

Article

Try-It-On

Experiential Learning of Holistic Stress Management in a Graduate Nursing Curriculum

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jhn

Journal of Holistic Nursing
American Holistic Nurses Association
Volume 34 Number 3
September 2016 300–308
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10.1177/0898010115611788
<http://jhn.sagepub.com>



The aim of this article is to relate how nursing students in a graduate curriculum can learn, personally practice, and prepare to disseminate stress management strategies to patients. Advanced practice nurses often provide care for patients experiencing stress-related disorders while concurrently trying to manage their own high levels of stress. Through the innovative Try-It-On teaching–learning strategy, graduate students experimented with holistic stress management approaches, with the intention of sharing with patients what worked effectively. Student comments on course evaluations were positive regarding Try-It-On. In the pilot trial of a quantitative survey to expand the evaluation of the strategy, students who trialed holistic stress management techniques reported satisfaction, engagement, perceived relevance, and intention to trial techniques with patients in future clinical courses. Modeling role modeling theory and the Kirkpatrick evaluation model guided the project, which filled gaps in current knowledge about experiential learning in graduate nursing programs.

Keywords: *educators; group/population, students; group/population, stress management/relaxation; healing modalities*

Introduction

Stress management is a multibillion dollar annual industry in the United States. Stress presents with many different symptoms including chest pain, anxiety, depression, musculoskeletal pain, and skin maladies. Stress increases medical risk for cardiac events, hypertension, stroke, cancer, substance abuse, multiple gastrointestinal disorders, and decreases immune system functioning (Cohen, Janicki-Deverts, & Miller, 2007; Mayo Clinic Staff, 2013; National Institute of Mental Health, 2009, n.d.). In *Stress Costs, Stress Cures*, author Tangri (2003) reports that 19% of absenteeism, 40% of job turnover, 10% of medical costs of prescription drug plans, and 60% of workers' compensation awards are due to stress (Buerhaus, Staiger, & Auerbach, 2009; "The Causes and Costs," 2013). Stress, as a primary workforce health issue, ranks above physical inactivity and obesity (Ayon,

2014; Driessen, Anema, Proper, Bongers, & van der Beek, 2008; Hammer, Saksvik, Nytrø, Torvatn, & Bayazit, 2004). Estimates of the cost of workplace absenteeism due to stress range from 1 million dollars a day ("The Causes and Costs," 2013) to 6.5 million dollars a year (Haswell, 2003). Job stress in the United States costs an estimated \$200 billion annually. Stress is an international problem; in the United Kingdom, job stress has reportedly caused a 10% loss in the gross national product (Kocakulâh, Kelley, Mitchell, & Ruggieri, 2011).

Wilkins (2007) found that medical providers have a higher level of work stress than any other profession, and that nearly half of men and women in

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health care report high levels of stress. Workplace absenteeism is 1.5 times higher in health care workers compared with non-health care workers (Davey, Cummings, Newburn-Cook, & Lo, 2009). Nurses in particular report high degrees of work stress, resulting in burnout, compassion fatigue, injury, illness, feelings of despair, and job turnover (Bost & Wallis, 2006; Humaida, 2012; Moustaka & Constantinidis, 2010; Roberts, Grubb, & Grosch, 2012; Stichler, 2009).

Advanced practice nurses (APNs) often provide care for patients experiencing stress-related disorders, while concurrently trying to manage their own high levels of stress. The American Institute of Stress reports stress-related medical visits account for 60% to 90% of all medical visits in the United States each year (<http://www.stress.org>). APNs must be well versed in teaching stress management strategies to patients; ideally, APNs incorporate these strategies personally as well. Traditional APN education has not incorporated stress management strategies within core courses. This omission leaves newly graduated APNs unprepared to lead patients in stress management and possibly ill-equipped to handle the pressures experienced within the APN role. This gap in the clinical preparation of APNs inspired one online graduate program to incorporate a more holistic approach to stress management as a component of advanced practice education.

Purpose

The purpose of this innovative holistic approach is to provide graduate nursing students an opportunity to personally experience selected stress management techniques, thus improving the student's ability to handle personal stress and provide stress management interventions to patients.

The Setting

The initial course selected for this educational process is a core concept course within a master's nursing curriculum. This course is required by all family nurse practitioner and adult nurse practitioner students. This course is usually taken in the fourth semester of the curriculum. This graduate program is offered completely online, and the students are registered nurses with a minimum of a baccalaureate degree. Students are located in a variety of states, as

well as some foreign countries. Faculty for the course are APNs with a master's degree, minimally, and most have a doctoral degree in nursing.

