of Nursing Practice Students

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Filling critical provider gaps in healthcare, the success of students in Doctor of Nursing Practice programs is crucial for patients, medical systems, and our society at large. Burnout rate analysis reflects that up to 43% of students in Doctor of Nursing Practice (DNP) programs surrender to stress, abandoning their program prior to graduation (Volkert et al., 2018). For those who achieve graduation with higher measures of burnout, patient outcomes are shown to be of lesser quality (White et al., 2019). These factors present a great clarity of opportunity; specifically, resilience education. The aim of this project is to demonstrate the feasibility and effectiveness of a focused self-compassion resiliency training program into a DNP program located in northern Minnesota.

Problem Identification and Available Knowledge

The Institute for Healthcare Improvement reported burnout in healthcare professionals negatively impacts the overall patient experience (Institute of Healthcare Improvement [IHI], 2017). Burnout affects up to 70% percent of nurses (Bridgeman et al., 2018). Nurses with burnout were 2.6 times more likely to leave patients without necessary care compared to nurses satisfied in their work (White et al., 2019). Burnout negatively influences outcomes by reducing patient safety, quality of care, nursing productivity, and patient satisfaction (IHI, 2017; Jun et al., 2021). Persistent burnout leads to compromise of both physical and mental health of medical workers (Neff et al., 2020). Programs teaching self-compassion techniques will mitigate burnout, improve stress management and indirectly improve patient outcomes (Neff et al., 2020).

Background to the Problem

DNP students are burdened by stress within and beyond the bounds of their academic programs (Bouchard & Rainbow, 2021). Focus on registered nurses is essential within this project, as many DNP students continue working in their high stress nursing careers while attending graduate school. While managing demanding coursework, working students also face

employment-related adverse events, nursing shortages, difficult patient assignments, disruptive and unpredictable change, and physically and emotionally demanding duties (Volkert et al., 2018; Thomas & Asselin, 2018). DNP students also have personal-life related responsibilities and commitments (Bouchard & Rainbow, 2021). Academic responsibilities suffer with increasing demands challenging ideal time management. Burnout and poor mental health reduce the quality of scientific research, reduce academic productivity, and increase attrition in graduate programs (Nagy et al., 2019). Addressing burnout in DNP students will take place at the mesosystem level, as students will be addressed in a group rather than individually.

Problem Scope

Burnout is a major problem directly and causes secondary damage as well. It negatively impacts patient outcomes (White et al., 2019) and is associated with poor physical and mental health in healthcare professionals (Neff et al., 2020). DNP program faculty must be informed that at least half of their students have a history of trauma, posing an additional risk of burnout due to increased likelihood of maladaptive coping skills (Bouchard & Rainbow, 2021). Issues of burnout must be addressed as soon as possible within the DNP program to ensure students have necessary skills to combat the negative effects of increasing stress. Early intervention for those with risk of burnout improves health outcomes for caregivers (Harris, 2020).

Problem Consequences

The inability to manage stress leads to DNP student burnout, sabotaging mental health. In a study of several universities in the United States and Canada up to 33% quit their healthcare-related graduate program (Nagy et al., 2019). Astonishingly, 49.3% of graduate students met Diagnostic and Statistical Manual of Mental Disorders (5th edition, DSM-5) criteria for a mental health diagnosis (Nagy et al., 2019). Mental health disorders are doubled in healthcare graduate programs compared to the general public.

Healthcare provider burnout endangers patients. Once emotional exhaustion has set in, health care providers are far more likely to dehumanize their patients (Bridgeman et al., 2018).

When providers lack seeing patients as human, poor clinical judgment increases. Burnout most commonly threatens patient safety and increases mortality rates (Jun et al., 2021). Hospital-acquired infections increase in units with high amounts of staff burnout. Burnout in healthcare workers reduces quality of patient care, increases medication errors, increases infection rates and produces patient dissatisfaction (Dall'Ora et al., 2020).

Knowledge Gaps

Research is still needed to provide insight on preventing graduate program attrition (Nagy et al., 2019). Student departure could indicate a problem of the program and/or an individual student's low resilience. . It is unclear if mental and physical health problems from compassion fatigue are compounded with increased stress related to being in a graduate program (Bouchard & Rainbow, 2021). Also, once DNPs are practicing it is unknown if levels of burnout and compassion fatigue change (Bouchard & Rainbow, 2021). These areas related to burnout often lack recognition by organizations.

Self-care and self-compassion are often inappropriately viewed as having the same definition (Neff et al., 2020). Self-care is well-known and commonly promoted in colleges and hospitals – includes items such as exercise, sleep, and similar. Very few activities of self-care can happen "at the bedside" but self-compassion, such as kindness and connection to self, can be practiced at any time (Neff et al., 2020).

Proposed Solution

Resilience research supports inclusion of self-compassion-based resilience programs into nursing education (AACN, 2021; Neff et al., 2020; Thomas & Asselin, 2018). A resilience and stress management program implemented at a large hospital for new graduate nurses found there was enhanced personal and professional development (Chasek et al., 2019). New nurses were better equipped to remain in the moment and focus on critical details by utilizing mindfulness strategies. In a study that implemented self-compassion as a resilience technique healthcare professionals experienced increased self-care activities, increased aptitude to

remain compassionate during times of stress, and reported reduced feelings of burnout (Neff et al., 2020). Furthermore, the American Association of Colleges of Nursing (AACN, 2021) revised the core competencies for DNPs and created a 10th domain which focuses on personal development and includes resilience. Early intervention for those at risk of burnout, through activities of self-care and self-compassion, improves health outcomes (Harris, 2020). This project will implement an educational program based on self-compassion to increase resilience in DNP students.

PICO Question

In (P) registered nurses in graduate school, how does (I) implementing a self-compassion training program (C) compared to lack of training affect (O) resilience and successful completion of doctoral programs?

Literature Review Process

The following search engines were used to find peer-reviewed articles: CINAHL, EBSCO, Google Scholar, , PsycINFO and PubMed. Key words/phrases included: "registered nurse graduate students" "fatigue" "burnout" “stress-management” “nursing” as well as “resilience training” and “self-compassion training”. The search resulted in over 16,500 articles, the majority of which were found on Google Scholar. Articles were eliminated based on poor relevance and/or having been written over five years ago. Abstracts were read to further process relevance. Articles that were included via the abstract were then thoroughly reviewed for quality, strength, and relevance.

Literature Matrix Table

Included in this document is a literature matrix table, located after the reference list as Appendix A. The matrix table allows data to be categorized and identifies themes. The table also displays the purpose or aim of intended research, study design and level of evidence, sample characteristics, methods, variables and outcomes. An important section in this piece is the implication for practice, as these sections will guide changes to practice.

Literature Synthesis

All articles were reviewed for the level of evidence using the Melnyk & Fineout-Overholt's model (Penn State University Libraries [PSU], 2021). Level I evidence is regarded as the strongest and most reliable. Level I includes systematic reviews of randomized control trials and clinical practice guidelines (PSU, 2021). Level II includes evidence from at least one randomized controlled trial. Level III includes controlled trials without randomization and quasi-experimental studies. Level IV includes studies from case control or cohort studies. Level V includes evidence from qualitative or descriptive systematic reviews (PSU, 2021). Level VI includes evidence from a single descriptive study. Level VII is an expert opinion piece (PSU, 2021). This model was used as it was created for evidence-based nursing practice. This research included levels I, III, IV, and V.

Synthesis of literature is necessary in the DNP project process, as it unites related themes across different sources of evidence (Reavy, 2016). Several themes emerged through the synthesis of literature related to resilience: DNP programs must take a systems approach to mitigating burnout and increasing resilience (Chesak et al., 2019; Jun et al., 2021; Nagy et al., 2019; Volkert et al., 2018), participating in a doctoral program will increase stress and likelihood of burnout (Bouchard & Rainbow, 2021; Nagy et al., 2019; Volkert et al., 2018), and resilience is a learned process (Chesak et al., 2019; Dosset et al., 2021; Jun et al., 2021; Neff et al., 2020; Thomas & Asselin, 2018). A final theme that emerged was the importance of connection and social support (Jarden et al., 2021; Volkert et al., 2018). Resilience training, as well as a feeling of connection within personal or program environments, increase likelihood of successful program completion and decrease burnout.

Organizational Project Information

This project setting will take place at a private college in a graduate nursing program in northern Minnesota. Since the DNP program is a hybrid program and the first two years are

entirely online, the sessions will also take place online. The training and surveys will be administered via zoom and email, respectively.

The key sponsor in the project is a graduate nursing department faculty, Dr. Kenzie Kleven, and is experienced in resilience training. The faculty sponsor will also act as a project mentor for resilience program training. She will assist in addressing potential barriers to implementing self-compassion resilience training.

The major stakeholders are DNP students, DNP faculty, the director of the DNP program, and patients. DNP students have a vested interest in this project because they will receive tools for resilience during a time of increased stress (Bouchard & Rainbow, 2021). Students will be able to apply resilience tools to current education, as well as to current and future practice (Neff et al., 2020). Students function mainly as participants, but also serve as role models for fellow students. Faculty benefit as resilient students are likely to produce high quality academic work, increasing job satisfaction (Nagy et al., 2019). The role of faculty will be to encourage student participation in stress reduction and resilience training. The director of the DNP program benefits as a strong student body translates into a strong program. Last, patients are a major, external stakeholder. Patients benefit from care provided by highly resilient nurses and providers.

Project participants will include any student that is part of the first year DNP 2022 cohort. Participants will be included regardless of age, gender, or specialty track; so long as they have been accepted into the DNP program. Faculty within the DNP program will also have an opportunity to participate in live sessions but will not be required to fill out questionnaires. Anyone outside of the DNP program will be excluded from participation.

The Gap Analysis

A gap analysis of the DNP program has been included to demonstrate the current state, the ideal state, and what is needed to bridge the gap. The gap analysis table is included under appendices as Appendix B. The table allows for quick identification of items in the gap analysis.

Currently, students (and potentially faculty) do not understand the value of resilience training. High resilience with low level of burnout corresponds with improved academic achievement and ultimately improved patient outcomes. Resiliency sessions are currently offered at the college but student attendance is sporadic, sometimes low. Healthcare givers often show skills caring for others but lack optimal skill on their own personal health and resilience (Neff et al., 2020). The resilience training sessions provide the opportunity for DNP students to learn valuable skills that will mitigate stress related to academics, personal concerns, and careers.

The desired, ideal state will show that students understand the value of resilience training as it affects the health of students and patients. Students will have increased attendance to resilience training, either in a morning or evening session. Two session times each training day is to accommodate the working student. Sessions will not be recorded as this hinders connection to the program and participant privacy. With increased attendance, there would theoretically be greater interaction between students. Faculty may also encourage students to attend resilience training sessions. Resilience training will allow students to thrive amongst times of stress (Neff et al., 2020).

In order to bridge the gap, DNP students will be given the opportunity to attend resilience training either in the morning or evening of each training day. Students will also receive credit toward their clinical hours log (the 10th domain of AACN essentials) to provide incentive for attendance. The book *Self-Care for New and Student Nurses* will be used as a guide for training sessions. Students would not be required to purchase this book.

Needs Assessment

An organizational needs assessment was conducted to identify areas that could benefit from change. Changes within the DNP program need to take place to reach the goal of increasing student resilience. The first area necessitating improvement is found on the college's main website for the DNP program. The program webpage for prospective students includes the

outdated AACN essentials for DNP education (The College of St. Scholastica [CSS], 2021). However, the DNP Degree webpage by the graduate nursing department includes the updated AACN essentials including 10 domains (The College of St. Scholastica Graduate Nursing Department [CSSGND], 2021). These pages must be consistent in their content. Since the college's main webpage does not have a direct link to the graduate nursing program website, information should be updated to reflect the DNP program operates under the new essentials. This update to the main webpage is essential to this project, as the updated AACN essentials calls for personal development – including development of resilience (AACN, 2021).

