Building Resilience in Graduate Nursing Students: Preemptively Addressing Vicarious Trauma

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Nothing to Disclose

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Objectives

- Identify 2 potential adverse impacts of exposure to secondary/vicarious trauma.
- Recognize at least 3 common symptoms/behaviors potentially indicative of trauma exposure in students.
- Choose at least 1 evidence-based strategy to build student resilience for practical application within your role as a nurse educator.

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Content Warning

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Building an Understanding of Trauma
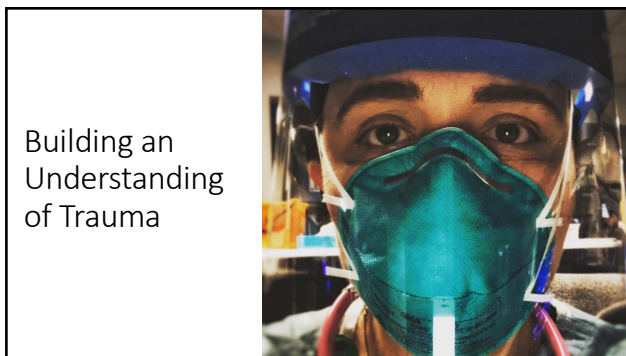
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Introduction

- Approx. **50-80% of individuals** will experience a significant traumatic event
  - *Primary – directly subjected to trauma, e.g. workplace violence*
  - *Secondary – witnessing and/or hearing about these events happening to others*
- Pre-COVID **> 90% of nurses** report secondary trauma exposure
  - Of those → 1 in 4 report experiencing related trauma symptoms
- Approximately **74% of workplace assaults** happen in a healthcare setting
- During the COVID-19 Pandemic
  - **68%** experienced verbal abuse
  - **44%** experience physical violence

(Wheeler & Phillips, 2021; Bock et al., 2020; Byon et al., 2022))

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30% of nurses -diagnosed with Post Traumatic Stress Disorder. Roughly 6x rate of general population.

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Defining Trauma

- **"Trauma is the lasting emotional response that often results from living through a distressing event."**
  - Subjective experience – may differ from person to person
- Traditionally thought of as a **single traumatic event**
  - 20% of those with PTSD attribute effects to multiple events
  - Complex trauma → "Cumulative" trauma
- **Implicit bias** in acknowledging trauma
  - Potential impacts of physical can mental health
- Need for **paradigm shift in nursing education**
  - Perspective - occupational trauma inevitable / inherent in roll
  - Allow for a conversation

(Centre for Addiction and Trauma, n.d.; Briere & Scott, 2015; Cloitre et al., 2019; Wheeler & Phillips, 2021)

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Graduate Nursing Students are Unique

- Academic settings have no routine screening in place
  - Preexisting "trauma load" → largely unknown
  - Important risk factor of future impact of trauma

- Student - dual role
  - Often actively working as a nurse
  - Preparing for upcoming transition with advanced practice degree and/or new role

- Faculty - assume trauma and approach accordingly
  - ↑ volume of exposure to vicarious trauma
  - While most vulnerable to psychosocial stressors

THINK ABOUT THINGS

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Slide 10

Identifying Potential Prior Trauma

- **#1 - Assume a prior history of trauma without asking**
  - Trauma informed care ~ trauma informed education

- #2 – Allow the space to share using open-ended questions
  - Key - this should **always be optional / low pressure**

- Keep in mind - may disproportionally impact students:
  - Minoritized groups – increased exposure at baseline
  - Lower socioeconomic status
  - Adverse Childhood Experiences
    - 61% experience at least 1
    - **17% experience 4+**
  - Poor level of family and/or social support

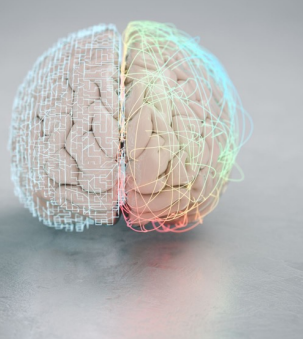(Machtinger et al., 2019; CDC, 2022; Van Der Kolk, 2000)

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Slide 11

You do not **need to know** <u>any</u> details of an individual's trauma history to **effectively provide support**.