Literature Review

The high levels of stress experienced by nurses and undergraduate nursing students are well documented (Beck, Hackett, Srivastava, McKim, & Rockwell, 1997; Galbraith & Brown, 2011; Mimura, Murrells, & Griffiths, 2009; Pipe et al., 2012; Sveinsdottir, Biering, & Ramel, 2006; Tyson & Pongruengphant, 2004). Less well-recognized is the stress experienced by graduate nursing students, especially when enrolled in advanced practice curricula. In the only published study of stress in nurse practitioner students in their last year of a master's degree program, participants ($n = 12$) described the stress as ranging from moderate to the most they had experienced in life (Maville, Krantz, & Tucker, 2004). Some participants in this grounded theory study reported feeling overwhelmed by stress, primarily because of inadequate time to fulfill multiple life roles. Furthermore, participants could not name any of the commonly used stress management techniques, and some reported starting on antidepressant medications during graduate school.

Maville et al. (2004) suggested that practicing stress management interventions would not only help nurse practitioner students with their own stress, but also would enhance their ability to teach stress management techniques to clients. Stress is often a factor in the presenting symptoms that APNs address in a typical day's work, as stress is a major contributor to acute and chronic illness. The Centers for Disease Control and Prevention (2010) reported that prescriptions written for antidepressants increased five-fold between 1988 and 2008, while the number of persons on antianxiety agents increased by 50% (National Center for Health Statistics, 2011). Research has demonstrated that an alternate to antidepressants and antianxiety agents is stress management interventions delivered at the individual level, such as through cognitive behavioral therapy, meditation, and mindfulness (Bhui, Dinos, Stansfeld, & White, 2012; National Institute of Mental Health, 2002; Williams, Simmons, & Tanabe, 2015). However, there is a shortage of nurses prepared to provide stress management support to clients. Graduate nursing education traditionally has not

incorporated stress management strategies within core courses. Likewise, graduate education in other health-related disciplines has been deficit, historically, in preparing new practitioners to provide stress management interventions (National Institute of Mental Health, 2002).

Until the present project, no other published reports have tested Maville et al.'s (2004) tenet about the value of graduate nursing students practicing stress management techniques personally before sharing them with clients. However, the benefits of stress management to clients and nursing students across curricula are well known. For clients, stress management can improve quality of life; reduce health care costs; prevent illnesses, such as hypertension and stroke; and improve one's ability to self-manage chronic illness, an essential element of health care reform in the United States (Center for Advancing Health, 2010; Robins, Kiken, Holt, & McCain, 2014). For nursing students, stress management can also reduce anxiety and mood disorders, prevent illness and substance abuse, improve abilities for problem solving and integrating abstract concepts, improve knowledge retention of students in degree programs, and improve clinical performance (Galbraith & Brown, 2011; Jimenez, Navia-Osorio, & Diaz, 2010; McElligott, Capitolo, Morris, & Click, 2010; Ross, Bevans, Friedmann, Williams, & Thomas, 2014). Furthermore, professional nursing organizations uphold self-care and self-nurturance as the foundation of compassionate nursing care for others (American Association of Colleges of Nursing, 2012; American Association of Nurse Practitioners; <http://www.aanp.org/index.php>; American Holistic Nurses Association, <http://www.ahna.org/Resources/Stress-Management/For-Nursing-Students/Exercises-for-Students>; National League for Nursing, 2010).

Stress management strategies commonly mentioned in literature include guided imagery, paced breathing, mindfulness, positive coping and self-talk, yoga, tai chi, progressive muscle relaxation, cognitive behavior training, Reiki, art therapy, music therapy, dance therapy, journaling, prayer, meditation, affirmations, massage, reflexology, and spiritual nurturance (Chiesa & Serretti, 2009; Cuneo et al., 2011; Dusek et al., 2008; Fortney, Luchterhand, Zakletskaia, Zgierska, & Rakel, 2013; Foureur, Besley, Burton, Yu, & Crisp, 2013; Galbraith & Brown, 2011; Hsiao, Chien, Wu, Chiang, & Huang, 2010; McElligott, Siemers, Thomas, & Kohn, 2009;

Menzies & Jallo, 2011; Robins et al., 2014; Ross et al., 2014). Peer mentors who personally practice stress management techniques and can coach nursing students in their own stress reduction are an effective resource, thus preparing nurses to share successful strategies with patients (Li, Wang, Lin, & Lee, 2010). Robins et al. (2014) suggest that advanced practice nurses who master mindfulness as a stress management approach can effectively coach patients in the strategy to decrease patients' stress, enhance quality of life, and improve health outcomes.