Development of resilience is now an expectation for students. The greatest need for DNP students is to access the resilience sessions with ease. The graduate nursing department has a clearly labeled section devoted to resilience; however, at this time sessions are not included (CSSGND, 2022). The reason sessions are currently not recorded is due to the personal nature of discussions, as well as the lack of connection with fellow students (Kleven, personal communication, October 21, 2021). The project will address this by increasing the number of training sessions per day to accommodate student schedules.

SWOT Analysis

A SWOT analysis allows for a clear display of an organization's strengths, weaknesses, opportunities and threats (Reavy, 2016). A SWOT chart is listed in the appendices, under appendix C. Strengths for this organization: resilience training of DNP students since the fall of 2020, supportive faculty that foster resilience, a well-established DNP program that maintains current standards according to the AACN, a DNP program webpage that offers guidance on clinical experience and clinical project, a user-friendly DNP program webpage, a flexible program to allow student to continue to work, and strong professionalism among students and faculty (CSSGND, 2022). Weaknesses to this program include: resilience training sessions are unavailable for students unable to attend, training started with the 2020 cohort indicating that prior cohort years missed valuable tools, and a lack of clarity of expectations (which has been

found to reduce resilience in students (Bouchard & Rainbow, 2021; Kleven, personal communication, October 21, 2021)). Opportunities exist for this organization: advertising resilience training within the DNP program on the college's main website, clearly identifying student support services that further increase resilience such as mental health services, and showcasing well established clinical partnerships as this will decrease potential stress surrounding clinical placement. Threats to this organization include: outdated DNP essentials on the college's main website and the inability for potential students to view the DNP project website (CSS, 2021; CSSGND, 2021).

Theoretical Framework and Change Theory

The Theory of Self-Efficacy, by Albert Bandura, characterizes three interacting parts of one's experience: person, behavior and environment (Chan et al, 2017). All parts influence the others and fluctuate in amount of influence. Self-efficacy is an individual's expectation in their ability to produce a desired outcome. Judgment of one's self-efficacy can be altered or enhanced. There are four determinants of personal self-efficacy: personal experience, vicarious experience or role-modeling, verbal persuasion, and physiological feedback (Smith & Liehr, 2018). Self-efficacy is easily applied to nursing research related to improving health promoting behaviors, such as resilience.

The change theory that will be applied is the Diffusion of Innovation by Everette Rogers. This theory occurs in 5 stages (Jasovsky et al., 2010). The first stage is knowledge. Knowledge occurs when organizations are made aware of an innovation that could be adopted. This stage includes assessment and analysis of the proposed change. The second stage is persuasion. Persuasion takes place when attitudes become more accepting of change. Decision is the third stage, it occurs when the leaders of an organization either approve or decline the innovation. Stage four is implementation, when the change is correctly adopted and put to practice. Last, the fifth stage is confirmation. Confirmation occurs when the organization seeks to further establish the recent change and may provide further clarification and education regarding the

change. This stage determines if the change was successful and worth the effort (Jasovsky et al., 2010).

Theory Application/Relationship

Increased self-compassion, a learned skill, ultimately improves resilience (Neff et al., 2020). Strong self-efficacy is also a learned skill or belief that can be strengthened (Chan et al., 2017). Utilizing the determinants of personal judgment of self-efficacy, students in the DNP program will be taught to develop self-efficacy. By drawing upon personal success, success of peers, self-compassion/ resilience training, and the ability to return to a calm state after a stressful event, students' belief in successful completion of the DNP program will increase.

Diffusion of Innovation will be applied following the steps listed. 1) Knowledge: the DNP program director and faculty will be made aware of the necessity to begin resilience training in the summer, for first year students. 2) Persuasion: the DNP program will become informed about the necessity of resiliency training with early intervention. The problems associated with burnout displays the need for nurses to gain holistic education and support, as they provide holistic care. 3) Decision: the head of the DNP program would approve or deny implementation of a resiliency program for first year grad students, beginning in the Summer of 2022. 4) Implementation: a resiliency program is implemented. 5) Confirmation: the group, DNP program director, faculty and myself would decide if the change is worth the effort and if resiliency training should become a mainstay in the program.

Project Goal and Mission

The overall goal of this project is to evaluate the effectiveness and feasibility of including self-compassion training to improve resilience into the DNP program (Chesak et al., 2019). The vision for this project is implementing self-compassion based resilience techniques as a permanent fixture to the DNP program. The mission of this project is to deliver an effective and valuable self-compassion based resilience training program that will increase students' ability to

adapt and recover after times of increased stress (Neff et al., 2020). The goal and mission will ensure that students achieve personal development while in the DNP program.

Short-term objectives must be met to ensure goal achievement. The first objective will be related to self-compassion scores: to increase resilience scores of DNP students at a college in northern Minnesota by at least one point using the Self-Compassion Scale- Short Form by August 2022 (Neff et al.,2020). The second objective will also be related to self-compassion scores: no students will have a decrease in self-compassion scores using the Self-Compassion Scale- Short Form by August 2022 (Neff et al., 2020). The last objective: to increase feelings of mindfulness, self-compassion, and confidence in resilience training in DNP students in northern Minnesota through a self-reported survey by August 2022 (Neff et al., 2020). The Self-Compassion Scale and open response survey will be measured twice, once in May 2022, and once in August 2022.

Gantt Chart

A Gantt chart assists to develop milestones of the project with a timeline. Some tasks can be completed in unison, while others will have to be completed in a sequential order (Zaccagnini & Pechacek, 2021). A Gantt chart is included in the appendices. Appendix D displays tasks completed for this project in chronological order.

Work Breakdown Structure

Appendix E displays the work breakdown structure for this project. Work breakdown structures allow for planning of projects (Zaccagnini & Pechacek, 2021). The work breakdown structure organizes projects by milestones, then by tasks that will assist to complete each milestone. Milestones for this project include: research, organizational needs assessment, intervention (self-compassion training), measurement and evaluation. It was necessary to start with research as the first milestone as this is the foundation of the entire project.

Communication Matrix

A communication matrix has been included to display the plan for communications with stakeholders, project chair and project mentor (Appendix F). The project chair and I met at least three times per semester to ensure all necessary items to complete the project are included. The project mentor and I had the most communication. The project mentor is also a primary stakeholder, as she currently conducts resiliency training and is an expert in the practice. Students will have three training sessions via zoom, and will receive reminders for sessions three times during the semester via email. The director of the DNP program and I met once during planning stages to ensure the project is in alignment with AACN essentials and DNP program values. There were plans to meet with the director of the DNP program, but outside forces prevented follow-up.

Logic Model

A logic model has been included to demonstrate intended outcomes and impact of the project (Appendix G). Inputs included relate to the resources that are needed (Zaccagnini & Pechacek, 2021). The primary resource needed is the DNP chair and faculty support of self-compassion training to increase student resilience. Next, there must be student buy-in as they are the primary stakeholders, and this project is ultimately for their benefit. The project mentor is a key resource as she is an expert and will assist in identifying potential problems or barriers with completion of the project. Last, CSS mental health services will also be a key resource for students who may require additional support during times of stress.

The next section in the logic model includes activities of the project. Activities include process development to reach the intended outcomes (Zaccagnini & Pechacek, 2021). Activities involved are: research on evidence based self-compassion programs, self-compassion program development and project communication. Outputs display immediate project results (Zaccagnini & Pechacek, 2021), such as student participation in self-compassion training. Outcomes portray measurable project results (Zaccagnini & Pechacek, 2021). This will include student demonstration of effective stress-management, and 100% DNP program student retention. Last,

impact illustrates the long-term outcomes for this project (Zaccagnini & Pechacek, 2021). Ultimately, the goal is that students retain self-compassion, mindfulness and resilience skills. These skills theoretically translate into improved patient outcomes (Jun et al., 2020).

Budget

This project required minimal financing, and the items purchased were not absolutely necessary to implementation. There were not any travel expenses, as sessions occurred via Zoom. Surveys used for this project were free for use and were disseminated via email. I created training courses for students based on two workbooks: *The Self-Compassion Workbook: Practical Exercises to Approach Your Thoughts, Emotions and Actions with Kindness* (Johnson, 2020) and *The Mindful Self-Compassion Workbook: A Proven Way to Accept Yourself, Build Inner Strength, and Thrive* (Neff & Germer, 2018), resulting in a combined total of approximately 25 US dollars.

Methodology and Analysis

The primary aim of this project is to improve resilience in DNP students via self-compassion training. The secondary aim is to increase DNP student participation in the already existing resiliency training. Mindful self-compassion will be integrated into the resiliency training, as self-compassion has been shown to increase resilience and decrease symptoms associated with burnout (Neff et al., 2020). Several measures will be taken into account in the completion of this project. A project measures worksheet has been included in the appendices (Appendix H). Appendix H provides a quick view of the measures detailed in this section.

Intervention Plans

To ensure the primary aim is achieved, outcome measures were collected. The first outcome measure was the Self-Compassion Scale- Short Form (SCS-SF, Appendix I). Raes et al. (2011) found this instrument to be valid and reliable to measure self- compassion when using the full 26-item scale. The scale is free for use in several languages, so long as the appropriate citation is included with the survey. This scale was chosen based on validity, reliability, and ease

of use for participants. The short form, a 12-item scale, was used as a means of reducing participation burden.

There are no established clinical norms for this scale, in terms of levels of self-compassion (Raes et al., 2011). Norms were determined based on average scores in this cohort. Surveys were distributed to students pre- and post- intervention via email. Students returned completed pre-intervention surveys prior to their first training session, and post-intervention surveys after the second session. Surveys that were completed by students only attending one session were included.

The next outcome measure was a self-compassion training evaluation open response survey (Appendix J). I developed these questions to gain a sense of skills gained through training, attitudes toward attending sessions, usefulness of sessions, intent to participate in future resiliency training, and what changes students would like to see in future sessions. Students were instructed to leave the last question blank when completing the survey prior to attending any sessions. Surveys were distributed along with the Self- Compassion Scale- Short Form. All completed surveys were included in measurement. Students are the primary stakeholder in this project, making their input valuable when considering the design of future sessions.

The last outcome measure was the percentage of student attrition in the self-compassion training sessions. This measure was selected to verify if the secondary aim has been achieved, to increase student participation in resiliency training. The sum of participants were collected in each session. Any student intended to participate in future resilience training programs were considered to adhere to resilience training. Students who expressed disinterest in subsequent sessions indicated attrition.

Process measures have been included to ensure specific steps have been taken to ensure the project is completed as planned. The first process measure was a count of the number of RSVPs returned from zoom invitation, with intent to attend the session. RSVPs for

both sessions were sent to students prior to the start of the semester, to allow adequate time to plan for attendance. This was measured once. Next, the actual number of participants was collected twice, once during each session. All students were included in this count. This measure gave insight of what participation numbers to expect in the future. The actual number of fully completed surveys was counted. This occurred twice, once pre- intervention and one post- intervention. This measure specified the percentage of students that complete surveys. Last, the total number of minutes was assessed. Only minutes during training sessions were included. Time allotted for training can then be appropriately adjusted for future resilience training sessions.

The last measure is the balancing measure. The training sessions exist to support student resilience and stress-management. Balance measures ensure improvements take place without causing hindrance in another area. Students were asked via the open response survey if attending self-compassion sessions were difficult to accommodate or hindered time toward academics. Any student that indicated this has happened will be included for this measure.

