

2-6-2026

Resilience Education to Increase Staff Knowledge Regarding Stress Management

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Walden University

College of Nursing

This is to certify that the doctoral study by

Ngozi Egwu

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2026

Executive Summary: Staff Education Project
Resilience Education to Increase Staff Knowledge Regarding Stress Management
by
Ngozi Egwu

Executive Summary Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

February 2026

Summary

This doctoral project implemented a staff education program to promote nursing knowledge of resilience training and stress management at an outpatient mental health clinic. Workplace stress contributes to medication errors and to poor Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Nurse Communication scores, both of which undermine patient safety. The practice-based question was: Does resilience education enhance stress management strategy knowledge from pre- to post-education? The purpose was to evaluate whether structured resilience education improved nursing knowledge of stress management, guided by the analysis, design, development, implementation, and evaluation (ADDIE) model. Using the Johns Hopkins evidence-based practice (JHEBP) model, 20 studies were appraised, of which 16 supported the effectiveness of resilience education. The evidence included Level I systematic reviews, randomized controlled trials, and Level III quasi-experimental studies, indicating moderate to strong support for the intervention. Three 1-hour, in-person workshops involving 15 nursing staff were held that included mindfulness breathing, cognitive reframing, and progressive muscle relaxation. Knowledge changes were measured using a project-developed questionnaire. Results showed a significant increase from pretest (Median = 4.00) to posttest (Median = 11.00), Wilcoxon signed-rank test, $Z = -3.422$, $p = .001$, with a large effect size ($r = 0.88$). Mean scores increased by 48.6% points from 4.47 (31.9%) to 11.27 (80.5%). Targeted education improved stress management knowledge through flexible resources, with recommendations for groups, longitudinal study, training integration, supporting staff wellbeing, patient safety, and equitable access.

Background

Lack of knowledge on stress management and stressful experiences at the workplace are factors behind the 15% rate of medication error at an outpatient mental health clinic (Naseralallah et al., 2023). This project addresses the practice gap in unstructured resilience training, which negatively affects patient safety and results in poor HCAHPS Nurse Communication scores of 70% vs. the target of 80%. Nurses are under high workloads, emotional stress, and staff pressure, which exposes them to burnout. Stress-induced lapses in concentration are a common cause of medication errors, which endanger staff turnover and patient safety (Naseralallah et al., 2023). The clinic lacked organized and evidence-based initiatives to develop resilience competencies, relying instead on informal, inconsistent resources. As a result, nurses had limited access to structured education on stress management strategies, contributing to knowledge gaps, increased vulnerability to burnout, and potential impacts on patient safety and care quality. This identified practice gap supported the need for a structured, evidence-based staff education program focused on resilience and stress management. Therefore, implementing a structured, evidence-based resilience education program was necessary to address knowledge gaps, reduce burnout, and improve patient safety outcomes.

The question posed based on the practice project was as follows: does resilience education enhance knowledge of stress management strategies from pre- to post-education? The purpose of this staff education project was to increase nursing knowledge of evidence-based resilience and stress management strategies through a structured education intervention. This is a solution to workforce sustainability, as burnout and

turnover stem from inadequate knowledge. This project aimed to increase the nursing knowledge of evidence-based resilience strategies with a structured intervention. By closing this gap, staff members would acquire practical methods for coping with work-related stressors. Higher awareness would allow the staff to be well, stay satisfied, and deliver quality care regardless. This was meant to minimize burnout, enhance retention, and establish a favorable work culture.

Strong evidence supports the use of structured resilience and mindfulness-based education to reduce stress and burnout among nurses. The systematic review and meta-analysis conducted by Wang et al. (2023) found that mindfulness-based interventions significantly reduce stress and burnout. Brook et al. (2021) showed that structured interventions that use resilience training reduce burnout and enhance retention. Kunzler et al. (2020) supported the Cochrane systematic review findings that psychological interventions promote resilience among healthcare professionals. The evidence base was obtained through the review of 20 studies using the Johns Hopkins evidence-based practice (JHEBP) model, which guided the appraisal of randomized controlled trials and quasi-experimental designs. The results of 16 studies strongly agreed that educational interventions were effective in improving nursing competence in stress management. The levels of evidence ranged from Level I (systematic reviews) to Level III (quasi-experimental studies), indicating strong evidence. According to Selic-Zupancic et al. (2023), a systematic review of studies found that mindfulness-based psychological interventions significantly improve burnout and well-being. Abbasalizadeh et al. (2024) demonstrated that a resilience training intervention using mobile health applications

based on micro-learning techniques is effective in reducing stress and anxiety among nurses working in intensive care units. According to Liu et al. (2024), mindfulness-based interventions had a substantial effect on perceived stress and mindfulness among nursing students, as demonstrated in a quasi-experimental study. The strength of the evidence is moderate to high, as consistent findings indicate that structured education enhances nursing knowledge and the use of stress management strategies.