Limited educational research has demonstrated the effectiveness of experiential learning, also labelled immersive learning, service learning, and student-centered learning, in graduate education (Conklin, 2013). The American Association of Colleges of Nursing (2011) calls for integrative learning experiences that are effective and relevant for advanced practice and leadership. Benefits of experiential learning activities integrated into master's coursework include the advancement of independent thinking, skilled communication, professional identity, and preparation for the "real" world (Conklin, 2013). Furthermore, the notion of trialability has arisen from innovation adoption theory and research and suggests that, if a person can try out a new behavior or product, the person may be more likely to adopt it (Banerjee, Wei, & Ma, 2012; Rogers, 2002). Few trials of experiential learning or trialability in graduate nursing courses are reported in the literature.

APNs in the millennial generation especially desire learning that connects their professional work with their personal lives and experiences, is active in nature, and is immediately relevant in practical settings. Millennial graduate students also report low tolerance for high levels of stress that create work-life imbalance (Conklin, 2013), suggesting that this generation of students may require astute stress management approaches for their personal and academic lives.

The gap in preparation of APNs to use and teach stress management approaches and the influx of millennial learners inspired the faculty in this online program to experiment with a new learning modality. The anticipation was that trying out stress management approaches while a graduate student would lead to the personal adoption of stress management strategies that would then be translated into practice with patients.

Conceptual Frameworks

Modeling and role modeling (MRM) theory allows the nurse to see the world from the patient's perspective and understand the patient's personal model of health and health behaviors (Erickson, Tomlin, & Swain, 1983). Practicing by the MRM theory, the nurse takes time to understand the patient's affiliated individuation, which is how the patient balances a desire for independence with a desire to belong to a group or participate in group actions. The nurse also takes time to reflect on his or her own personal cognitive and affective models in this project, focusing on stress management. By experiencing stress management strategies, the nurse can identify his or her own biases and beliefs and see more clearly the patient's model. The nurse then can implement tailored interventions to support self-care, adaptation, and mobilizing of resources. According to the MRM theory, the nurse can provide holistic care through supportive facilitation and education on stress management strategies; nurturing a trusting, accepting, empathetic nurse-patient relationship; presenting a positive orientation on the value of stress management to alleviate the patient's symptoms; and engaging patients in mutual goal setting. In the Try-It-On activity, the tenets of the MRM theory guided APN students in a personal trial that then prepared students to guide patients in stress management approaches.

The methods for this project were based on constructivist learning theory (Cunningham & Duffey, 1996; Piaget, Elkind, & Tenzer, 1967) and reflective thinking (Bulman & Schutz, 2013; Dewey, 1933, 1987; Reid, 1993; Schön, 1983). Rather than viewing learning as a passive process in which the learner receives instruction and information from the faculty, the faculty in this project adopted a constructivist learning perspective, focused on active learning to support learner discovery while engaged in a learning activity. Reflective thinking encourages a learner to pause and consider an experience for the purposes of informing future actions and practices. Through reflection, experience yields knowledge, which then informs future experience and practice. Schön (1983, 1987) viewed reflection-in-action as a characteristic of expert practitioners. While reflective thinking in nursing is underresearched, the widely accepted theoretical underpinnings of the approach and the high value learners place on the

approach (Gendron, Myers, Pelco, & Welleford, 2013; Langley & Brown, 2010; Ruth-Sahd, 2003) prompted faculty to include reflection and reflective journaling in this project.

Kirkpatrick and Kirkpatrick's (1975, 2006, 2007, 2014) model for evaluation of education offerings provided the evaluation framework for this project's experiential approach to stress management. The Kirkpatrick model evaluates an educational opportunity in four levels: learner satisfaction, which was recently expanded to include learner engagement and perceived relevance; knowledge and skill acquisition, recently expanded to include confidence to perform and intention to use; behavior change; and outcomes or desired results.

Method

Up to 70% of learning occurs through a "practice by doing" approach (Lombardo & Eichinger, 2000). In 2012, faculty members in the School of Nursing's master's program at Ball State University developed an innovative Try-It-On approach to stress management and integrated the approach in a core curricular course. The project leader designed a hands-on process for teaching stress management tools through actual use. The approach was based on holistic principles of viewing one's entire being as inseparable and interrelated. Students were encouraged not to just complete this assignment as a task to check off of a list, but to fully engage mentally, emotionally, physically, and socially/relationally. Students were encouraged to accept and create awareness for the global effect on the self, from the cellular level to relationships in a workplace setting (Thornton, 2010).