Return on Investment

The Return on Investment (ROI) can be calculated for this project. Several self-compassion or mindfulness training sessions online cost between 25 and 30 dollars an hour per student (Center for Mindful Self-Compassion, 2020; Centrum Voor Mindfulness, n.d.). These sessions are usually several hours long, and quickly become quite costly. If 20 students from the 2022 cohort attend two sessions, the financial project value will be estimated at $1,650. This accounts for 20 students, receiving 3 hours of training, at $27.50. This project has been produced without any tangible project costs. Surveys are free, the project mentor and I volunteered time and students participated on a voluntary basis. Based on average state salary and time spent in training, project cost would be $120 for student RN, and $187 for mentor NP (Incredible Health, 2022; Nursing Process, 2022). Using the following equation,

[($1,650-$307)/$307]x100, the ROI of this project is 437.5%. Should a greater number of students participate, the ROI percentage will increase.

One challenge of this project is to ensure student participation. Incentive will likely be needed to ensure participation and retention of students in resiliency training. It is unlikely that listing benefits of training will be enough for students to continue training. One project stakeholder (DNP program chair, Dr. Honey) is in agreement that time in sessions can be used toward student clinical experience hours.

Statistical Analysis

Self-compassion training was the core of implementation in this project. Pre-implementation quantitative data was collected using the Self- Compassion Scale- Short Form. Self-compassion as an intervention has been shown to produce significant effects on self-compassion rating, and a decrease in psychopathologies (Ferrari et al., 2019). Group delivered programs produced significant results ($g = 0.81$; 95% CI 0.59–1.04), whereas individual programs had small effects ($g = 0.37$; 95% CI 0.14–0.56). In a study that researched self-compassion training for medical students, training generated statically significant results (Babenko & Guo, 2019). Students with high self-compassion were found to also have high work engagement ($p< 0.05$) and were found to have low exhaustion ($p< 0.001$). Students with high self-criticism and low self- compassion were found to have decreased work engagement and increased feelings of exhaustion ($p< 0.001$; Babenko & Guo, 2019).

The same survey was used post-implementation and compared for analysis. Quantitative data was displayed using descriptive statistics to identify meaningful patterns and relationships (Intellectus Statistics, 2019). Descriptive statistics was the method chosen to accurately summarize the data collected and highlight the relationship between self-compassion training and outcomes. To ensure accuracy, participants were asked to form a six-digit identification number (to maintain confidentiality) to identify individual results of training.

The qualitative data from the open response survey was evaluated. Common themes were extracted to either support or refute the continuation of self- compassion training within the resilience program. Again, the six-digit identification number was used to look for evidence of individual growth. Qualitative data was collected pre- and post- implementation.

IRB/ Ethical Considerations

A brief description of this project was provided to The College of St. Scholastica Institutional Review Board (IRB) via the application form. The IRB is in place to ensure that the rights and welfare of human participants are maintained during research. The application included the project aim, project hypothesis (self-compassion training will increase resilience), description of participants (how they are recruited), a description of the activities involving the participants, benefits to the participants, description of potential risks along with how risk was minimized, and means to protect participant confidentiality. The application was accepted upon its first submission in a timely manner (Appendix K). The following paragraphs includes information about this project that was submitted to the IRB for review.

The aim/purpose of this project is to increase resilience in DNP students through self-compassion training. Self-compassion is the ability to hold one's humanness in warm regard (Neff et al., 2020). Resilience is the ability to recover and adapt after times of stress. Burnout is defined as a work-related stress that involves physical and/or emotional exhaustion, producing low satisfaction and productivity in one's work. Registered nurses (RNs) make up the population of students going from Bachelor of Science in Nursing (BSN) to Doctor of Nursing Practice (DNP) and are at an increased risk of burnout due to balancing family, work and academics. Self-compassion has been shown to increase resilience, self-care and patient care/work productivity. Those who practice self-compassion tend to have higher job satisfaction, better work performance and improved patient outcomes (Neff et al., 2020). The hypothesis is that students will increase resilience through developing self-compassion. This is a quality

improvement project, as there is already a resilience program at The College of St. Scholastica. This project does not require any funding as materials are free for use with appropriate citation.

The setting took place online via Zoom, through the College of St. Scholastica DNP program. Students voluntarily participated in educational sessions featuring self-compassion skills. The participants included the 2022 cohort of first-year DNP students enrolled at The College of St. Scholastica's DNP program. The number of participants depended on the size of the cohort; there tends to be about 50 students per cohort (Kleven, personal communication, March 17, 2022). All students in the 2022 cohort were welcome to participate, and no student will be excluded for the sake of comparison. No students were considered vulnerable. All students who are in the DNP program are independent adults. Students were not forced or coerced into participating but participated on a voluntary basis. The majority of students were female, as this gender predominates the nursing field. Many students are still in the workforce and career RNs. An email was sent to students to explain the sessions and included an invite to join Zoom sessions. Participation on a voluntary basis was explicitly reinforced and there was no retribution if one could not attend resilience sessions.

Activities involved three educational one-hour sessions on self-compassion. Students learned the link between self-compassion and resilience (increased personal satisfaction, increased job satisfaction, increased ability to manage stress, and decreased feelings of exhaustion, Neff et al., 2020). Discussion questions posed to students were incorporated to enhance core concepts. Participants received two surveys, dispersed once prior to the start of the first session, and the second after the last session. Students submitted their survey anonymously using Google Forms, without any email collection, to maintain confidentiality. Students created a six-digit identifier to replace their name, so that surveys can be compared and analyzed for any changes.

In a study using medical student participants, research displayed a strong correlation between developed self-compassion and high engagement in the workforce, as well as

decreasing feeling of exhaustion (Babenko & Guo, 2019). In contrast, those with high self-criticism had decreased engagement and increased levels of exhaustion. In another study by Neff et al., 2020, healthcare professionals who improved their self-compassion had more frequent self-care activities outside of work and were found to have increased compassion for patients. Using these studies, it was assumed that self-compassion would provide benefit to students; through increasing their resilience and likelihood of improved self-care, as well as through mitigating stress, and feelings of exhaustion or burnout.

The benefit to science is based on the fact that research on self-compassion within doctor programs is present but lacking. There are very few studies that explore burnout in DNP students. The studies that research self-compassion training often involve the same group of authors. It is pertinent timing to include self-compassion training into DNP programs, as this skill can be practiced anywhere at any time, and to validate its efficacy through research. It is also assumed this research will indirectly improve patient care and outcomes, as increased self-compassion has been shown to translate into one's work (Neff et al.,2020).

This project had no obvious risk or discomfort to participants. There was no apparent physical or social risk. There was not any apparent violation of normal expectations of daily life. The potential risk was psychological, should a student bring up a potentially triggering scenario for another student. What students say during these sessions was not controlled. However, there were ground rules to ensure that students avoid triggering topics. These sessions provided encouragement to one another's self-concept and esteem. These sessions held a nonjudgmental atmosphere, where all forms of one's humanness were held in warm regard. No means of deception were utilized within educational sessions.

To minimize violation of privacy, consent forms that were electronically signed are kept on a computer with a passcode. These files will be destroyed within three years of the study. To promote confidentiality, surveys will not include any identifiers of students. Instead of names,

students created a six-digit code so that surveys can be compared for any change. A copy of the consent form has been included and is listed under Appendix L.

This project started with the intent to provide several avenues to increase student resilience. Upon speaking with primary stakeholders, Dr. Julie Honey, DNP and Dr. Kenzie Kleven, DNP, it was decided to narrow the focus to one strategy. The shift went from educating students on the various options for increasing resilience to focusing on self-compassion, as this is a validated method to improve resilience. Project pitch to students took place during their orientation, as well as via email, utilizing the three minute “elevator pitch” strategy.

Implementation

Project implementation began with emailing students in the DNP 2022 cohort in April, 2022. Students were recruited to participate in self-compassion training sessions via an electronic flyer (included, Appendix M) which contained links to Zoom meetings, RSVPs, and the consent form. Recruitment also took place during student orientation at the start of the summer semester of 2022. Pre-implementation surveys were emailed to students prior to the first session. All training sessions were structured in a similar order: introductions, definition of key concepts (burnout, resilience, and self-compassion vs. self-care), methods to utilize self-compassion in daily life, an informational video (similar to TED talks) to facilitate learning, and an activity with discussion specifically driven to reinforce self-compassion techniques. Students were asked to have computer cameras on throughout the Zoom meeting to encourage a sense of connection with the group.

During the first session six students attended the morning session and two attended the evening session. The primary focus was to introduce the concepts of burnout, resilience and self-compassion. In order to introduce the application of self-compassion, students were asked to identify a past “failure”, recognize their initial response, and rewrite their response as though they were speaking with a friend. This first session was not intended to be all-encompassing, as there was confidence students would attend subsequent sessions.

During the morning session, all students had their computer cameras on and each student openly responded to discussion prompts. The evening session was disjointed and lacked a sense of community. One student had their camera off throughout training, suppressing connection with the group. Inadvertently, this created forced responsibility for the visible student to respond to discussion questions while the non-visible student responded to only one discussion question. The evening session appeared to be of less value to the students, as participation from the group increases positive group experience (Ferrari et al., 2019).

In the second session no students attended the morning session and two attended the evening. The primary focus of the second session was mindfulness, a crucial step in building self-compassion (Neff et al., 2020). To increase mindfulness students were guided through a breathing exercise (Neff & Germer, 2018). The participants reported the breathing exercise as helpful and relaxing. Although this was a small group, student interaction was engaging and discussions were highly valuable.

In the last session six students attended the morning session and no students attended the evening session. This training started with outlining cognitive distortions as a way to identify and challenge negative thinking (Johnson, 2020). Participants were encouraged to consider any possible habitual cognitive distortions, extrapolate the facts from various situations and respond with self-kindness instead of judgment. The group effortlessly conveyed their usual cognitive distortions (all or nothing thinking, catastrophizing, and “should” statements), their normal judgment, and how to instead respond with kindness. The session closed with a gratitude practice to promote acknowledging life’s many positive aspects (Neff & Germer, 2018). Session three encased the most rewarding interactions with rich discussion.

Results from Data Collection

Participants received pre- and post-implementation surveys via email using Google Forms. Sixteen students submitted pre-training surveys and four completed post-training surveys. Time was allotted at the beginning of each session for students to complete consent

forms and pre-implementation surveys. Post-implementation surveys were emailed to students prior to the last training session. Students were also given time at the end of the last session to complete the post-implementation surveys.

Self-Compassion Survey- Short Form

The SCS-SF (Appendix I) is a 12 item, five-point Likert scale to establish frequency of thought processes related to either self-compassion or self-deprecation subscales (Raes et al., 2011). Self-compassion is evaluated through six items: self-kindness (items 2 and 6), common humanity (items 5 and 10), and mindfulness (items 3 and 7). There are also six negative aspects/ self-deprecating items: self judgment (items 11 and 12), isolation (items 4 and 8), and over-identification (items 1 and 9).

To calculate the total self-compassion score self-deprecating items are reversed, then the mean number for each item is calculated (Raes et al., 2011). Mean scores of 2.5-3.5 demonstrate moderate self-compassion. Scores lower than 2.5 are considered to have low self-compassion, while scores higher than 3.5 are considered as high self-compassion (Raies et al., 2011). While the 12-item scale is not recommended to evaluate subscales, it can be used to confidently assess total self-compassion score.

