

# Care for the caregiver: Evaluation of a self-care module for accelerated nursing students at three universities

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# Disclosures

- ◆ Support for Phase II provided by the Urban Zen Foundation
- ◆ Essential oils provided by Young Living Essential Oils









# Phase I: Pilot Study

## (Drew, Motter, & Ross)

- ◆ Purpose: To evaluate an addition to the curriculum of undergraduate accelerated students--experiential exposure to self-care modalities like yoga, breath awareness, and meditation
- ◆ Quasi-experimental design with data collection at three time points
- ◆ Participants
  - ◆ Students in first semester course of accelerated nursing curriculum that included the self-care module (n = 18)
  - ◆ Traditional students in first semester nursing course who were not exposed to the self-care module (n = 20)

# Phase I: Self-Care Module

- 💧 One hour per week inserted into introductory nursing course
- 💧 Collaboration with Urban Zen Integrative Therapy program
  - 💧 Yoga practice
  - 💧 Essential oils
  - 💧 Reiki
  - 💧 Breath awareness



# Urban Zen Integrative Therapy

- ◆ Initiative of the Urban Zen Foundation
- ◆ Founded by Donna Karan
- ◆ Dedicated to “integrating eastern healing techniques with western medicine to treat the patient, their loved ones and caregivers.”

<http://www.urbanzen.org/about/wellbeing/>



# Phase I: Instruments

## Dependent Variables

- ◆ Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983);  $\alpha$  ranged from .85 to .89 over the three time points.
- ◆ Mindful Attention Awareness Scale (MAAS; Brown & Ryan, 2003);  $\alpha = .89$  to .93

## Control Variables

- ◆ Health Promoting Lifestyle Profile II (HPLP II; Walker, Sechrist, Pender, 1995);  $\alpha$  ranged from .89 to .93. The HPLP II served as a control for the health promoting practices the students engage in, independent of the self care module.
- ◆ Demographic information

# Phase I: Findings

- ◆ Changes in stress over time were significantly different between the two groups with perceived stress of the treatment group staying relatively consistent during the semester but increasing for students in the comparison group.
- ◆ While average scores on mindfulness items increased for the treatment group and were consistent over time for the comparison group, neither the changes within groups nor the difference between groups were significant.

# Phase I: Limitations

- ◆ Multiple components of intervention
- ◆ Small sample size
  - ◆ Low power
  - ◆ Prevented sub-group analysis
- ◆ Traditional students as comparison group

# Phase II: Collaboration with two additional universities

- ◆ Participants were all accelerated students in first semester of program
  - ◆ Intervention
    - ◆ University A (n = 30)
    - ◆ University B (n = 21)
  - ◆ Attention control (pamphlet on stress management)
    - ◆ University C (n = 63)
- ◆ Added fourth time point (beginning of Fall semester)



# Phase II: Instruments

## Dependent Variables

- ◆ Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983);  $\alpha$  ranged from .84 to .91 over the four time points.
- ◆ Mindful Attention Awareness Scale (MAAS; Brown & Ryan, 2003);  $\alpha = .85$  to .93

## Control Variables

- ◆ Health Promoting Lifestyle Profile II (HPLP II; Walker, Sechrist, Pender, 1995);  $\alpha = .91$ . The HPLP II served as a control for the health promoting practices the students engage in, independent of the self care module.
- ◆ Demographic information

# Findings



# Comparison of Groups

Characteristic	Treatment (n= 51)		Control (n = 63)		t	p
	M	(SD)	M	(SD)		
Age in years	27.0	(4.8)	29.7	(7.5)	2.3	.023*
Work hrs/week	9.1	(12.8)	8.7	(9.4)	-0.18	.86
Baseline						.065
HPLP-II	1.74	(.39)	1.62	(.30)	-1.9	
PSS	25.7	(6.7)	25.7	(6.6)	0.02	.985
MAAS	3.8	(.76)	3.8	(.79)	-.12	.901