In completing the learning activity, students selected from a list of various methods of stress management, most of them holistic in focus, including yoga, behavior modification, journal writing, progressive muscular relaxation, humor therapy, diaphragmatic breathing, meditation, art therapy, music therapy, physical exercise, mental imagery, and massage therapy (Seaward, 2012a, 2012b).

Students began by reading about the assigned approach. Each method was assigned for a specified period, usually a week. Students then chose how to personally implement the method into their daily lives for that week in order to experientially engage in the technique. For example, the student might choose to implement yoga by following a DVD or

attending a live class. The student was required to try the activity more than one time during the week. Through this immersion, the student had the opportunity to apply the method to different stressful situations, including home, work, and school life.

The student then presented personal findings in a workbook and a journal. Journaling provided a time for reflection. Following Cronin and Connolly's (2007) recommendation that reflective journaling be structured, students considered the following prompts: Was this stress-management approach successful? In what way? If not, why? How could it be successfully implemented with patients?

Measurement of Outcomes

Initially, the effectiveness of the novel approach was tracked through open-ended responses and mean scores on students' course evaluations. The overall course evaluations did not specifically ask students' perceptions of the Try-It-On strategy; however, students spontaneously wrote that the strategy was relevant and effective. In an effort to elevate the rigor and specificity of the Try-It-On evaluation beyond standard course evaluations, the faculty designed a quantitative survey that measured the strategy according to the first two levels from the Kirkpatrick (2014) model.

The eight-item survey was piloted anonymously with nine students who volunteered just as they were completing the course. The response format was a 5-point Likert-type scale, with 1 = *strongly disagree* and 5 = *strongly agree*. Sample items measuring Level I of the Kirkpatrick model were "I personally benefitted from trialing stress management strategies," "I was satisfied with this aspect of the NUR 611 coursework," and "Experiencing a stress management strategy myself before I teach my clients is valuable." Sample items measuring Level II were "I feel confident in teaching my clients about at least one stress management strategy," and "It is more likely that I will share stress management approaches with my clients since I have personally experienced strategies that work."

Results

More than 340 students have successfully completed the course with the Try-It-On strategy since it was implemented in the summer of 2012.

Documentation of the effectiveness of the strategy initially emerged from open-ended comments written spontaneously on course evaluations. The written comments reflected the first and second levels of the Kirkpatrick (2014) model, specifically satisfaction, engagement, perceived competence, and intention to apply the learning experience:

I would never have tried all of the methods without this class. I feel ready to teach my patients.

I used the deep breathing at work to help with a frustrating day; it actually worked! No one was more surprised to realize that than me!

I had always told my patients to try yoga for pain and stress, but I had never tried it myself. After this experience I am an avid yoga practitioner and couldn't be more thankful for this experience. Now I will really encourage my patients!

Students who attended the course in the spring semester of 2015 were asked to voluntarily complete the newly designed quantitative survey in addition to completing the course evaluations. On the pilot test of the survey, students ($n = 9$) reported experiencing a wide range of stress management methods, averaging four to six different strategies trialed per student. Item mean scores ranged from 3.67 to 4.33, with a possible range of 1 to 5. The lowest mean score was on the confidence item ($X = 3.67$). The highest item mean scores were on the two items: "Experiencing a stress management strategy myself before I teach my clients is valuable" ($X = 4.33$) and "Teaching my clients to manage stress will be important in my practice" ($X = 4.33$). The survey will be used each semester, following the spring semester 2015, to add to quantifiable data reflecting the effectiveness of the experiential approach.

In order to evaluate Try-It-On by the Level III criteria of the Kirkpatrick (2014) model, a follow-up inquiry is planned to determine the extent to which graduate students actually applied the stress management strategies with clients and in their own lives. The Level III evaluation will occur 6 months after the semester in which students participated in Try-It-On. Students will indicate on a computerized, anonymous survey how many times they have taught clients stress management techniques and how many times they have used the techniques personally. Items on the 6-month follow-up survey will also

measure criteria from Level IV of the Kirkpatrick (2014) model, specifically, how effective the strategies were in managing personal stress. As a last element of Level IV evaluation, which inquires as to what degree desirable outcomes have resulted from the learning approach, patients to whom APNs taught stress management approaches as part of a clinical course will be surveyed and asked to indicate the effectiveness of the strategies and their overall stress levels in life.