Of pre-intervention surveys (n=16), 50% of students scored high in self-deprecating items and 81% of students scored low to low-moderate range in self-compassion. Three students (19%) scored high in self compassion, and only one student (6%) scored low in self-deprecation. Over-identification contributed strongly to self-deprecation with a mean score of 3.75 out of 5.0. Students appeared to be well-versed in mindfulness as this contributed positively to self-compassion scores, having a mean score of 3.4 out of 5.0. The group average for total mean self-compassion with reversed scoring for negative aspects equated to 2.8.

Post-intervention surveys were completed by 25% of participants. Self-deprecation subscores lowered from 3.75 to a group mean of 2.9, while self-compassion subscores increased from a mean score of 3.1 to 3.5. The total self-compassion mean score for the group

increased from 2.8 to 3.3. Of note, this is a comparison of pre-intervention survey scores (n=16) to post-intervention survey scores (n=4).

Open Response Survey

Appendix J displays the open response survey. The pre-intervention survey was completed by 44% of participants (N=7), and the post-intervention survey was completed by 25% of the participants (n=4). This was short, as to reduce student burden and gain minimal insight into participants' feelings toward self-compassion training.

The pre-intervention open-ended survey contained four questions, while the post-intervention included a fifth question. The first explored what students currently use for self-compassion techniques. The majority of students responded with self-care strategies, "positivity", and one student offered mindfulness. In the post-intervention survey 100% of completed surveys (n=4) included self-compassion techniques: gratitude, mindfulness, challenging negative thinking and responding with kindness.

With the second question, students reported feelings about participating in self-compassion training. Prior to participating in training students reported feeling mixed emotions, uneasy, awkward, and excited, but 50% (n=3) reported feeling excited for the opportunity. After participation, students described increased awareness, increased ability to honor emotions. and a feeling of connectedness.

The third question inquired if students found self-compassion to be a useful skill and the fourth asked if students plan to continue participation in subsequent semesters. In the pre-intervention surveys students felt self-compassion could be useful, but were unable to identify why. Although unsure of self-compassion/resilience training the majority of students (n=6) reported they would continue with resilience training in future semesters prior to attending one session. In post-intervention surveys students confidently reported self-compassion as useful and intent on attending future sessions. One student described self-compassion as bringing "perspective and clarity to turbulent waters." This is a beautiful description of the utility

of self-compassion. Self-compassion does not require the individual to ignore challenges, rather to turn toward suffering so that these parts of ones' experience can receive tender compassion and care (Neff & Germer, 2018).

The last question in the survey, only included after the intervention, asked students to offer suggestions for improvement. A few helpful suggestions surfaced: consider in-person training to facilitate community, have polls within training sessions to provide an interactive experience, and offer more examples of daily-life self-compassion application. One participant suggested offering more group discussion. When discussing this concern with the project mentor, Dr. Kenzie Kleven, it was decided that there were plenty of discussion opportunities. I employed the use of intentional awkward silences to encourage discussion. You can lead participants to discussion topics, but you cannot make them speak.

Data Analysis

Descriptive statistics were used to identify meaningful patterns and relationships within the quantitative data in this research (Intellectus Statistics, 2019). This method was chosen to emphasize the relationship of self-compassion training and improved student outcomes. Summary statistics were calculated for a total Self-Compassion mean score. The observations for Total Self-Compassion Mean Score (Pre-Assessment) had an average of 2.81 (*SD* = 0.69, SE_M = 0.17, Min = 1.90, Max = 4.30, Skewness = 0.56, Kurtosis = -0.60). The summary statistics can be found in Table 1 and this represents the full group pre-intervention survey data.

Table 1

Summary Statistics Table for Interval and Ratio Variables

Variable	*M*	*SD*	*n*	SE_M	Min	Max	Skewness	Kurtosis
Total Self-Compassion Mean Score (Pre-Assessment)	2.81	0.69	16	0.17	1.90	4.30	0.56	-0.60

Note. '-' indicates the statistic is undefined due to constant data or an insufficient sample size.

Descriptive analysis again used to summarize mean scores, and identify patterns in pre- and post-intervention surveys (Intellectus Statistics, 2019). In an effort to compare data, survey results were only collected from participants who completed both pre and post SCS-SF surveys. The observations for Total Self-Compassion Mean Score (Pre-Assessment) had an average of 3.60 (*SD* = 0.50, SE_M = 0.25, Min = 3.20, Max = 4.30, Skewness = 0.79, Kurtosis = -1.00). The observations for Total Self-Compassion Mean Score (Post-Assessment) had an average of 3.30 (*SD* = 0.61, SE_M = 0.30, Min = 2.40, Max = 3.70, Skewness = -1.09, Kurtosis = -0.71). The observations for Self-Compassion Mean Score (Pre-Assessment) had an average of 3.65 (*SD* = 0.66, SE_M = 0.33, Min = 3.00, Max = 4.50, Skewness = 0.41, Kurtosis = -1.28). The observations for Self-Compassion Mean Score (Post-Assessment) had an average of 3.50 (*SD* = 0.51, SE_M = 0.25, Min = 2.80, Max = 4.00, Skewness = -0.61, Kurtosis = -1.00). The observations for Self-Deprecation Mean Score (Pre-Assessment) had an average of 2.48 (*SD* = 0.33, SE_M = 0.17, Min = 2.00, Max = 2.70, Skewness = -0.90, Kurtosis = -0.91). The observations for Self-Deprecation Mean Score (Post-Assessment) had an average of 2.92 (*SD* = 0.76, SE_M = 0.38, Min = 2.20, Max = 4.00, Skewness = 0.73, Kurtosis = -0.89).

Table 2

Summary Statistics Table for Interval and Ratio Variables

Variable	*M*	*SD*	*n*	SE_M	Min	Max	Skewness	Kurtosis
Total Self-Compassion Mean Score (Pre-Assessment)	3.60	0.50	4	0.25	3.20	4.30	0.79	-1.00
Total Self-Compassion Mean Score (Post-Assessment)	3.30	0.61	4	0.30	2.40	3.70	-1.09	-0.71
Self-Compassion Mean Score (Pre-Assessment)	3.65	0.66	4	0.33	3.00	4.50	0.41	-1.28
Self-Compassion Mean Score (Post-Assessment)	3.50	0.51	4	0.25	2.80	4.00	-0.61	-1.00
Self-Deprecation Mean Score (Pre-Assessment)	2.48	0.33	4	0.17	2.00	2.70	-0.90	-0.91
Self-Deprecation Mean Score (Post-Assessment)	2.92	0.76	4	0.38	2.20	4.00	0.73	-0.89

Note. '-' indicates the statistic is undefined due to constant data or an insufficient sample size.

A two-tailed paired samples *t*-test was conducted to examine whether the mean difference of Total Self-Compassion Mean Score (Pre-Assessment) and Total Self-Compassion Mean Score (Post-Assessment) was significantly different from zero. The two-tailed *t*-test allows for comparison of pre- and post- survey data and provides a *p*-value, which ultimately identifies if the null hypothesis can be rejected (Intellectus Statistics, 2019). The result of the two-tailed paired samples *t*-test was not significant based on an alpha value of .05, $t(3) = 1.00$, $p = .391$, thus the null hypothesis cannot be rejected and findings were not significantly different from zero.

Table 3

Two-Tailed Paired Samples t-Test for the Difference Between Total Self-Compassion Mean Score (Pre-Assessment) and Total Self-Compassion Mean Score (Post-Assessment)

Total Self-Compassion Mean Score (Pre-Assessment)		Total Self-Compassion Mean Score (Post-Assessment)				
M	*SD*	*M*	*SD*	*t*	*p*	*d*
3.60	0.50	3.30	0.61	1.00	.391	0.50

Note. N = 4. Degrees of Freedom for the *t*-statistic = 3. *d* represents Cohen's *d.*

Discussion of Data and Outcomes Interpretation

During recruitment students were informed they did not need to attend all sessions to participate. 100% of participants attended only one training session. Reasons for poor attendance are unclear. One student offered an explanation: “The first semester [in graduate school] is stressful and time consuming. It is difficult to manage time when you’ve been out of school.” This student further explained that the anticipation of attending the self-compassion training felt like more of a time commitment than it was in reality. She suggested that once students realize this program is beneficial, they may increase their attendance. She suggested more student outreach and promotion of the potential benefits.

Statistical significance could not be established in this study due to a few factors: attendance was low, zero students participated in more than one session, and only four

participants completed pre- and post- assessments. The null hypothesis, self-compassion training does not improve resilience, cannot be rejected. When looking at the full group (n=16), there was a clear need to improve self-compassion and reduce self-deprecation, the total self-compassion mean score at 2.8 out of 5.0. Reviewing the post-surveys (n=4), this number increased to 3.3, which appeared promising.

Pre-assessment data revealed that 62% (n=10) of participants scored high in self-judgment, and 31% (n=5) had moderate ratings. Only one student scored low in this category. This suggests that those in the DNP program may require additional support in reducing a tendency toward self-criticism. Self-criticism has been shown to perpetuate burnout (Babenko & Guo, 2019). This data reinforces the need for a systems approach to mitigate influencing factors of burnout.

Accurate comparison of results is impossible when analyzing 16 pre-assessments to 4 post-assessments. It was determined that true results of the cause-effect relationship between training and outcomes could only be found in the four participants that completed pre- and post-SCS-SF surveys. Total Self-Compassion Mean Score (Pre-Assessment) went from 3.6 to 3.3. The self-compassion subscore mean went from 3.65 in the pre-assessment down to 3.5 in the post assessment. Self-deprecating mean score increased from 2.48 to 2.92.

Mean scores displayed the exact opposite of the desired outcomes. Participants are not exempt from human error. It was impossible to determine if students misunderstood the likert scale, or entered any numbers in error. Since surveys were submitted confidentially, any questionable data could not be explored. Exposure to only one session generating any real change in participants is highly unlikely. Should a similar study be produced seeking true relationships between interventions and outcomes, it would behoove all parties involved to explore this topic over the course of at least a year, with students who attend several sessions.

Limitations

One of the greatest limitations to this study was the lack of participant attendance of multiple training sessions. Between academic responsibilities, work, family and finally being able to enjoy the weather it is not shocking attendance was low. This does not reflect poorly on students or their desire to participate. A summer semester may be too busy to coax participation. A session in late August could be beneficial. Students could be introduced to resilience and self-compassion between semesters, without the weight of academic stressors.

The summer semester barely spans about two months. Simply put there was not enough time to allow adequate participation and data collection. This study inadvertently became cross-sectional in nature, capturing a snap-shop in time. Self-compassion and resilience should be studied with a longitudinal approach.

Last, attaining a decent amount of post surveys felt near impossible. Reminder emails were sent several times to students. However, any plea for completing post-assessments remained unmet. Desired outcomes may have been reached with a greater amount of completed post-intervention surveys.

Dissemination

Project dissemination occurred in sharing findings during the Project Completion Dissemination Celebration at CSS and sharing recommendations with the project mentor. Dr. Kenzie Kleven attended all training sessions and understood the level of participation during each session. Dr. Kleven actively considered suggestions from students to improve future training sessions. Because results were underwhelming and lacked statistical significance, further dissemination is not planned.

Conclusion

Burnout is a common occurrence for nurses, especially when balancing work and a DNP program. Typically burnout is viewed as an individual issue, but it must be addressed on an organizational level, requiring intervention through policy change. Per the AACN essentials, DNP programs are to include resilience development as this translates into improved patient

outcomes. Resilience and self-compassion techniques are learned, effective processes to mitigate feelings of burnout and stress.