# Comparison of Groups (cont.)

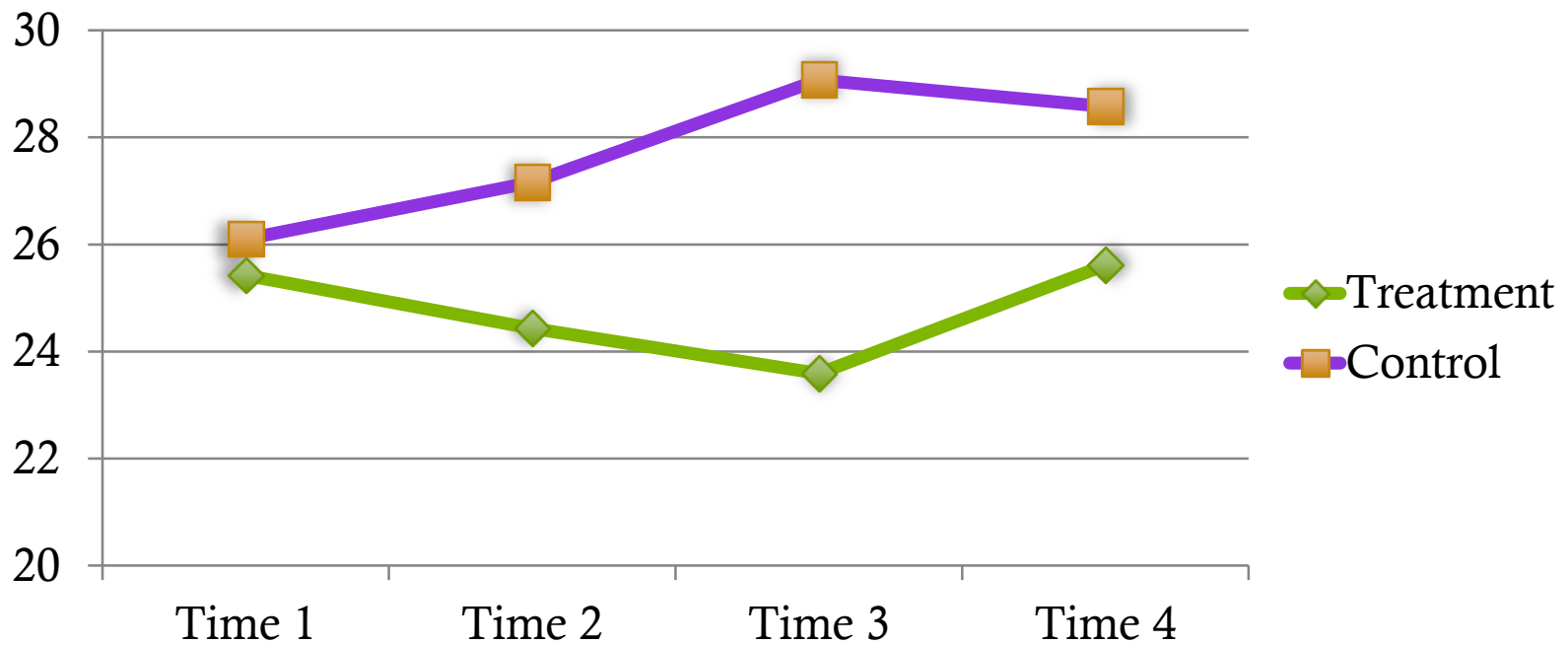
<sup>1</sup>Fisher's exact test, expected frequency < 5 in two cells

Characteristic	Treatment (n= 51) %	Control (n = 63) %	$\chi^2$	p
Relationship status (single)	41.2	39.7	.026	.872
Gender (female)	76.5	87.3	2.29	.131
Hispanic, Latino, Spanish	0	4.8	<i>a</i> <sup>1</sup>	.165
Race (not white)	15.7	14.3	.044	.835
Children (yes)	7.8	28.6	7.78	.005*