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Slide 12

Background: The Impact of Trauma Exposure on Learning

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"Your Brain on Trauma"

- **Amygdala – "The Smoke Alarm"**
  - Detecting fearful / threatening stimuli
  - Activation of appropriate response
- **Nucleus Accumbens – "The Translator"**
  - Interfaces with amygdala - mediates processing
  - Emotional, motivation, pleasure, reward
- **Pre-frontal Cortex – "The Executive"**
  - Modulates executive function – planning, decision making
  - Attention, impulsivity, prospective memory, adaptation
- **Hippocampus – "The Teacher"**
  - Responsibility for learning and memory

(Abdallah et al., 2019; Van Der Kolk, 2014)

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Pathophysiology of Trauma

- What do you notice about the primary areas affected?
  - r/t **concentration / memory / learning**
  - Mechanisms necessary for graduate school
- Risk for pathology increases in proportion to:
  - Severity AND duration of stressors
  - Inescapable-uncontrollable-unpredictable- repeated
- **#1 Issue - Professional Exposure is Longitudinal**
  - Increase fear response
  - Decreased emotional regulation
  - Negative world view
  - Adverse impact on mood / function

(Abdallah et al., 2019; Van Der Kolk, 2014)

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Impact on the Individual

- Stress is global → nursing students report a **higher level of stress than any other group** of trainees in healthcare
  - Most rate levels as moderate to severe
  - Short term impacts on mood, sleep, memory, attention
- **Increased** risk physical health problems
  - CVD / HLD / T2DM / autoimmune disease / obesity / cancer
  - Higher than average mortality rates
- **Increased** risk of mental health problems
  - 50% with PTSD also have 2 other mental health diagnoses
- Secondary traumatic stress adversely impacts function
  - Reduced work ability, lower amount of effort, poor communication, and decreased quality of care

(Li & Hasson, 2020; Ryder et al., 2018; Sareen, 2022)

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Impact on the Healthcare System

- Historically – academic preparation is inadequate
  - **Not prepared for exposure to vicarious trauma upon entry to practice**
  - Contributed to current workforce shortages
  - Exacerbate existing disparities by contributing to nurse burnout
- Average US nurse turnover rate – roughly 17.5%
  - **2021 – 27.1%** / 2022 – 22.5%
  - ED / Critical Care / Behavioral Health – **108-115%**
- National Council of State Boards of Nursing
  - 100k left the field during COVID
  - Approx. 800k intend to do so in the next 5 years
  - Most → have **less than 10 years of experience**

(Advisory Board, 2023a; Advisory Board, 2023b; Russell, 2023)

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Take Home Message → to meet projected workforce needs we will **have to better address vicarious trauma** as a part of training & practice.

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How does trauma manifest in nursing students?

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Graduate Nursing Students as a Group

- Common **Personality Traits**
  - Generally driven / high achieving
  - Often perfectionist
  - Shared values - part of a helping field
- Specific Type of **Vicarious Trauma Exposure**
  - Embedded in the role – many do not understand
  - Higher volume of exposure + longer duration
- With any type of recurrent exposure
  - Higher than average rates -depression / anxiety
  - ↑ risk of ETOH/substance use

(Bock et al., 2020)

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Behavioral Changes in the Classroom

- Students may not divulge exposure to stress
  - Faculty can be aware / anticipate behavior
- **Physical** → somatic sx - headache / stomachache
- **Behavioral** → self-isolation / sudden changes in academic habits
- **Emotional** → lack of self-confidence / unwillingness to work in groups / becoming easily overwhelmed
- **Cognitive** → incomplete / inconsistent work

(Bohannon et al., 2019)

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Potential Reactions to Trauma

- Can be r/t **immediate or historical exposure**
  - Intrusive memories
  - Avoidance
  - Negative thoughts/mood
  - Changes in physical/emotional reactivity
- 3 Common Manifestations
  - **Work Avoidance**
    - Fear of failure / lower goal development
  - **Learned Helplessness**
    - Sense of being out of control – new situations
  - **Lack of Self-Efficacy**
    - Decreased sense of being capable

(Bohannon et al., 2019)

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Professional Burnout

- Global Prevalence Pre-COVID – 11%
  - 2019 in U.S. – rate of 15.6%
  - Currently **estimated at > 60%**
  - Last 3 years – **95% of nurses** report feeling "burnt out" at some point
- WHO – "occupational phenomenon" resulting from chronic workplace stress
  - Feelings of energy depletion or exhaustion
  - Depersonalization – lack of feeling connected
  - Diminished sense of personal accomplishment
  - **#2 Reason = emotional exhaustion**

(Woo et al., 2020; Flynn, 2023)

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Application: What do we do now?