This project flourished in offering students a head-start in resilience training. The main weakness was found in a general lack of time. Future studies need to incorporate at least one year to generate truly beneficial results, allowing student access to multiple sessions prior to analyzing results for change. Although this project was unable to truly evaluate effectiveness, it is reasonable to assert that inclusion of self-compassion training into a DNP program is feasible.

References

American Association of Colleges of Nursing [AACN] (2021, April 6) *Core competencies for professional nursing education*. https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf

Babenko, O., & Guo, Q. (2019). Measuring self-compassion in medical students: factorial validation of the self-compassion scale-short form (SCS-SF). *Academic psychiatry : the journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry*, *43*(6), 590–594. https://doi.org/10.1007/s40596-019-01095-x

Bouchard, L., & Rainbow, J. (2021). Compassion fatigue, presenteeism, Adverse Childhood Experiences (ACEs), and resiliency levels of Doctor of Nursing Practice (DNP) students. *Nurse Education Today*, *100*, N.PAG. https://doi.org/10.1016/j.nedt.2021.104852

Bridgeman, P. J., Bridgeman, M. B., & Barone, J. (2018). Burnout syndrome among healthcare professionals. American Journal of Health-System Pharmacy, 75(3), 147–152. https://doi.org/ 10.2146/ajhp170460

Center for Mindful Self-Compassion (2020). *Find a course or a teacher*. https://centerformsc.org/lomsc/

Centrum Voor Mindfulness (n.d.). *Fierce self-compassion with Kristin Neff*. https://centrumvoormindfulness.nl/en/compassion-courses/fierce-self-compassion-with-kristin-neff

Chesak, S. S., Morin, K. H., Cutshall, S., Carlson, M., Joswiak, M. E., Ridgeway, J. L., Vickers, K. S., & Sood, A. (2019). Stress management and resiliency training in a nurse residency program: Findings from participant focus groups. *Journal for Nurses in Professional Development*, *35*(6), 337–343. https://doi.org/10.1097/NND.0000000000000589

The College of St. Scholastica (2021) *Bachelors to doctor of nursing practice*. https://www.css.edu/academics/programs/doctorate/bachelors-to-doctor-of-nursing-practice/

The College of St. Scholastica Graduate Nursing Department (2021) *DNP practice experiences*. https://sites.google.com/css.edu/cssdnp/dnp-practice-experiences

Dall'Ora, C., Ball, J., Reinius, M., & Griffiths, P. (2020). Burnout in nursing: a theoretical review. *Human resources for health*, *18*(1), 41. https://doi.org/10.1186/s12960-020-00469-9

Ferrari, M., Hunt, C., Harrysunker, A., Abbott, M. J., Beath, A. P., & Einstein, D. A. (2019). Self-compassion interventions and psychosocial outcomes: A meta-analysis of RCTs. Mindfulness, 10(8), 1455–1473.

Harris, N. B. (2020). Screening for adverse childhood experiences. *JAMA: Journal of the American Medical Association*, *324*(17), 1788–1789. https://doi.org/10.1001/jama.2020.16452

Incredible Health (2022). *Average registered nurse salary in Minnesota*. https://www.incrediblehealth.com/salaries/rn/mn

Institute for Healthcare Improvement [IHI] *(2017) Framework for Improving Joy in Work*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement. http://www.ihi.org/resources/Pages/IHIWhitePapers/Framework-Improving-Joy-in-Work.aspx

Intellectus Statistics. (2019). Intellectus Statistics [Online computer software]. Retrieved from http://analyze.intellectusstatistics.com/

Jarden, R. J., Jarden, A., Weiland, T. J., Taylor, G., Bujalka, H., Brockenshire, N., & Gerdtz, M. F. (2021). New graduate nurse wellbeing, work wellbeing and mental health: A quantitative systematic review. International Journal of Nursing Studies, 121, N.PAG. https://doi.org/10.1016/j.ijnurstu.2021.103997

Jasovsky, D. A., Morrow, M. R., Clementi, P. S., & Hindle, P. A. (2010). Theories in action and how nursing practice changed. *Nursing Science Quarterly*, *23*(1), 29–38. https://doi.org.akin.css.edu/10.1177/0894318409353806

Johnson, J. (2020). *The self-compassion workbook: Practical exercises to approach your thoughts, emotions and actions with kindness*. Rockridge Press.

Jun, J., Ojemeni, M. M., Kalamani, R., Tong, J., & Crecelius, M. L. (2021). Relationship between nurse burnout, patient and organizational outcomes: Systematic review. International Journal of Nursing Studies, 119, N.PAG. https://doi.org/10.1016/j.ijnurstu.2021.103933

Nagy, G. A., Fang, C. M., Hish, A. J., Kelly, L., Nicchitta, C. V., Dzirasa, K., & Rosenthal, M. Z. (2019). Burnout and mental health problems in biomedical doctoral students. *CBE life sciences education*, *18*(2), ar27. https://doi.org/10.1187/cbe.18-09-0198

Neff, K. D., Knox, M. C., Long, P., & Gregory, K. (2020). Caring for others without losing yourself: An adaptation of the Mindful Self‐Compassion Program for Healthcare Communities. Journal of Clinical Psychology, 76(9), 1543–1562. https://doi.org/10.1002/jclp.23007

Neff, K., & Germer, C. K. (2018). *The mindful self-compassion workbook: A proven way to accept yourself, build inner strength, and thrive*. Guilford Press.

Nursing Process (2022). *Nurse practitioner salary in Minnesota for 2022*. https://www.nursingprocess.org/nurse-practitioner-salary/minnesota/

Penn State University Libraries (2021, August 12) *Nursing: Evaluating the evidence*. https://guides.libraries.psu.edu/c.php?g=319063&p=5221999

Raes, F., Pommier, E., Neff, K. D., & Van Gucht, D. (2011). Construction and factorial validation of a short form of the Self-Compassion Scale. *Clinical Psychology & Psychotherapy*, *18*(3), 250–255. https://doi.org/10.1002/cpp.702

Reavy, K. (2016). *Inquiry and leadership: A resource for the DNP Project*. F.A. Davis.

Thomas, L. J., & Asselin, M. (2018). Promoting resilience among nursing students in clinical education. *Nurse Education in Practice*, *28*, 231–234. https://doi.org/10.1016/j.nepr.2017.10.001

Volkert, D., Candela, L., & Bernacki, M. (2018). Student motivation, stressors, and intent to leave nursing doctoral study: A national study using path analysis. *Nurse education today*, *61*, 210–215. https://doi.org/10.1016/j.nedt.2017.11.033

White, E. M., Aiken, L. H., & McHugh, M. D. (2019). Registered nurse burnout, job dissatisfaction, and missed care in nursing homes. *Journal of the American Geriatrics Society*, *67*(10), 2065–2071. https://doi.org/10.1111/jgs.16051

Zaccagnini, M. & Pechacek, J. (2021). *The doctor of nursing practice essentials.* Jones & Bartlett.

Appendices

Appendix A: Literature Matrix Table

Literature Matrix

Purpose	Research Design/ Level of evidence	Setting/ Sample	Variables	Results/ Outcomes	Conclusion/ Implication for practice
Reference: Bouchard, L., & Rainbow, J. (2021). Compassion fatigue, presenteeism, Adverse Childhood Experiences (ACEs), and resiliency levels of Doctor of Nursing Practice (DNP) students. *Nurse Education Today*, *100*, N.PAG. https://doi.org/10.1016/j.nedt.2021.104852					
Purpose: Describe compassion fatigue, presenteeism, and adverse childhood experiences (ACEs) as it relates to resilience in DNP students using grounded theory as a framework.	Cross-sectional, qualitative Study across 3 cohorts Level V	Arizona DNP program n=118 DNP students with bachelor's or master's degree, recruited from the DNP program.	ACEs, resilience, presenteeism and burnout scores, and year in program.	Levels of stress increased and resilience scores decreased as students progressed through the program. Resilience education must exist in DNP programs.	Instructors must be aware that at least half of their students have a history of trauma, producing an increased risk for poor coping during stressful events.
Reference: Chesak, S. S., Morin, K. H., Cutshall, S., Carlson, M., Joswiak, M. E., Ridgeway, J. L., Vickers, K. S., & Sood, A. (2019). Stress management and resiliency training in a nurse residency program: Findings from participant focus groups. *Journal for Nurses in Professional Development*, *35*(6), 337–343. https://doi.org/10.1097/NND.0000000000000589					
Purpose: Investigate an approach to stress management for new nurses, by implementing mindfulness and resiliency programs as part of orientation using the SMART Model.	Cohort study Level V	Minnesota based hospital n=23 New nurses in pilot SMART program, registered nurses with bachelor's degree, under one year work experience.	Stress management intervention	Participants reported enhanced personal and professional growth, enhanced mindfulness and information was relevant and timely. Stress management is a learned skill.	Nurses have difficulty transitioning from program to practice. Stress management can be implemented to mitigate stress and increase retention and health of nurses

Reference: Dossett, M. L., Needles, E. W., Nittoli, C. E., & Mehta, D. H. (2021). Stress Management and Resiliency Training for Healthcare Professionals: A Mixed-Methods, Quality-Improvement, Cohort Study. *Journal of Occupational & Environmental Medicine*, *63*(1), 64–68. https://doi.org/10.1097/JOM.0000000000002071					
Purpose: Assess the impact of the SMART program on healthcare professionals using the SMART Model.	Mixed-methods, Quality improvement, Cohort study Level IV	Massachusetts based hospital n=59 Physicians, nurse practitioners, hospital researchers, and anonymous volunteers	Perceived stress, physical health, mental health, Job satisfaction, burnout SMART program, years experience	SMART program reduced stress, improved mental health, improved physical health, and increased job satisfaction. Burnout did not change, but participants reported an increased ability to handle adversity.	Perceived stress went from moderately high to minimal with use of the SMART program. The SMART program offers several tools to increase resilience.
Reference: Jarden, R. J., Jarden, A., Weiland, T. J., Taylor, G., Bujalka, H., Brockenshire, N., & Gerdtz, M. F. (2021). New graduate nurse wellbeing, work wellbeing and mental health: A quantitative systematic review. International Journal of Nursing Studies, 121, N.PAG. https://doi.org/10.1016/j.ijnurstu.2021.103997					
Purpose: To determine the prevalence and barriers to registered nurse new graduate wellbeing.	Systematic review of quantitative research Level I	Setting was left unspecified. n=34 studies Studies were included if they considered new graduates wellbeing or ill-being with quantitative data.	Resilience, optimism, hope, environmental satisfaction rating, organizational commitment, levels of burnout	Stress reduction was most often associated with task mastery and stress reduced with more time on the job.	Stress reduction can be found in clarity of expectations, peer acceptance (finding comradery) and mastering various tasks.
Reference: Jun, J., Ojemeni, M. M., Kalamani, R., Tong, J., & Crecelius, M. L. (2021). Relationship between nurse burnout, patient and organizational outcomes: Systematic review. International Journal of Nursing Studies, 119, N.PAG. https://doi.org/10.1016/j.ijnurstu.2021.103933					
Purpose: Determine the association between nurse burnout and patient outcomes.	Systematic review Level I	Studies spanned across 14 countries. n= 20 studies	Burnout level (using Maslach Burnout Scale), patient safety, quality of care, nurse	Nurse burnout directly relates to decreased patient safety, patients satisfaction and quality of care.	Nurse burnout must be addressed at the systems level, as an organization issue and not an individual issue.