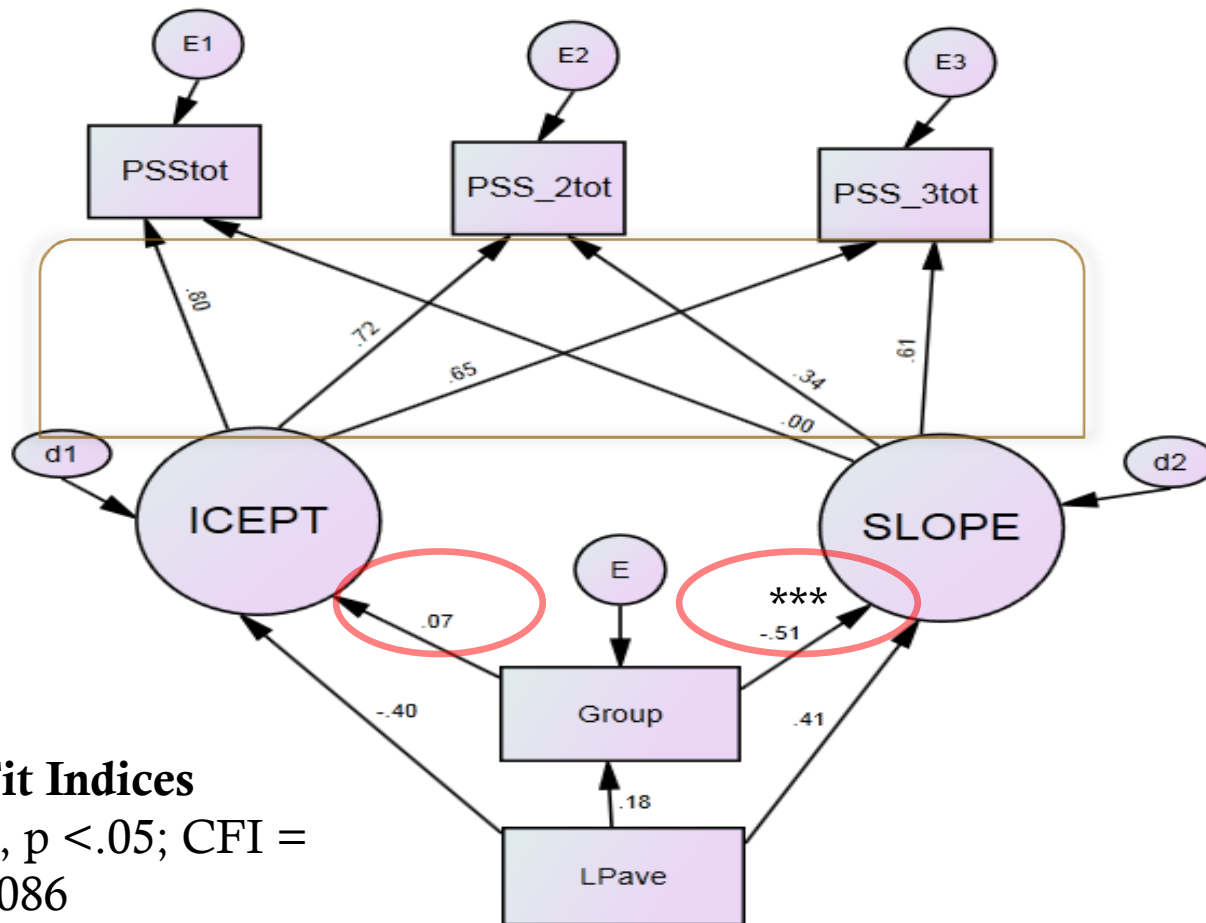


# Estimated Marginal Means of Perceived Stress

controlling for HPLP II