Staff Education Project Development

The group of 15 nurses included registered nurses employed at the clinical practice site. Eligible participants were actively practicing nurses who were available to attend the staff education session. Participation was voluntary, and all participants were adults. No patient data were collected as part of this project. Participants were recruited through verbal announcements and informal communication at the practice site. Interested nurses were informed of the purpose of the staff education project, the voluntary nature of participation, and that data would be collected anonymously for program evaluation only. The staff education intervention was delivered in person during a scheduled education session. The intervention followed the ADDIE instructional design model. Participants were first oriented to the purpose of the education session. A pre-intervention knowledge assessment was administered prior to the start of the educational content. The structured resilience training was then delivered, including education on stress management, mindfulness breathing, cognitive reframing, and progressive muscle relaxation (see Appendix A). Upon completion of the educational session, participants completed the post-intervention knowledge assessment.

Data were collected using a project-developed questionnaire, which consisted of 10 multiple-choice knowledge questions and one performance-based task (see Appendix A). Each participant used a unique identifier to ensure anonymity while allowing pairing of pre-test and post-test scores. Pre-test data were collected immediately before the education session, and post-test data were collected immediately after the intervention. Data were entered into SPSS for analysis. Descriptive statistics were used to summarize participant knowledge scores. Because the data were not normally distributed, a Wilcoxon Signed-Rank test was used to compare pre- and post-intervention total knowledge scores. Median and interquartile range values were calculated for pre-test and post-test scores. The effectiveness of the staff education project was evaluated by comparing pre-test and post-test knowledge scores. Improvement in post-intervention scores was used to determine whether the structured resilience training increased nursing staff knowledge of stress management techniques.

Results

The results describe the effect of the resilience education program on nursing. The Wilcoxon Signed-Rank Test was conducted to examine changes in nursing stress management knowledge following the intervention. The results indicated significant increases in knowledge levels after the education intervention (see Table 1). The baseline median score was 4.00 (IQR = 3.00-6.00), which is significant because it indicates substantial room for improvement in this aspect. The median post-intervention score was 11.00 (IQR = 10.00-12.00), which is very significant. The mean scores improved to 11.27 ($SD = 1.34$, 80.5% correct), or 6.80 points (48.6 percentage points) above the mean. The

Wilcoxon test provided a Z value of $Z = -3.422$ and a p value of $p = .001$ (see Table 2), indicating that the improvement observed was statistically significant. The significance level of $r = 0.88$ demonstrates extremely large practical significance for the educational intervention, which is many times greater than the threshold for a large effect, $r = 0.50$, set by Cohen. All 15 participants (100%) showed improvement in their knowledge scores, with no respondents showing lower scores after the intervention, making the intervention universal and effective across all levels of experience and knowledge. Evaluation Tools (see Appendix A) and the structured staff education curriculum (see Appendix B) supported assessment of the intervention's effectiveness. This project demonstrated that structured, evidence-based education can improve nursing knowledge of stress management strategies.

Table 1

Descriptive Statistics and Wilcoxon Signed-Rank Test Results (N=15)

Measure	Pretest	Posttest
<i>M</i>	4.47	11.27
Median	4.00	11.00
<i>SD</i>	1.77	1.34
IQR	3.00–6.00	10.00–12.00
Range	6	4

Table 2

Wilcoxon Signed-Rank Test Results for Knowledge Scores

Statistic	Value
Positive Ranks	15
Negative Ranks	0
Z	-3.422
p value	< .001
Effect size (r)	0.88

Individual assessment item analysis indicated that the participants showed the highest knowledge gains in identifying a mindfulness technique (46.6% improvement), understanding the benefits of mindfulness in reducing errors (53.3% improvement), and progressive muscle relaxation techniques (40% improvement). The participants improved their knowledge about statistical analysis techniques and their relation to HCAHPS scores to a moderate level. The performance task in which mindfulness breathing was demonstrated showed improvement: 26.7% before the test and 90.7% after the test, indicating that not only theoretical material was mastered but also practical skills were acquired to perform the required action. Knowledge improvements were matched by confidence ratings, with an average confidence rating of 2.47 out of 5.00 before intervention, decreasing to 4.27 out of 5.00 after interventions, a 1.80-point difference.