		Primarily women between 20 and 60 years of age.	productivity, patient satisfaction, and commitment to organization		Organizations must adopt strategies and policies to prevent and manage burnout.
Reference: Nagy, G. A., Fang, C. M., Hish, A. J., Kelly, L., Nicchitta, C. V., Dzirasa, K., & Rosenthal, M. Z. (2019). Burnout and Mental Health Problems in Biomedical Doctoral Students. *CBE life sciences education*, *18*(2), ar27. https://doi.org/10.1187/cbe.18-09-0198					
Purpose: Characterize the range of problems associated with burnout and decreased mental health and evaluate the associated mental health concerns in biomedical doctoral students.	Quasi-experimental Pilot Study Level III	Doctoral Program in North Carolina n=69 Participants volunteered to participate and received $100 incentive to complete study. Participants were primarily white females in their mid-twenties.	Burnout (using the School Burnout Inventory), presence of mood disorders per DSM-5, student rating of program environment.	Two- thirds of doctoral students had thoughts of withdrawing from their program, this ranged from fleeting thoughts to active consideration. The majority of students reported moderate levels of burnout.	Doctoral programs must include interventions to address burnout to increase student productivity and their contribution to science.
Reference: Neff, K. D., Knox, M. C., Long, P., & Gregory, K. (2020). Caring for others without losing yourself: An adaptation of the Mindful Self-Compassion Program for Healthcare Communities. Journal of Clinical Psychology, 76(9), 1543–1562. https://doi.org/10.1002/jclp.23007					
Purpose: Examine the Self-Compassion for Healthcare Communities program for efficacy of reducing burnout and increasing wellbeing.	Quasi-experimental Design Level III	Southwestern United States n= 58 Recruited from a children's hospital, 86% female, 40% were nurses and 21% providers	Self-Compassion for Healthcare Communities Program, levels of self-compassion, mindfulness, compassion for others, wellbeing, compassion satisfaction and personal	With the intervention, there were significant increases in mindfulness and self- compassion. Depression, anxiety and personal distress decreased with the intervention. Skills were found to be maintained overtime, with a 3	Self- compassion techniques are teachable and assist to reduce compassion fatigue and burnout by using skills to cope with job related stress.

			distress, burnout (using Maslach Burnout Inventory).	month follow up test.	
Reference: Thomas, L. J., & Asselin, M. (2018). Promoting resilience among nursing students in clinical education. *Nurse Education in Practice*, *28*, 231–234. https://doi-org.akin.css.edu/10.1016/j.nepr.2017.10.001					
Purpose: Describe the importance of resilience within nursing practice and promote resilience training within nursing student programs using grounded theory.	Descriptive study of related literature Level V	Massachusetts University Sample characteristics were not given.	Resilience, wellbeing, social support and self- care	Resilience allows nurses to have longevity within their field and education. Resilience strengthens when students have social support and profession empowerment.	Resilience is a process rather than a constant state. Educators and other nursing leaders must take responsibility to increase resilience in students.
Reference: Volkert, D., Candela, L., & Bernacki, M. (2018). Student motivation, stressors, and intent to leave nursing doctoral study: A national study using path analysis. *Nurse education today*, *61*, 210–215. https://doi.org/10.1016/j.nedt.2017.11.033					
Purpose: Analyze environmental stress as it relates to the doctoral students intent to leave the program.	Cohort Study Level IV	United States nursing doctoral programs n= 835 DNP or Ph.D. students, 91% female, ages 26-55 years, over 50% had full time employment.	Environmental stress, intent to leave program of study, social support, program stressors.	The student-advisor relationship is profound. Students that felt uncomfortable with their advisor had a higher intent to leave. Students with poor social support systems were at greater risk of attrition. Students feeling isolated had a greater risk of attrition.	Faculty must function as role-models to foster effective communication. Programs must include guidelines for conduct to ensure supportive, respectful peer relationships. Student-led groups may be an option to provide connection to the program. Programs may need to adopt family friendly leave policies.

Appendix B: Gap Analysis

Gap Analysis

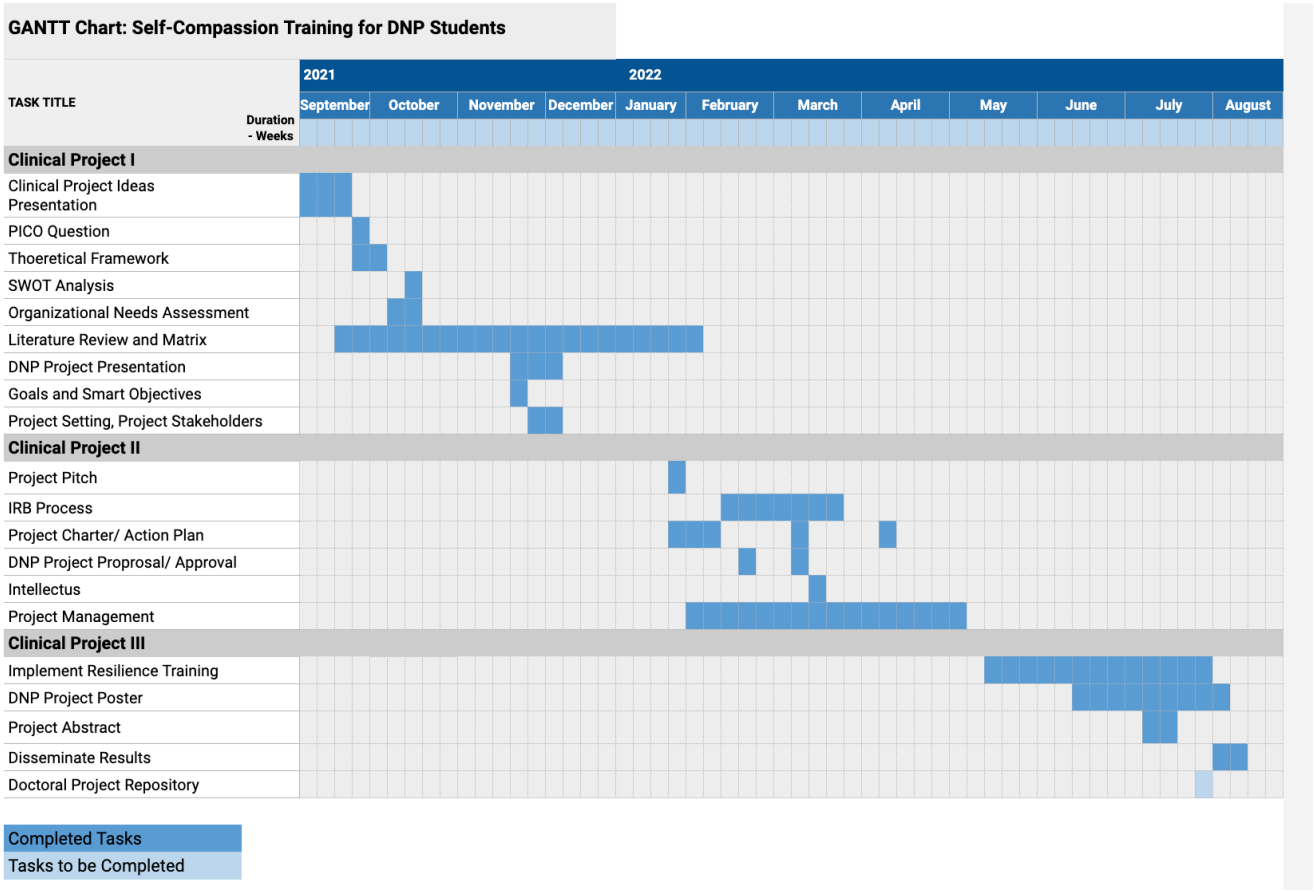
Project Name	Mindful Self-Compassion Training for DNP Students	
Date	January 2022	
Project Aim	The Aim of this project is to demonstrate the feasibility of including a self-compassion based resilience training program into the DNP program. The mission of this project is to deliver an effective and valuable self-compassion training program that will increase students' ability to adapt and recover after times of increased stress.	
Current State	**Ideal State**	**Proposed Solution**
Students (and potentially faculty) do not understand the value of resilience training. Resiliency sessions are currently offered, but there is low attendance. Healthcare givers are often given the skills to care for others, but lack the skills to ensure personal health and resilience.	Students will understand the value of self-compassion and resilience training, as it affects the health of students and patients. Students will have increased attendance to resilience training by having a choice between a morning or evening session time. Faculty will also encourage students to attend resilience training sessions.	Students will be given the opportunity to attend self-compassion resilience training either in the morning or evening, 3 times during the summer semester. Students will also receive credit toward their clinical hours log under the 10th domain of AACN essentials.

Appendix C: SWOT Analysis

SWOT Analysis

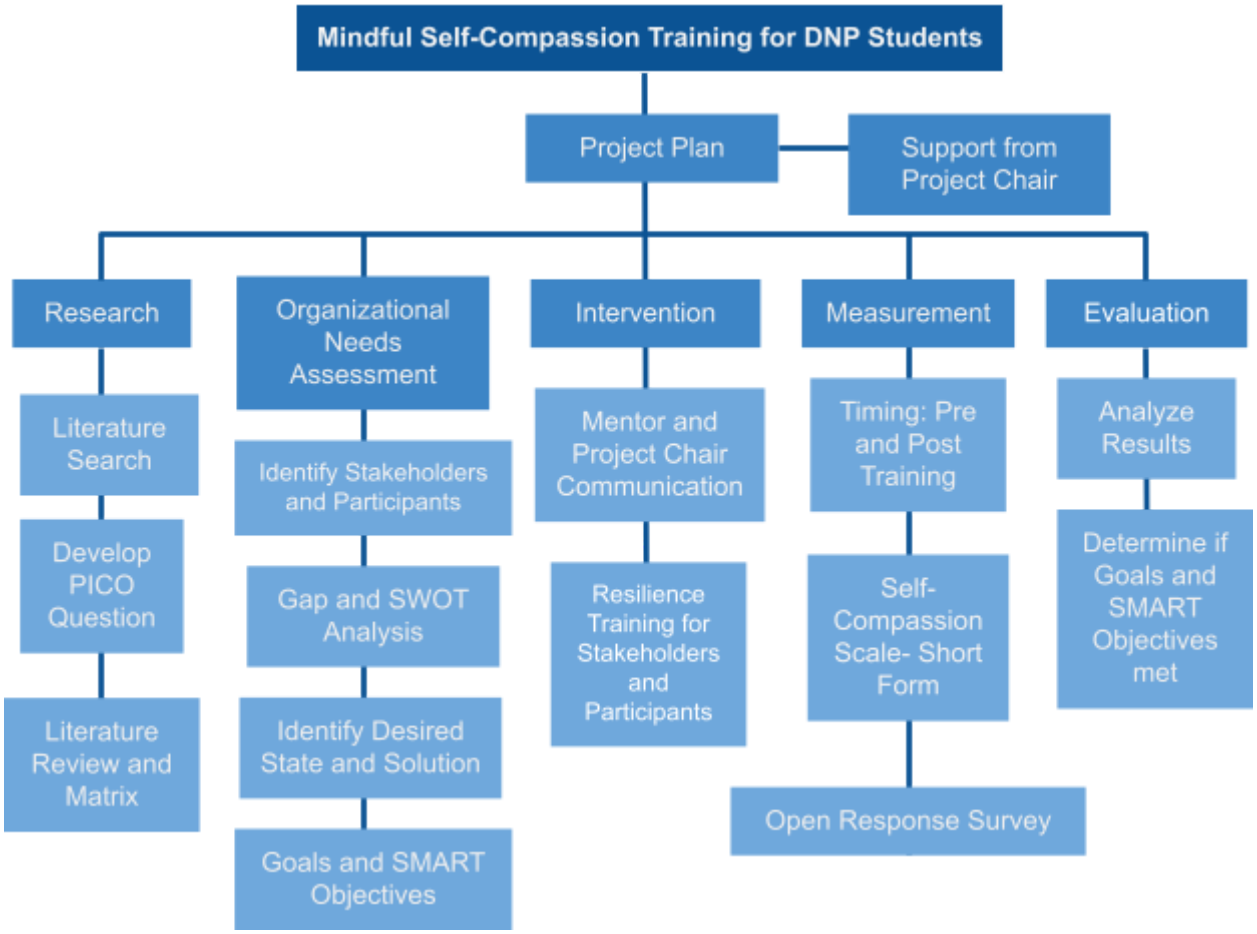
Strengths •2020 cohort received live session resiliency training opportunities •The college has a well established DNP program, with three specialties •The college is in the top 100 DNP programs in the nation •The DNP program is flexible and accommodating to students still working •The DNP program has supportive faculty •Institutional values: community, hospitality, respect and stewardship •The program has a specific DNP webpage to guide clinical experience and clinical project •DNP webpage is user friendly •Professionalism is expected for students and faculty throughout the DNP program, including student discussion boards and zoom meetings •Relatively simple application process	**Weaknesses** •Resiliency training is unavailable for students when they are absent from sessions •Resiliency training started with 2020 cohort, and is unavailable for students beginning before 2020 •Resiliency training session are offered in the fall, and cohorts in the DNP program begin in summer semester •Currently, sporadic attendance of resilience training session, demonstrating a lack of knowledge that training is beneficial for students, faculty and patients •Clarity of expectations in the DNP program may differ between instructors, which could increase stress for students •Some courses lack slide show presentations related to assigned readings to assist student learning (this could increase student stress) •Little lenience for life events, students must know prior to events to arrange for assignment due date changes
Opportunities •Advertise the college's DNP program includes resiliency training program on main webpage •Promote ways to address anxiety and stress management on DNP page (campus mental health services) •Advertise partnerships with local clinical sites on main webpage	**Threats** •Outside DNP programs within MN offer a greater range of DNP specialties •There are several other online DNP programs with lower cost per credit, also on the top 100 DNP programs list •With COVID-19, potential students may have increased stressors due to changing work environments and childcare •Family or personal health conditions could cause DNP program student attrition