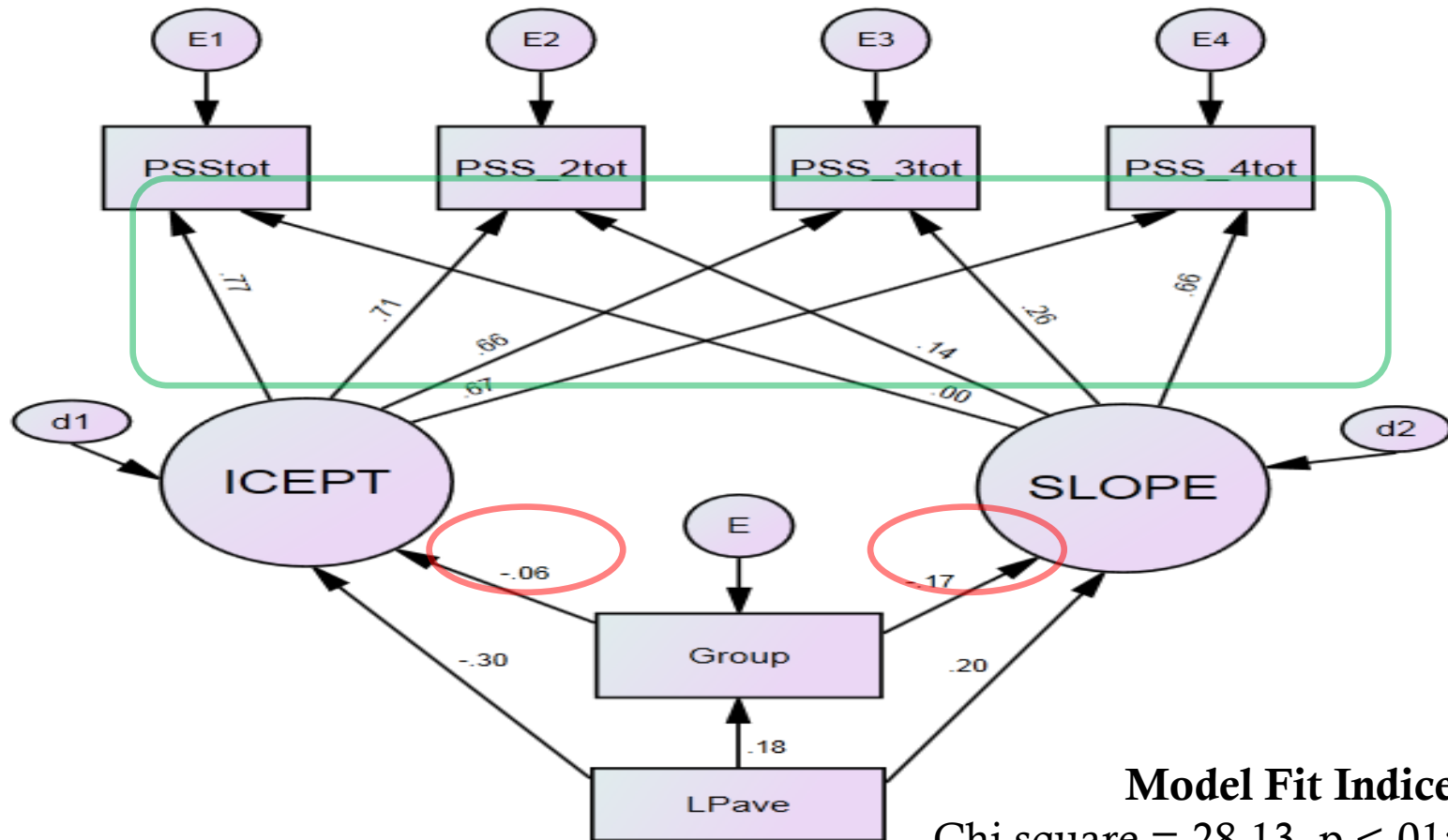
# Hierarchical linear modeling: Three time points