In the pilot test of the quantitative survey, spring semester 2015, students ($n = 9$) were asked if their “stress level during the current semester was one of the highest it has ever been in my life.” The mean score was at the midpoint ($X = 2.44$), suggesting that this particular semester of graduate school, which did not require clinical hours, was not highly stressful. Only one respondent strongly agreed with the item.

Discussion

This project integrated holistic principles of stress management with innovative teaching strategies in a graduate nursing curriculum. Results provided early support for the effectiveness of the Try-It-On approach in advancing stress management skills of APN students. Graduate nursing students who trialed holistic stress management techniques in a core curricular course experienced satisfaction, engagement, perceived relevance, and intention to trial techniques with patients. Try-It-On is a low-burden learning activity in terms of faculty preparation time and student engagement. Furthermore, Try-It-On has elements that will particularly appeal to millennial learners, as students have a choice of techniques to try and are encouraged to blend the assignment into their personal lives.

The results of this project offer indirect support for Maville et al.’s (2004) tenet that practicing stress management interventions would enhance students’ ability to teach stress management techniques to clients. Students in the pilot test of the quantitative survey agreed that they were more likely to share stress management approaches with clients after having personal benefit.

The newest version of the Kirkpatrick evaluation model (2014) provided a credible method for evaluating the Try-It-On approach, even though measurement of outcomes at Levels III and IV is still

pending. No longer does simply measuring student satisfaction with a teaching strategy provide graduate faculty with the detail they need to know to justify inclusion of an approach in course assignments. Faculty must believe that patient care will be improved by the learning activities in which graduate nursing students participate. Student confidence in performing a behavior and intention to perform a new behavior are primary predictors of actual future behavior (Rhodes, Morris, & Lazenby, 2011). Responses on the pilot test of the survey indicated that trying on stress management strategies was likely to translate into clinical practices that benefited patients. Collecting data for Level IV measurement may occur more readily in the future, as the health care practices form registries and panels of patients from which data, such as levels of perceived life stress, can be quickly derived.

This project has not provided much new knowledge yet relative to the MRM theory (Erickson et al., 1983). The MRM theory focused on the nurse–patient relationship. This project was a preclinical curricular project, as clinical application of the course content occurs in a later practicum course. As students begin to translate stress management strategies into clinical practice, data relative to Level III can be collected, and the tenets and concepts of the MRM may be more fully examined for utility and appropriateness. Questions to be addressed include the following: To what extent do graduate students perceive that the experiences gained in the Try-It-On activity: (a) influenced the ability to set mutual goals with clients, (b) positioned students to promote acceptance of new strategies, (c) provided a positive orientation that could be replicated, and (d) enabled students to provide patient education with an understanding of how to adopt new stress management strategies.

Future revisions of the Try-It-On approach will include a stronger emphasis on mindfulness for stress reduction, as a strong evidence base is developing to demonstrate that mindfulness is an effective stress management approach and can be taught by nurses (Williams et al., 2015). Since debriefing and interactive follow-up discussion enhance the impact of experiential learning (Conklin, 2013), students will begin to discuss their learning experiences on an online group site. Reflective journaling may become more structured with the use of reflective recoding forms (Langley & Brown, 2010). Following

the recommendation of Cronin and Connolly (2007), reflection will also include how MRM theory informs patient education on holistic stress management.

Because the implementation began several semesters prior to initial collection of quantitative data, one lesson learned in this project was to begin quantitative evaluation earlier. Faculty believed that the open-ended comments and course evaluation items would adequately indicate student satisfaction with this learning activity. Faculty now realize that students' satisfaction is the lowest level of evaluation of an educational offering. Faculty are now trialing ways to measure all four levels of Kirkpatrick's model.

Conclusion

Graduate nursing students who trialed holistic stress management techniques in a core curricular course reported satisfaction, engagement, perceived relevance, and intention to trial techniques with patients. This project, based on the MRM theory (Erickson et al., 1983) and evaluated through the Kirkpatrick model (2014), illustrated how innovative holistic approaches can be integrated into graduate programs, especially ones in which millennial students are enrolled. Future evolution of this project can feature extension of the outcome measurement beyond student report, an emphasis on mindfulness as an evidence-based strategy, and explication of how students develop relationships with patients, based on the principles of the MRM, for the purposes of teaching stress management.

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