

MIND THE GAP:

**Preparing Nurses
to Practice
with Resilience
& Integrity[®]**



RESILIENT NURSES INITIATIVE

• MARYLAND •

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FROM THE WIKI

I can practice inserting an IV on a pillow all day and night, but if I do not practice self-care and compassion, I will not be able to satisfy my holistic role as a nurse.

—Hannah H.

Introduction

One of the many things the coronavirus pandemic taught us is the importance of mental health and resilience among nurses, who have been on the frontlines since the beginning.

While there is so much science, technology, and protocol to be taught in nursing school, those lessons must be integrated with teaching nurses how to take care of themselves, how to advocate for their patients, how to push back against ethical lapses, and how to stay resilient in the face of overwhelming emotional upheaval. Yes, individual instructors have these conversations with individual students. And many schools offer a seminar or class on resilience and another on ethics. But it's not enough. Tending to nurses' souls and their integrity is as critical as tending to their psychomotor skills if we are to graduate nurses who stay the course against overwhelming odds.

There are critical challenges facing the profession, not the least of which is that as many as half of nurses polled in 2019 said they had considered changing careers.^[1] And that was BEFORE the pandemic! At the same time, enrollment in Schools of Nursing surged during the pandemic.^[2] This is an encouraging sign, but the bigger question is: How will we retain and sustain the students we educate? How will we prepare faculty to model and integrate these skills in their teaching?

Nurses as individuals and the profession as a whole must find a voice, honour their contributions, and learn the skills needed to work in supportive teams and shore up one another. That calls for a new paradigm for educating nurses to meet the challenges they face with resilience and integrity. The future of the profession depends upon it.

Content in the nursing school curriculum only gives passing attention to how to sustain yourself in the profession and meet the ethical challenges that will arise. Nursing

students report being confident in their training only to have it eroded when they enter the workforce. Despite efforts to bridge this gap, too many novice nurses leave their jobs or the profession within two years. This brain drain is debilitating to the profession; stopping it is important to safe, quality patient care.

To learn how nursing schools and nurse residency programs can bridge this gap and better prepare nurses in the future, the Resilient Nurses Initiative of Maryland partnered with WikiWisdom to hear from nursing students, nurses, and educators. The project was funded by a Nurse Support Program II Grant administered by the Maryland Higher Education Commission and funded through the Health Services Cost Review Commission.

Using the unique online WikiWisdom Forum platform, we asked:

As a nursing student: What strategies for resilience got you through the pandemic? How do you expect them to help you as a nurse? What do you believe is the most valuable and usable skill, practice or method you have learned?

As a nurse: What lessons from nursing school served you best during this healthcare crisis? What gaps exist from the challenges you faced versus what you learned in nursing school?

As an educator: What are the life/work lessons of resilience you feel are most important to share with your students/new nurses? How do you do that? What do you think are the gaps between what you teach and what nurses need to face the challenges they will confront?

In response, 270 nurses, students and educators posted 114 ideas about how they are caring for themselves and others and how they believe nursing education must change to meet the demands of the future.

They shared their personal stories of resilience. Nurses talked about how exercise, walks in the woods, prayer, and support from families and friends lifts them up. Nursing

instructors talked about how they work with students to help them recognize and persevere when their ethics are challenged. Students talked about managing the stress of Zoom classes isolated from their fellow students and how they found ways to interact with patients as often as possible.

From that online conversation, 7 Thought Leaders were invited to join a second phase of the project. They are: Tammy Bowers, Elizabeth Cushing, Amanda Krow, Nicholas Girard, Palkesh Jani, Laurie Rome, and Jenell Steele. The Thought Leaders took those stories and used them to develop the actionable recommendations included in this report.

The goal is to ensure students have emotional and physical reserves, know where to get the best advice, and can access available resources during their careers.