Appendix D: GANTT Chart



Appendix E: Work Breakdown

Work Breakdown



Appendix F: Communication Matrix

Communication Matrix

Team Members: Hollyann Olson

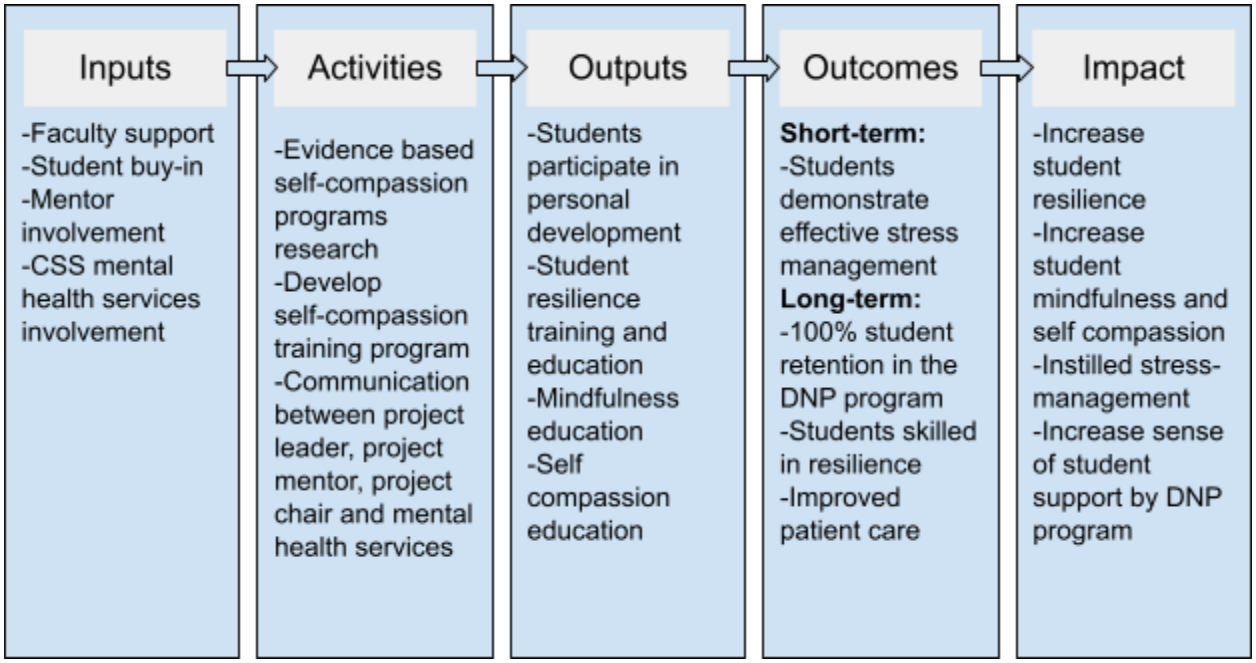
Project Chair: Dr. Johnson

Project Title: Self-Compassion Training for DNP Students

Purpose/Objectives	Method Of Communication	Frequency	Recipients	Person Responsible	Notes
Project ideas	Zoom	1	Dr. Johnson, Dr. Ferry, Dr. Star, Dr. Kleven	Olson	Decision made for project to be in academic setting vs hospital setting
Resilience training Ideas with mentor	Zoom	1-2x/ month	Dr. Kleven	Olson	Identify sources of resilience training materials
Project inquiry	E-mail	10	Dr. Johnson	Olson	Clarify project details
Meeting with project chair	Zoom	3x/ semester	Dr. Johnson	Olson	Review Status of project, clarify questions, and receive feedback
Meeting with mentor and graduate nursing department chair	Zoom	2x/ semester	Dr. Kleven Dr. Honey	Olson	Review implementation of project
Training sessions with students	Zoom	3x/ semester	DNP Students	Olson	Implementation of resilience training
Pre and post resilience training surveys	E-mail	2x/ semester	DNP Students	Olson	Send brief resilience scale and open response survey

Appendix G: Logic Model

Logic Model



Appendix H: DNP Project Measures Worksheet

DNP Project Measures Worksheet

Team: Hollyann Olson

Project: Self-Compassion Training for DNP Students

Measure Name	Operational Definition	Data Collection Plan
Provide a logical name for your measure.	Define the measure in clear, specific terms.	Explain how the data will be collected.

Outcome measure(s)		
Self-Compassion Scale (Short Form)	Total score on the Self-Compassion Scale. Each question self-reported on a likert scale 1-5 points.	Data will be collected and scored via online survey by project lead. Data will be collected pre- and post-implementation. All completed surveys will be included and submitted on a voluntary basis.
Self-Compassion Open Response Survey	Students will be given open ended surveys to measure skills gained, attitude toward sessions, usefulness of sessions and intent to participate in the future.	Project lead will create and distribute the survey. Data will be collected pre- and post- implementation. All completed surveys will be included.
Percent of Student Participation Attrition	Number of students that participated in the first session will be compared to the number that participated in the second session to display the percentage of training attrition. (Percent attrition = 1- (Second session/ First session) x100)	Project lead will collect numbers in attendance at the first and second session. Any students that did not participate in the first session will not be included for comparison.
Process measures		
Number of RSVPs Returned	Zoom invitations for training sessions will be sent to students. The number of returned RSVPs with intent to attend will be counted.	Project lead will send RSVPs via email once prior to the start of the semester and total the number of intended student participants. This will be done once.

Number of Participating Students	Actual number of student participants will be counted in each training session.	Project lead will collect the total number of students during each session, so this will occur twice. All students will be included in this count.
Number of Surveys Completed	Actual number of completed surveys will be counted from pre- and post-implementation surveys.	Project lead will count the total number of completed surveys. This will happen twice. All surveys fully completely will be included in this count. Any survey that is not fully completed will be excluded.
Number of Training Minutes	The total amount of time given to each training session will be assessed.	Project lead will document the total number of minutes during training sessions. This will happen twice. Only minutes during training will be included.
Balancing Measures		
Number of students that report difficulty in attending training sessions	Students will be asked if attending self-compassion sessions were difficult to accommodate or hindered time toward academics.	Project lead will collect numbers during both training sessions. Any student responding with “yes” will be included.

Appendix I: Self Compassion Scale Short Form

Self-Compassion Scale Short Form (SCS-SF)

HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TIMES

Please read each statement carefully before answering. Indicate how often you behave in the stated manner, using the following scale:

Almost never				Almost always
1	2	3	4	5

1. When I fail at something important to me I become consumed by feelings of inadequacy.
2. I try to be understanding and patient towards those aspects of my personality I don't like.
3. When something painful happens I try to take a balanced view of the situation.
4. When I'm feeling down, I tend to feel like most other people are probably happier than I am.
5. I try to see my failings as part of the human condition.
6. When I'm going through a very hard time, I give myself the caring and tenderness I need.
7. When something upsets me I try to keep my emotions in balance.
8. When I fail at something that's important to me, I tend to feel alone in my failure
9. When I'm feeling down I tend to obsess and fixate on everything that's wrong.
10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.
11. I'm disapproving and judgmental about my own flaws and inadequacies.
12. I'm intolerant and impatient towards those aspects of my personality I don't like.

Reference:
Raes, F., Pommier, E., Neff, K. D., & Van Gucht, D. (2011). Construction and factorial validation of a short form of the Self-Compassion Scale. *Clinical Psychology & Psychotherapy*. 18, 250-255

Appendix J: Self-Compassion Open Response Survey

Self-Compassion Open Response Survey

1) What self-compassion skills do you currently use?

2) Describe how you feel about participating in this self-compassion training session?

3) Do you feel self-compassion is a useful skill related to resilience and/or stress-management? Why or why not?

4) Do you intend to participate in resiliency training sessions in future semesters? Why or why not?

5) What would you like to see changed in these sessions or what are opportunities for improvement? Please describe your rationale. (Leave blank if pre-assessment)

Appendix K: IRB Approval Letter

The College of St. Scholastica

Institutional Review Board

DATE:	March 28, 2022
TO:	Hollyann Olson and [Dr. Sherry Johnson]
FROM:	The College of St. Scholastica, Institutional Review Board
RE:	Self-Compassion Training for DNP Students
SUBMISSION TYPE:	New Project
ACTION:	NOT RESEARCH
REVIEW TYPE:	Expedited Review

Thank you for your submission of materials for your project. The College of St. Scholastica Institutional Review Board has reviewed your application and determined that the proposed activity does not meet the definition of research under the Code of Federal Regulations 45 Part 46.102 provided by the Department of Health and Human Services. As such, your project does not require ongoing review or approval from The College of St. Scholastica Institutional Review Board. We will retain a copy of this correspondence within our records.

Any modification to your project procedures that could change the determination of "not research" must be submitted to the IRB before implementation.

When your project is complete, submit a protocol closure form by following these steps: (1) log in to your project in IRBNet, then create a new package (not project), (2) download the protocol closure form from the Forms and Templates menu, (3) complete, sign and submit the protocol closure form.

If you have any questions, please contact Nicole Nowak through the project email function in IRBNet or nnowaksaenz@css.edu. Please include your study title and reference number in all correspondence with the IRB office.

