



International Journal of Nursing and Health Care Science

Review Article

Creighton YM, Lee DA. J Int J Nurs & Healt Car Scie 04: 2024-388

Innovative Health and Wellness Coaching Intervention to Increase Undergraduate Nursing Students Resilience, Self-Compassion, and Well-Being

Yvonne M. Creighton, DNP, APRN, FNP-c, PMHNP-BC[#],
Deborah A. Lee, PhD, RN, NBC-HWC

Submission Date: 10 October, 2024

Accepted Date: 29 October, 2024

Published Online: 04 November, 2024

[#]School of Nursing, Middle Tennessee State University, Tennessee, USA

How to cite this article: Creighton YM, Lee DA (2024) Innovative Health and Wellness Coaching Intervention to Increase Undergraduate Nursing Students Resilience, Self-Compassion, and Well-Being. Int J Nurs & Healt Car Scie 04(09): 2024-388.

Corresponding author: Yvonne M. Creighton, DNP, APRN, FNP-c, PMHNP-BC, Assistant Professor, School of Nursing, Middle Tennessee State University, Murfreesboro, MTSU Box 81, Murfreesboro, Tennessee 37132, USA

Abstract

Nursing students experience numerous stressors during their academic program-demanding didactic and clinical requirements, as well as financial, occupational, and relational stressors-that can impact students' well-being, ability to cope, and perseverance in their studies. Entering the nursing profession without skills in stress resilience, self-care, and self-compassion contributes to nurses leaving their current job or the nursing profession altogether. This article describes an innovative health coaching intervention and subsequent study for undergraduate nursing students to improve their well-being, resilience, and self-compassion with an overarching goal of preventing/reducing student attrition, nurse burnout, and nurses leaving the profession.

Keywords: Health coaching; Nursing students; Stress resilience

Introduction

Nursing school is stressful [1]. Nursing practice is also stressful as evidenced by signs of burnout experienced by more than half of nurses in the United States (US) [2]. Nurses, who historically experience higher levels of mental health alterations than the general population, have been affected by anxiety, depression, and suicide to an even greater degree since the advent of the COVID-19 pandemic [3].

Nursing students, likewise, experience stressors that can derail their plans of completing nursing school, graduating, and gaining employment as registered nurses. Demanding didactic and clinical requirements and personal stressors such as financial, occupational, and relational issues impact a student's well-being, ability to cope, and perseverance in their studies. Nursing students may not come with stress resilience skills to deal with the demands of the academic program. Entering the profession without skills in stress resilience and self-care can contribute to nurses leaving their current job or the nursing profession altogether. This article describes an innovative health and wellness coaching intervention and research study to increase undergraduate nursing students' resilience, self-compassion, and well-being through engagement in self-care practices, with the overarching goal of reducing student attrition and subsequent nursing burnout.

Background

A national survey of nursing students revealed resiliency strategies and faculty support to be most salient in lowering students' stress, depression, and anxiety [4]. Interventions such as mindfulness meditation, resilience workshops, cognitive behavioral interventions, and progressive muscle relaxation have been implemented to combat the stress and anxiety experienced by nursing students, while attempting to increase resilience and prevent burnout [5]. These interventions are often a one-time offering or do not provide skill development over time, decreasing the likelihood that the learned skills will be sustained. A small study of nursing students who participated in online wellness coaching during the Covid-19 lockdown showed improved well-being of the students as measured by self-reported increases in life satisfaction and perception of health [6]. Health and wellness coaching is an intervention that appears in the literature of college students in general, but not often specifically with nursing students [7,8].

Health and wellness coaching is a client-driven process whereby the client identifies goals to address areas which impact their overall health and well-being. Coaches partner with clients to identify internal strengths and external resources to make health behavior changes that are sustainable within the client's life. According to the National Board of Health and Wellness Coaching, "Health and wellness coaches partner with clients looking to enhance their well-being through self-directed lasting changes, aligned with their values...and support clients in activating internal strengths and external resources to make sustainable and healthy lifestyle behavior changes" [9].