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Trauma Informed Education Practices

- Teaching Framework → **foster safety / promote autonomy**
- Demonstrates integration of core values
  - Altruism, autonomy, human dignity, integrity, social justice
- **Educator as "Role Model"**
  - Transparency – acknowledge mistakes / admit to not knowing answers
  - Demonstrating caring - clear standards / consistent feedback
  - Connection – relationship building facilitates professional socialization
- Potential Benefits:
  - Faculty perceived by students as providing social, emotional, & academic safety
  - Removes barriers to learning
  - Demonstrates respect for diverse learners
  - **Reduces potential for reactivation of trauma**

(Cook et al., 2019; Bosse et al., 2021)

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Addressing Work Avoidance

- Common response to feeling overwhelmed
  - Often perceived as appearing – **lazy / apathetic**
- Each individual holds beliefs about ability
  - Have to **tendency to take on tasks they are confident in**
  - Avoid situations that they perceive to be beyond their skill/ability
- **Vital Skill – fostering feelings of self-assuredness**
- Differentiating Instruction – teacher responds to a learners needs
  - Content (most difficult) / **Process & Product (more negotiable)**
  - Helpful to allow students choices when possible

(Bohannan, 2019)

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Addressing Learned Helplessness

- Perception that life events are mostly outside of one's control
  - Can create a "failure-accepting student"
  - Help set attainable goals → abilities are not set / able to improve
    - Sharing examples of your own failures
    - Recognizing effort, even if it's small
- **"Make your classroom a safe place to fail"**
  - Inevitable + expected for growth
  - When possible – give formative feedback
  - Encourages students to seek help

(Bohannan, 2019)

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Addressing Self-Efficacy

- Mastery Experiences
  - **Success builds self-confidence**
  - Strengths based approach – leverage strengths / personal interests
- Vicarious Experiences
  - Examples of others can inspire increased effort - when achievable
- Social Persuasion
  - Providing **encouragement coupled with successful** experience
  - Choosing groups / partners can help performance
- Address Physical & Emotional States
  - Nervousness/anxiety = signs of incompetence
  - **Normalizing stress reaction** (Bohannan, 2019)

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Approaching Trauma

- Mirror trauma informed care practices
- **Stay curious** – unexpected behavior and/or changes in behavior
  - Assume the best intentions
- Facilitate student discussion of mental health concerns
  - Build it into course curriculum
  - Provide space for reflection
  - Share personal experiences
  - **Consider how you can provide opportunities for application**

(Cook et al., 2019; Bohannan, 2019)

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Let's Talk About Application

- Address potential for implicit bias
- Include content to address difficult conversations
  - Simulation activities
  - Clearly articulate the safety as a priority
  - Encourage discussion about future practice
- Debriefing after adverse experiences
  - Processing clinical experiences in real time
  - Safety issues → gun violence / suicide
  - Racism / discrimination

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Providing Support & Building Resilience

- **Resilience** + Stress = Wellbeing
  - Level emotional exhaustion
  - Perceived academic efficacy
- Enhanced resilience to trauma:
  - Higher intelligence
  - Extroversion / optimism
  - **Greater level social support**
  - **Empathy & validation**
  - **Perceived level of self-efficacy**
- Overall impacts may be variable

(Li & Hasson, 2020)

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Processing Stress & Building Resilience

- Adequate sleep
- Well rounded diet
- Physical activity
- Meditation
- Creative outlets
- Building social connection
- Support groups
- Psychotherapy

(Van Der Kolk, 2014)

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Conclusions

- Exposure to vicarious trauma is incredibly common in nursing
- Graduate school is a transitional time with relatively high risk
- Faculty need to strategically and proactively provide support
- Ultimately systemic changes are necessary in education and practice

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Image References

- Slides- 4, 6 (2), 9 (2), 10, 12 (2), 13, 14, 15 (2), 16, 17, 18 (3), 19, 20, 21, 22, 23 (4), 28 (2), 29 (2), 31 (3), 32 images from Pexels–Free Stock Photos, Royalty Free Stock Images & Copyright Pictures
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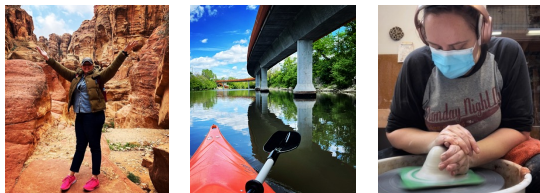
Thank you! Any Questions?

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