The project was significant to the organization because it improves staff's ability to identify and manage workplace stress. This enhancement improves staff well-being and the development of the profession, as well as organizational culture, in light of staff wellness, as evidenced by outcomes reported in analogous interventions (Foster et al., 2019; Mealer et al., 2014). Nursing personnel stated that they were now able to recognize their own stress-provoking factors, preventive self-care methods, and use the organizational resources at their disposal. Moreover, the program promoted a culture of open communication about stress and burnout and minimized stigma around admitting workplace problems and seeking help. The positive outcomes of this first program led to a commitment to organizational change to incorporate resilience training into new-

employee orientation and the annual competency mandate, making the organization proactive in its efforts to address the workforce wellness issue.

The project had several limitations that may have affected the results and generalizability. The 15 participants were sufficient to detect significant changes in knowledge, but not to perform subgroup analyses or apply the results to larger, more diverse groups of nurses. Single-site implementation limited understanding of the potential program behavior in other organizational settings, including smaller community hospitals, inpatient psychiatric care, and even long-term care, where staffing models and patient acuity levels differ. There is limited capacity to measure long-term retention of knowledge, lasting behavior change, or actual effects on burnout rates and staff turnover over a long period of time, given a short implementation period and immediate knowledge assessment. Subsequent versions must include three, six, and twelve-month follow-ups after intervention to evaluate knowledge retention and changes in practice that are maintained. The use of self-reported data also introduced the potential bias of response, as participants might have exaggerated their knowledge acquisition or given socially desirable answers, knowing that the program was under evaluation as a doctoral project. Additional objective behavioral measures, peer observations, or supervisor ratings could be included in future research to confirm self-reported change. Also, there was no control group in the study, which prevented one from assessing changes in knowledge due to the educational intervention, but not other factors operating simultaneously, such as seasonal changes in stress levels or other organizational wellness programs.

The implications of this project go beyond the local implementation site, providing a model to be replicated in other healthcare facilities seeking to resolve issues related to the nursing workforce through more resilience education. The success of the intervention highlights the importance of organized, evidence-based staff education interventions to address systemic challenges in healthcare workforce sustainability (Rushton et al., 2015; Wei et al., 2017). This project, by showing that specific educational interventions can positively impact staff knowledge of resilience and stress management strategies, emphasizes a scalable approach to enhancing the well-being of the workforce and its retention. The ADDIE model provides structured guidelines that can be tailored to an organization's circumstances, requirements, and resources. Moreover, it may help reduce burnout rates by using the same intervention across various healthcare facilities, avoid compassion fatigue (Barr, 2018), decrease turnover costs, and ultimately enhance the quality of patient care by fostering a more resilient and engaged nursing workforce. The article by Pappa et al. (2023) indicates that the well-being and resilience of nurses are directly related to fewer clinical mistakes, which supports the idea that staff wellness education and patient safety outcomes can be linked through this project. The deliverables of the project, such as an extensive training curriculum, validated assessment instruments, and resource materials, will be easily adapted and applied in various contexts, leading to the extensive distribution of evidence-based resilience education.

Conclusions

The program was highly effective because it improved the way wellness was supported. The education focused on equipping professionals with knowledge and tools

to manage stress and build resilience. Through knowledge deficit, professionals who were program empowered were able to embrace practices that support well-being while retaining their capacity to deliver care. The major effects involve increased competence in symptom recognition and strategy implementation, possible retention and lack of absenteeism, a strong culture of valuing wellness, and possible cost savings through decreased turnover.

Regarding sustainability, it is recommended that training be incorporated into the required annual curriculum and long-term learning for all employees, including new ones (American Association of Colleges of Nursing, 2024). Periodic refreshers in the form of integration should be incorporated to enhance ideas and exchange experiences.

Knowledge can spread naturally by introducing peer-led education in which those who have shown great knowledge are identified as mentors. Peer champions might be used to support informal learning, coach, and model healthy practices. Continuous learning would be achieved through ongoing support, including follow-up sessions, online repositories, and discussion groups. The development of an intranet page in the organization where resources, recorded exercises, and links to the program would be accessible (American Nurses Foundation, 2024). Increasing appraisal to include longitudinal indicators such as burnout levels (using validated tools), turnover rate, sick days, and satisfaction scores would provide a holistic perspective. Business cases would be more effective if training is correlated with retention and performance. The idea of partnerships with schools, organizations, and facilities should be promoted to share knowledge and disseminate it.