Best regards,

Nicole T. Nowak

Nicole T. Nowak, Ph.D.
Chair, Institutional Review Board
The College of St. Scholastica

Appendix L: Informed Consent

Self-Compassion Training for DNP Students

Informed Consent

You are invited to participate in a research study investigating building resilience through self-compassion training. This study is being conducted by Hollyann Olson, graduate student in the Department of Doctor of Nursing Practice under the supervision of Dr. Sherry Johnson. You were selected as a possible participant because you are a new student in the DNP program and part of the 2022 cohort. We ask that you read this form and ask any questions you may have before agreeing to be in the study.

Study Purpose

The purpose of this study is to demonstrate the feasibility and effectiveness of including a self-compassion focused program to increase resilience in DNP students. Resilience is the ability to bounce back after adversity. Self-compassion is the ability to hold one's humanness in warm regard. Many nursing students have been taught to exercise self-care practices, but these are tools that can rarely be used on the job. Self-compassion is a skill that can be practiced at any time.

Study Procedure

Participation is completely voluntary, and students may end participation at any time without consequence. Two surveys will be administered to students prior to training sessions, and again after the last training sessions. Training sessions will occur via Zoom, for 1 hour each session, three times during the semester. Sessions will include: introductions, information on self-compassion, resilience, and burnout, and an activity to exercise self-compassion concepts.

Risk of Study Participation

This project will have no obvious risk or discomfort. There is no apparent physical or social risk. There is not any apparent violation of normal expectations of daily life. The potential risk is psychological, should a student bring up a potentially triggering scenario for another student. What students say during these sessions cannot be controlled. However, there will be ground rules to ensure that students avoid triggering topics. These sessions are to provide encouragement to one's self-concept and esteem. These sessions will hold a nonjudgmental atmosphere, where all forms of one's humanness are held in warm regard. There will be no means of deception within educational sessions.

Benefits of Study Participation

Healthcare professionals who improved their self-compassion had more frequent self-care activities outside of work and were found to have increased compassion for patients. Based on research, self-compassion will provide benefit to students; through increasing their resilience and likelihood of improved self-care, as well as through mitigating stress and feelings of burnout.

Alternative to Participation

Resources for resilience can be found on the CSS DNP webpage.
https://sites.google.com/css.edu/cssdnp/dnp-practice-experiences/policy-ethics

Research Related Injury

Physical injury is unlikely for this research. Should any conversation strike students' emotions in a negative way, CSS counseling services are available Monday through Friday from 8:00 AM to 4:00 PM.
Website: https://www.css.edu/campus-life/student-services/counseling-services/
Email: counseling@css.edu
Phone: 218-723-6085
Fax: 218-723-6482

Confidentiality

The records of this study will be kept private. In any publication or presentations, we will not include any information that will make it possible to identify you as a subject. Your record for the study may, however, be reviewed by individuals at CSS with appropriate regulatory oversight. Surveys will be turned in with a six-digit identifier instead of students' names to maintain confidentiality. Students will come up with their own code. All data collected will be stored on a password protected computer. To these extents, confidentiality is not absolute. Your consent form and data will be retained securely for three years after which time it will be destroyed.

Voluntary Nature of the Study

Participation in this study is voluntary. Your decision whether or not to participate in this study will not affect your current or future relations with CSS or the Department of Doctor of Nursing Practice. If you decide to participate, you are free to withdraw at any time without affecting those relationships.

Contact and Questions

The researcher conducting this study is Hollyann Olson. You may ask any questions you have now, or if you have questions later, you are encouraged to contact the principal investigator by email at holson7@css.edu.

If you have any questions or concerns regarding the study and would like to talk to someone other than the researcher, you are encouraged to contact the following individuals:

- Department Chair- Dr. Julie Honey, jhoney@css.edu
- Project Chair- Dr. Sherry Johnson, sjohns14@css.edu
- Nicole Nowak-Saenz, Ph.D., Chair of the Institutional Review Board at nnowaksaenz@css.edu

You may also contact any of the above-named individuals in writing or in person at The College of St. Scholastica, 1200 Kenwood Ave, Duluth, MN 55811.

You will be given a copy of this form to keep for your records.

Your signature below indicates that you have read and understand the information in this consent form. Your signature indicates that you want to participate in this study.

_____

Printed Name of Participant

_____ _____

Signature of Participant **Date Signed**

_____ _____

Signature of Investigator **Date Signed**

Appendix M: Student Invitation to Participate

Student Invitation

Resilience Training for DNP Students

Who: 2022 DNP Student Cohort
Presenter: Hollyann Olson, BSN, RN (2020 Cohort)

What: You are invited to attend Resilience Training for DNP Students, as part of a quality improvement project. ***Earn clinical practice hours for NSG 8110 when you attend.*** However, participation is completely voluntary. These sessions provide a great opportunity for you to connect with your cohort, while learning how to strengthen mental resilience.

Where: Zoom

When: June 2, 2022, 10:00 AM or 7:30 PM(1 hour each)
June 23, 2022, 10:00 or 7:30 PM
Jul 21, 2022, 10:00 or 7:30 PM
*Two times will be offered to help accommodate schedules.

Why: Resilience is a needed skill within the nursing profession, as burnout threatens anyone working in healthcare. Highly resilient nurses have been shown to bounce back quickly after times of stress, offer more compassionate care and improve patient outcomes. Even if you can only attend one or two sessions, please do! Every student has something unique to bring to the table.

Make a copy of the consent form in google docs, and share with holson7@css.edu. A Self-Compassion Survey (Short Form) and open response survey will be sent to your CSS email.

Appendix N: Abstract

Abstract

Problem: Doctor of Nursing Practice (DNP) students are at an increased risk of burnout compared to their non-graduate program counterparts. DNP students still practicing as registered nurses (and reporting feelings of burnout) are more likely to leave patients without necessary care and have an increased risk of error to the patient. Graduate students are also at an increased risk than the general population to meet DSM-5 criteria for mental health disorders, such as anxiety and depression.

Evidence Based Solution: Self-compassion training has been proven to decrease feelings of burnout in healthcare workers, as well as increase work engagement and resilience. The purpose of this research will investigate registered nurses in graduate school and how they respond to a self-compassion training program, with the goal of increasing resilience and ensuring successful completion of their doctoral programs.

Project Implementation: Participants were recruited on a voluntary basis from a northern Minnesota college, during DNP student orientation. Students participated freely, without any consequence of declining participation. The self-compassion training consisted of three, one-hour sessions teaching self-compassion techniques. Surveys were administered prior to the first self-compassion training session, and after the last session.

Outcomes: Pre-training collection of surveys indicated high self-criticism among students. Post-training surveys did not yield clinically significant results. Post-interventions surveys displayed higher total self-compassion results compared to the group results prior to training.

Recommendations: Continue with self-compassion training and measure results over a long period of time.

Key words: *DNP students, burnout, resilience training, self-compassion training*

Appendix O: Project Charter and Action Plan

Project Charter

Project Title: Self-Compassion Training for Doctor of Nursing Practice Students

Project Members: Hollyann Olson

Project Organization/Agency: The College of St Scholastica, DNP program

DNP Project Approval From Link: Project Approval Form

Project Champions (2 required, include initial contact date): Dr. Kenzie Kleven, Dr. Julie Honey

Project Start Date: September 2021

Projected Date of Project Completion: August 2022

Project Charter: Project Charter

Contact Information

Team member Name	***Location/Time Zone***	***Phone Number***	***Email/Tweet***	***Communicate Best Via***	***Project Lead Role***
Hollyann Olson	***Duluth, MN Central time***		***holson7@css.edu***	***email***	***Project Leader***

Ground Rules

1) The team will communicate via group text, email, google documents, and Zoom meetings (see chart above).
2) Assignments will be completed by individual or group-decided deadlines (see chart below).
3) If any issues arise with deadlines, it must be communicated with all team members. ("Communication is Key")
4) The designated Project Leader will be the sole person to submit the team assignment before/on submission due date.
5) The Project Leader for each project will rotate each semester to allow multiple students to experience the lead role responsibilities.
6) The Project Leader will initiate contact, delegate tasks, and assign team roles for their assigned project.
7) Team members will keep each other accountable and on task via weekly communication via text message in a respectful and considerate manner.

8) If any issues arise, team members will address this directly via email, zoom, tweet or text to allow for open communication between all members and to help each other out when needed. Further issues can be discussed as a team with the professor for additional guidance and feedback.
9) Team members will recognize each other's strengths and weaknesses (included in pre-project table below) and will understand and use these skills accordingly to work together to complete team projects.
10) Team members will recognize each other's strengths and weaknesses (included in the post-project table below) and will appreciate the evolution of individual growth.
11) Upon project completion each student will reflect on strengths and weaknesses that have evolved throughout the project work.
12) Feel free to explore materials and resources outside the ones provided in this course to develop your project and leadership skills.

Leadership

As you embark on your DNP project you will evolve into a "transformational leader", you should aim to inspire confidence, respect and trust into your project communications to assure an optimal project outcome. Role clarity is key with a group or team as it increases adaptation of team members through interdependence, integrity and relational growth all of which contribute to the achievement of identified common goals (Reavy, 2016). If you have determined that you will pursue an individual project, the team leader "will be you"! For a group effort of multiple students working on a single project, a team leader will need to be identified upon determining your project team. Determining the individual strengths and weaknesses of each team member will aid in identifying which team member may lead a specific project component.

Individual/Team Strengths/Weaknesses (pre-project): Soon after the formation of your team, enter your impression of your own strengths and weaknesses, then of your entire team's strengths and weaknesses collectively, if applicable. This can be related to individual skills, leadership qualities or any other unique contributions for carrying out a large project.

Project Member's Name	Strengths	Weaknesses
Hollyann Olson	Organized Passionate Motivated	Time Management

Communication Table

Add Individual and Team-Decided Deadlines, as well as Project Member Expectations. Students will be required to update this DNP Project Action Plan prior to meeting with your Project Chair as this document will serve as an informational guide to the project process through it's evolution. (deadline dates and or revisions can vary/change as needed with proper group communication)

Project Development (Follow the DNP Project Checklist ***DNP Project Checklist***	***Planning Identified Project Task***	***Executing/Revisions Identified Lead & Component Deadlines***	***Monitoring & Controlling Proposed Group Deadlines & Revisions Dates***	***Closing Submission/Due Date***
8206	Paper 6a Charts Paper 6b Project Proposal IRB Application Paper 6c	Resilience Gantt, WBS, Communication Change to self-compassion	Have completed two days prior to due dates	1/29/22 1/31/22 3/5/22 2/7/22 3/26/22 4/9/22
8207	Paper 7a Project Poster Paper 7b 3MT Paper C	Self-compassion implementation and analysis	Complete as able, in regard to session dates and student surveys	5/29/22 6/12/22 6/19/22 7/3/22 8/5/22
Individual /Team Experience Notes				

Project Evaluation

Post Project, toward the end of 8207, reflect on your own strengths and weaknesses and then your entire team's strengths and weaknesses collectively. This can be related to individual skills, leadership qualities or any other unique contributions that you feel was beneficial for carrying out a large project.

Project Member's Name	***Strengths***	***Weaknesses***
Hollyann Olson	Researching self-compassion techniques Communication Motivation	Time Management
Entire Team	***NA***	***NA***

Project Chair Recommendations

Date of Meeting	Topic of Discussion	Action Recommended	Date to be actioned by	Action Completed
2/14/2022	Project Management	Continue as planned	NA	X
3/10/2022	IRB Proposal	Continue as planned	NA	X
4/7/2022	Project Management	Continue as planned	NA	X
5/26/22	Project Management	Continue as planned	NA	*x*
7/7/22	Project Management	Continue as planned	NA	*x*
7/22/22	Project Completion	Continue as planned	By end of Sementer	*x*