## Model Fit Indices

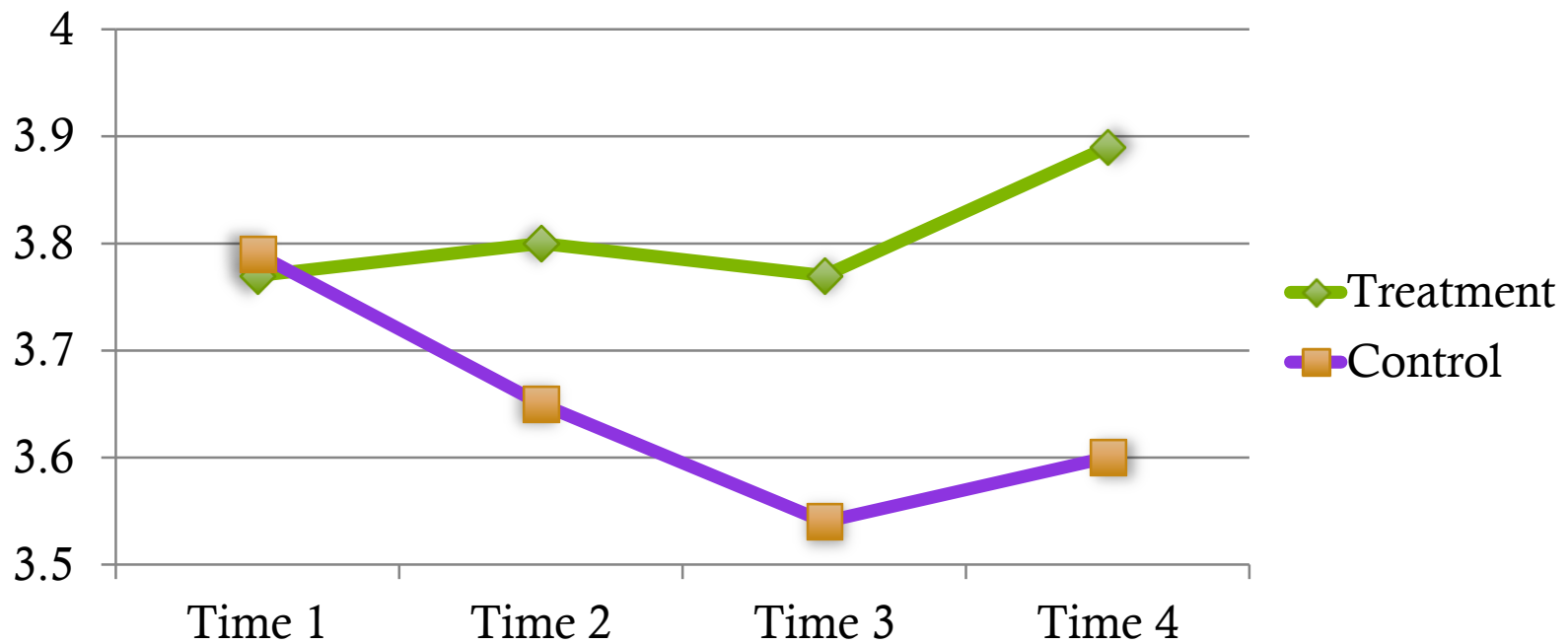
Chi square = 7.34,  $p < .05$ ; CFI = .967; RMSEA = .086  
(CI = .000-.183); PCLOSE = .220

# Hierarchical linear modeling: Four time points



# Estimated Marginal Means of MAAS

controlling for HPLP II





# Discussion

- ◆ Students who were exposed to the self-care module were better able to regulate their experience of stress during the semester than were students in the control group
- ◆ The differences between groups were not significant at the beginning of the Fall semester, 3 months after instruction ended
- ◆ The differences between the groups on average scores of mindfulness items were not significant.

# Limitations

- ◆ Multiple components of UZIT program
- ◆ Variations across universities
  - ◆ Student characteristics
  - ◆ Instructional characteristics
  - ◆ Implementation of intervention

# Conclusions & Next Steps

- ◆ Our findings suggest that mind-body self-care supported the students' ability to regulate their experience of stress throughout the semester.
- ◆ The valuing of self-care practice needs to be reinforced throughout the curriculum
- ◆ Plans:
  - ◆ Dismantle the modalities in the intervention
  - ◆ Examine the effect of self-care on clinical decision-making and care delivery

# Summary

- ◆ Nurses have a tradition of caring for others before caring for themselves
- ◆ Self-neglect starts early in the nursing career
- ◆ There is evidence that faculty initiated opportunity for self-care practice supports student stress-management
  - ◆ Embedded into coursework and clinical
  - ◆ Modeled and reinforced throughout the curriculum
- ◆ Nurse self-care is likely to support optimal nursing practice



# Questions?