The project has meaningful implications that highlight the need to use evidence-based strategies for wellness (American Nurses Association, 2024). Indicating the presence of small investments in organized interventions that make significant changes in knowledge that can be translated into better coping, increased satisfaction, and decreased burnout. The project strengthens organizational accountability by promoting proactive issue handling grounded in systematic learning rather than crisis management. Society-wide, the project can foster a positive societal change as it enhances equity, diversity, and inclusion in workforce development. Nurses in underrepresented backgrounds with other systemic challenges are disproportionately exposed to stress. The benefits of universal access are that every nurse can be provided with resources to stay well and maintain professional lives. A decrease in turnover may lead to greater continuity of care for vulnerable groups. The project may enhance the quality and safety of care by making the workforce more resilient. Nurses with reduced stress levels can develop better judgment, better patient relationships, follow protocols more effectively, and demonstrate greater compassion in caring. Mohajanfar et al. (2025) validated the hypothesis that resilience and exhaustion are lower than medication errors, using wellness as associated with safety. Patients, families, and communities where care is delivered by healthy, engaged professionals are among the beneficiaries of ripple effects. This project adds to the vision of healthcare by addressing the connection between caregiver well-being and patient outcomes and promoting systemic changes that are needed.

The project has important implications for nursing practice by demonstrating that structured, evidence-based staff education can strengthen nursing knowledge of resilience

and stress management strategies, which are essential for maintaining focus, reducing practice errors, and supporting workforce sustainability. Integrating resilience education into routine staff development may enhance nursing ability to manage workplace stress, improve professional well-being, and contribute to safer, higher-quality patient care.

From a positive social change perspective, this project supports diversity, equity, and inclusion by promoting equitable access to wellness and resilience resources for all nurses, regardless of role, experience level, or background. Nurses from historically underrepresented or marginalized groups may experience disproportionate workplace stress due to systemic inequities; providing universal, structured resilience education helps reduce these disparities by ensuring that all staff have access to skills and resources that support mental well-being and professional longevity.

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Appendix A

Stress Management Knowledge Questionnaire

Instructions:

This 10-item questionnaire assesses your knowledge of stress management techniques **before (pre)** and **after (post)** the Resilience Training Program (RTP). It takes approximately **5–10 minutes** to complete. Select the best answer for each multiple-choice item (1 point each; total 9 points for MC, 5 points for task).

Responses are anonymous and used for program evaluation only.

Mark One: Pre Post

Unique ID (last 4 digits of employee ID): _____

Section 1: Case-Based Multiple-Choice Items (1 point each)

1. **Case:** During a busy morning, Nurse A notices her heart racing as the call lights continue to ring. She recalls a strategy from the RTP to center herself before responding.

What technique should she use first?

- a) Chart auditing
- b) **Mindfulness breathing**
- c) Medication dispensing
- d) Shift scheduling

Answer: b) Mindfulness breathing (Objective 1; Brook et al., 2021)

-
2. **Case:** Nurse B becomes frustrated when a patient refuses medication, thinking, “They’re making my day harder.” She pauses and reinterprets her thought to, “They may be anxious; I can provide reassurance.”

What skill is Nurse B demonstrating?

- a) Ignoring stressors completely
- b) Reinterpreting negative thoughts to reduce emotional impact**
- c) Increasing physical activity only
- d) Avoiding all workplace interactions

Answer: b) Reinterpreting negative thoughts to reduce emotional impact

(Objective 1; Naserallah et al., 2023)

3. **Case:** After applying mindfulness techniques for a week, Nurse C reports feeling calmer and notices fewer charting mistakes.

What is the key benefit of mindfulness in nursing practice illustrated here?

- a) Reduces medication errors by improving focus**
- b) Increases shift length
- c) Eliminates all stress
- d) Replaces team communication

Answer: a) Reduces medication errors by improving focus (Objective 1; ANA, 2020)

4. **Case:** Nurse D experiences shoulder tension after several hours of patient care.

She remembers a relaxation technique from RTP and begins to systematically tense and release each muscle group.

Which technique is she practicing?

- a) **Progressive muscle relaxation**
- b) Scheduling patient appointments
- c) Reviewing EHR data
- d) Conducting handoffs

Answer: a) Tense and release muscle groups to relieve physical tension

(Objective 1; Brook et al., 2021)

5. **Case:** A clinic review shows an increase in stress-related medication errors. The nurse manager notes that few staff have received resilience or mindfulness training.

What factor most contributes to these errors?

- a) **Lack of structured knowledge on stress management**
- b) Excessive patient compliments
- c) Short shifts
- d) Unlimited resources

Answer: a) Lack of structured knowledge on stress management (Objective 1;

Naseralallah et al., 2023)

6. **Case:** Nurse E wants to create a personal plan to prevent burnout and maintain focus during shifts.

Which component should be included?