Intervention

During the second semester of their undergraduate nursing program at a state university in the southeastern United States, students begin clinical rotations in mental health nursing and introduction to nursing practice. Attending clinical and interacting with patients for the first time can be daunting, and students report the rigorous pace of clinical and didactic coursework can elevate stress and anxiety levels. Both coauthors teach students in the mental health component of the nursing program; one coauthor is also a National Board-Certified Health and Wellness Coach with over a decade of experience working in this field. We devised a plan to offer free health and wellness coaching as an optional independent study activity to interested students that would count toward mental health nursing clinical hours. The impetus for developing the program evolved through one coauthor's experience with stress from working in healthcare for many years, resulting in mid-career burnout, leaving nursing, and re-engaging in the nursing profession through health coaching. We wanted to offer our nursing students the opportunity to develop and engage in self-care practices to support stress resilience during nursing school so those skills will be available to them as they enter the nursing workforce.

The independent study option allows students to participate in six individual video or telephonic health and wellness coaching sessions throughout the semester. Beginning with the first cohort in spring 2018 and continuing to the present, most students in mental health nursing clinical elect to participate in coaching. Interest in the program continues to increase. During spring 2023, every student enrolled in mental health nursing clinical elected to participate in coaching. Coaches are recruited from two health and wellness coaching programs approved by the National Board of Health and Wellness Coaching. Coaches may be in the practicum component of their coaching program or may be accumulating sessions needed to sit for the national health and wellness coaching certification exam. Several coaches enjoy coaching the students so much, they continue to volunteer with the program each semester. All coaches offer their services to the program pro bono.

Coaching Feedback and Preliminary Findings

Students complete a coaching feedback form at the conclusion of the coaching sessions in the second semester. The feedback form includes eleven questions using a 1-5 Likert scale (strongly agree [5] to strongly disagree [1]) including text boxes for written comments for each item, and a section for overall comments. Questions on the feedback form ask if the coach helped the student meet their goals, if the coach helped them identify barriers towards their goal and develop plans to overcome barriers, and if working with a coach increased the likelihood that they will continue to utilize the changes they made. Overall mean scores across all eleven questions range from 4.58 to 4.77 (out of 5.0). Qualitative comments indicate health and wellness coaching can make a tremendous difference for students' stress resilience and self-care practices, including their mental health. Students are often surprised by what they can do on their own behalf when partnering with a coach to improve their health and well-being.

A financial gift to the health and wellness coaching program in the fall of 2021 afforded interested students the opportunity to continue health and wellness coaching with their coach beyond the second semester to further build or sustain progress with self-care and resilience-building practices. The program is referred to as the Coaching and Resilience Enhancement (CARE) Program to differentiate it from the coaching students receive during the second semester. This gift provides a mechanism to pay coaches for ongoing coaching to nursing students through graduation. Data has not been collected on the experiences of students who choose to continue health and wellness coaching beyond the second semester as of this writing.

Purpose, Research Question, Specific Aim of Study

Based on feedback received from students, coaches, and coaching feedback forms over the past eleven semesters, data and observations led us to institute a longitudinal study to assess if students' participation in health and wellness coaching improves their well-being, resilience, and self-compassion during their undergraduate nursing education. The ability to offer health and wellness coaching to students throughout their nursing program through the CARE Program provides an opportunity to assess if the number of coaching sessions a student receives (the "dosage") influences the variables of well-being, resilience, and self-compassion over time.

The purpose of this research study is to examine the effect of a health and wellness coaching intervention on the resilience, well-being, and self-compassion of undergraduate nursing students. The research question is "does participating in health and wellness coaching increase resilience, well-being, and self-compassion for baccalaureate nursing students?" The specific aim of the research study is to improve resilience, well-being, and self-compassion in undergraduate nursing students to prevent/reduce burnout when they enter practice as Registered Nurses (RNs).

Research Methodology

Institutional Review Board (IRB) approval was granted fall 2023 and data collection began with second semester nursing students. All students in the second semester of the nursing program may volunteer for the study regardless of their participation in health and wellness coaching. Students who do not participate in coaching serve as the control group.