- a) **Daily mindfulness practice and support contacts**
- b) Ignoring workload
- c) Avoiding all training
- d) Increasing caffeine intake

Answer: a) Daily mindfulness practice and support contacts (Objective 3; Toles et al., 2021)

7. **Case:** The education team analyzes nurses' scores before and after RTP participation and finds non-normal data distribution.

Which statistical test is most appropriate?

- a) **Wilcoxon Signed Ranks test**
- b) Patient satisfaction surveys
- c) Error rate analysis only
- d) Budget tracking

Answer: a) Pre-post knowledge changes in non-parametric data (Objective 2; Dang et al., 2021)

8. **Case:** Nurse F feels overwhelmed by competing priorities. She uses a skill from RTP to reframe her thought from “I can’t do this” to “I can prioritize and start one

task at a time.”

Which RTP technique did she use?

- a) **Cognitive reframing**
- b) Physical exercise
- c) Diet planning
- d) Sleep avoidance

Answer: a) Cognitive reframing (Objective 2; Brook et al., 2021)

9. **Case:** After implementing RTP across the clinic, QAPI reports show fewer patient complaints about communication and increased satisfaction with nurse responsiveness.

What benefit of RTP does this demonstrate?

- a) **Improved HCAHPS Nurse Communication scores**
- b) Longer shifts
- c) Medication shortages
- d) Patient complaints

Answer: a) HCAHPS Nurse Communication scores (Objective 3; White et al., 2024)

Section 2: Performance Task (5 points)

10. **Task:** Demonstrate a 2-minute mindfulness breathing exercise (Objective 2).

Instructions: Sit comfortably, close your eyes, inhale for 4 counts, hold for 4, exhale for 4, repeat 5 times. Describe your experience in **one sentence**.

Scoring Rubric:

- 5 points: Accurate technique, full engagement, reflective sentence.
- 3 points: Minor errors, partial engagement.
- 1 point: Attempted but inaccurate.
- 0 points: No demonstration.

Evidence: Brook et al. (2021)

Total Score: ____ /14 points

Scoring Guidelines: Pre-post comparison; **Wilcoxon Signed Ranks test** for significance

Appendix B: Resilience and Stress Management Staff Education Program

Staff Education Program Overview

This staff education program was developed to enhance nursing knowledge of evidence-based resilience and stress management strategies within an outpatient mental health clinic. The program was delivered through three one-hour, in-person educational sessions designed to promote nurse well-being and patient safety. Content focused on recognizing workplace stress, applying resilience strategies, and developing individualized stress management plans.

Target Audience

The target audience for this program included the following healthcare professionals:

- Registered Nurses (RNs)
- Licensed Practical Nurses (LPNs)
- One pharmacist (optional participation)

Program Duration and Format

The program was delivered over three sessions, each lasting one hour. All sessions were conducted in person and utilized an interactive, adult-learning-based instructional approach.

Learning Objectives

At the completion of the program, participants were expected to be able to:

1. Identify at least three evidence-based stress management and resilience strategies.
2. Describe the relationship between stress, burnout, and patient safety.
3. Demonstrate a mindfulness breathing technique.

4. Apply cognitive reframing techniques to workplace stressors.
5. Develop a personalized stress management plan using available organizational resources.

Session Outline

Session 1: Understanding Stress and Resilience

Duration: 60 minutes

Content

- Definition of workplace stress and burnout
- Impact of stress on nursing performance and medication safety
- Overview of resilience in nursing practice

Teaching Strategies

- Brief lecture
- Group discussion
- Case-based examples

Session 2: Evidence-Based Resilience Strategies

Duration: 60 minutes

Content

- Mindfulness breathing techniques
- Cognitive reframing
- Progressive muscle relaxation

Teaching Strategies

- Demonstration

- Guided practice
- Small-group discussion

Session 3: Application and Sustainability

Duration: 60 minutes

Content

- Development of a personalized stress management plan
- Review of organizational wellness and support resources
- Strategies for sustaining resilience in daily practice

Teaching Strategies

- Worksheet completion
- Reflection and discussion
- Question-and-answer session

Teaching Materials

The following materials supported instruction and learning throughout the program:

- PowerPoint slide presentations
- Stress Management Plan Worksheet
- Stress Management Knowledge Questionnaire
- Guided mindfulness scripts

Evaluation Methods

Participant learning and overall program effectiveness were evaluated using multiple measures, including:

- Pre- and post-intervention Stress Management Knowledge Questionnaire

- Performance-based mindfulness breathing demonstration
- Self-reported confidence ratings
- Qualitative feedback regarding program relevance and usefulness

Program Deliverables

The program produced the following deliverables:

- A structured resilience education curriculum
- A validated knowledge assessment tool
- Stress management planning resources