Undergraduate nursing students enrolled in Mental Health Nursing Clinical in their second semester serve as the convenience sample for this study. Students may elect to engage in health and wellness coaching as an independent study in the clinical course. All students have the option to enroll in the study, regardless of their choice to participate in health and wellness coaching. Those students who enroll in the study are asked to complete pre- and post- intervention assessments. Pre-intervention assessment occurs at the beginning of the second semester, prior to or just after the first coaching session. Post-intervention assessment occurs at the end of the second and fifth semesters. Students participating in health and wellness coaching have the option to continue health and wellness coaching through graduation (semester 5) as a participant in the CARE Program. All students participating in the study during the second semester - those who elect to continue coaching beyond the second semester, those who do not elect coaching after receiving it during second semester, and students who do not engage in health and wellness coaching at all - will be sent post-intervention assessments in semester 5.

Data Collection Tools

Data collection consists of three valid and reliable assessment tools. The Brief Resilience Scale (BRS), Self-Compassion Scale Short Form (SCS-SF), and the World Health Organizations WHO-5 Well-Being Index were chosen to measure these indicators before and after the second semester coaching intervention. All three tools were chosen for their validity and reliability as well as their brevity, making it more likely that students would complete them. The same measures will be collected again at the end of the students' fifth (final) semester of the nursing program to assess the longevity of change/improvement over time. Of particular interest is whether change is sustained to a greater degree for those students who engage in coaching beyond the second semester compared to those who do not continue coaching sessions beyond second semester.

The Brief Resilience Scale is a 6-item 1-5 Likert scale that assesses a person's ability to bounce back or recover from stress. It has demonstrated good internal consistency and test-retest reliability in several studies [10,11]. WHO-5 Well-Being Index consists of self-reported subjective measures of well-being and has demonstrated internal consistencies between 0.81 and 0.90 and strong construct validity for comparisons across cultures [12]. Self-Compassion Scale Short Form is a 12-item 1-5 Likert scale which asks how a person acts toward themselves in difficult times. Internal consistency is demonstrated with Cronbach's alpha ≥ 0.86 and test-retest reliability of 0.71 [13,14].

Results and Data Analysis

Over the course of two semesters of data collection, we have gathered 10 sets of matched assessments (pre and post intervention). Participants were predominately white (N=7), were females and all were between the ages of 19 and 22. Since the data set is fairly small and the level of measurements are ordinal and scale, a Wilcoxon test was run to compare the time one and time two scores for the ten sets. Overall, none of the three scales showed significant differences between time one and time two, which is likely the result of such a small sample size (N=10). As more data is collected, significance and power should be reached.

Brief Resilience Scale

Eight participants started with "normal" resilience (3.00-4.30). The two students who had low resilience (1.00-2.99) at time one increased at time two. All but two participants' resilience scores increased at time two. The dip in score for those two students could possibly be caused by the confounding variable of academic stress of finals, not doing well in courses, or another extraneous variable.

WHO-5 Well-being Index

The WHO-5 Well-being Index is scored 0-25 with zero being worst possible quality of life and 25 being best possible quality of life. Half of the participants scored in the 50th percentile or less at time one. Seven out of 10 participants' score increased at time two. Interestingly, the two participants' scores that decreased on the BRS at time two also decreased on the WHO-5 at time two, which strengthens the assumption that there was a confounding variable present.

Self-compassion Scale Short Form (SCS-SF)

Scoring for the SCS-SF is as follows: 1.0-2.49 low self-compassion, between 2.5-3.5 moderate self-compassion, and 3.51-5.0 high self-compassion. Eight participants improved their self-compassion at time two, one stayed the same, and one decreased. The student whose score decreased on the SCS-SF at time two also decreased on the BRS and WHO-5 at time 2.

Relationship between Scales

A Spearman Rho test was run to test a possible relationship between the three scales. Interestingly, there was a significant relationship measured between BRS and WHO-5 scores for both time 1 and time 2. As one score increased, so did the other. This can be interpreted as you the more resilient you are, the greater sense of well-being you will experience.

Limitations

A limitation for this pilot study is sample size. Only five sets of matching assessments (pre- and post) were collected each semester over two semesters, for a total of 10 sets of matching assessments. More than thirty students completed the assessments; however, most students either only completed the first assessment or the second assessment or did not include the self-selected four-digit identification number for matching purposes. Another limitation is that the data collected is from a convenience sample, therefore students who elected to complete the assessments may already have higher degrees of resilience, well-being, and self-compassion. The authors attempted to address sample size by incentivizing study participation with a nominal gift card to the university bookstore during the first semester of data collection. The paperwork involved with offering gift cards, as well as the difficulty delivering gift cards to students without the researchers discovering who completed the assessments, made us elect to not offer incentives during the second semester. The number of matched sets of data (5) remained the same for the second semester, which provided evidence that offering gift cards did not increase participation.

Future Research

Providing health and wellness coaching to nursing students using a consistent framework over time is an intervention that has not been rigorously assessed in nursing education as a mechanism for addressing stress resilience in nursing students. The researcher authors are contributing to the body of research on health and wellness coaching as an intervention to increase/improve the measures of well-being (BRS, SCS-SF, WHO-5). Future research plans include extending the coaching program to graduate students and following nursing students when they enter the workforce to examine the association between health and wellness coaching, improved resilience, self-compassion, and well-being and measures of nurse burnout. □

References

1. Wei H, Dorn A, Hutto H, Webb-Corbett R, Haberstroh A, et al. (2021) Impacts of nursing student burnout psychological well-being and academic achievement. *Journal of Nursing Education* 60: 369-376.
2. National Academy of Medicine (2022) National plan for health workforce well-being. The National Academies Press.
3. Cuccia AF, Peterson C, Melnyk BM, Boston-Leary K (2022) Trends in mental health indicators among nurses participating in Healthy Nurse, Healthy Nation from 2017-2021. *Worldviews on Evidence Based Nursing* 1-7.
4. Stubin CA, Ruth-Sahd L, Dahan TA (2023) Promoting nursing student mental health wellness: The impact of resilience-building and faculty support. *Nurse Educator* 49: 1-7.
5. Tating DLRP, Tamayo RLJ, Melendres JCN, Chin IK, Gilo EL, et al. (2022) Effectiveness of interventions for academic burnout among nursing students: A systematic review. *Worldviews on evidence-based nursing. Sigma Theta Tau* 20: 153-161.
6. Altunkurek ŞZ (2021) The effect of online wellness coaching for nursing students during the COVID-19 lockdown on well-being: A qualitative study. *International Journal of Mental Health Promotion* 23: 588-588.
7. Aboalshamat K, Al-Zaidi D, Jawa D, Al-Harbi H, Alharbi R, et al. (2020) The effect of life coaching on psychological distress among dental students: interventional study. *BMC Psychology* 8: 6.
8. Bleck J, DeBate R, Garcia J, Gatto A (2022) A Pilot Evaluation of a University Health and Wellness Coaching Program for College Students. *Health Education and Behavior*, original manuscript 2022: 1-9.
9. National Board for Health and Wellness Coaching (2023) What is a board-certified health coach.
10. Fung S (2020) Validity of the Brief Resilience Scale and Brief Resilient Coping Scale in a Chinese sample. *International Journal of Environmental Research and Public Health* 17: 1-9.
11. Smith BW, Dalen J, Wiggins K, Tooley E, Christopher P, et al. (2008) The Brief Resilience Scale: Assessing the ability to bounce back. *International Journal of Behavioral Medicine* 15: 194-200.
12. Lara-Cabrera ML, Betancort M, Muñoz-Rubilar A, Rodríguez-Novo N, Bjerkeset O, et al. (2022) Psychometric properties of the WHO-5 Well-Being Index among nurses during the COVID-19 pandemic: A cross-sectional study in three countries. *International Journal of Environmental Research and Public Health* 19: 1-13.
13. Raes F (2011) The effect of self-compassion on the development of depression symptoms in a non-clinical sample. *Clinical Psychology & Psychotherapy* 2: 33-36.
14. Zheng YX, Jiao JR, Hao WN (2022) Prevalence of stress among nursing students: A protocol for systematic review and meta-analysis. *Medicine (Baltimore)* 101: 1-10.