In the words of one Thought Leader: “It’s almost like disaster planning. It’s readiness for you as an individual, to be able to identify when you’re experiencing moral distress or an ethical dilemma, and to not be alone with it, to be able to raise your voice and say, ‘Taking care of this patient who is so close to brain dead is devastating me day after day. Help me with it.’”

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Recommendation 1

Modernize the Curriculum to Reflect 2021 Realities

STATEMENT OF THE PROBLEM

The world of healthcare has changed. The pandemic has upended old patterns of teaching, learning, and delivering healthcare. Nursing education must change too. We believe that modernizing the curriculum will go far beyond meeting the basic requirement of producing nurses who are able to pass licensing exams. It will help us graduate nurses who are self-confident communicators, strong advocates for their patients, ethically-competent and emotionally-resilient people who are keenly aware of the need to take care of themselves. To do this, we will need more robust measures of success that go beyond licensing exam pass rates and include measures of resilience and ethical competence.

FROM THE WIKI

I have said for years, we teach the same way I was taught. How is that possible when “healthcare is always changing” but we do not change the way we educate nursing students?

—Tammy B.

PROPOSED SOLUTIONS

1. Start Nursing School with a Bird’s Eye View of the Profession

Rather than waiting until last semester to discuss the difficult challenges of nursing and offer tips on self-care and building resilience, do it first, as a freshman orientation week. The week’s programming would feature nurses talking about the ethical challenges they have faced on the job, experts sharing tips on building and maintaining resilience in the face of adversity, and videos of real nurses on the job, confronting ethical challenges and sharing their stories of adversity and resilience.

The goal is not to blunt the natural excitement and enthusiasm incoming students feel about their career choice. Rather, it is to help students go into training with their eyes wide open. An effective program would give students a basic understanding of the ethical issues and challenges they will face in their careers and the skills they need for building resilience, being assertive, and taking care of themselves. This base knowledge is something they can return to again and again during the course of their studies so that it is second nature when they cross the bridge to professional nursing.

2. Infuse the Curriculum with Conversations on Healthy Coping

Estimates are that 10 percent of nurses will misuse drugs or alcohol at some time during their career. One report suggests that “a lack of knowledge concerning substance use disorders hinders the ability of nurses to identify and address signs and symptoms of abuse in colleagues and promotes stigmas associated with substance abuse among nurses. These attitudes may deter nurses from divulging the truth about their addictions, thereby preventing them from seeking the help they need.”^[3] Honest acknowledgment of these risks in nursing school and in practice settings, creating a culture where it is safe to explore these concerns, and having transparent access to resources are needed to shift this pattern.

One-off seminars on healthy coping, one-on-one conversations between instructors and stressed-out students, and school-sponsored social events to help students “blow off steam” are a good start, but they are not enough. Discussions of healthy coping should be infused throughout the curriculum. This may require training instructors on how to talk about healthy coping and ways to bring up the subject organically during instruction. Regular ongoing conversations set parameters and can do more to help nursing students develop healthy coping mechanisms, manage stress, and use resources.

3. Allot More Time for Simulation

Simulation of real-life situations is an important part of education in training nurses how to handle patient care. This goes beyond role-playing exercises to using simulation to help build nurses who are resilient and emotionally ready for the challenges of the profession. Clinical simulations could include scenarios that present tough ethical challenges and portray nurses who are overwhelmed. It would help new nurses build up a repertoire of how to deal with situations they may face in a safe learning environment.

FROM THE WIKI

Feeling completely wiped out at the end of a workday was not normal for me before the pandemic. I learned that I could not pour from an empty cup. If I am unable to do things for myself to ensure my well-being, I cannot give my all to others. I learned when and how to give myself a break.

—Kelly B.

FROM A THOUGHT LEADER

One of the things missing for me in school was those real conversations about what healthy coping looks like: It's okay to have a glass of wine, but not cocaine. It sounds funny, but substance use disorder in nurses is a very real thing.

FROM THE WIKI

As workflow patterns were forced to change to meet the new demands in my job, I was required to change my daily practice and the care I provided. As I began to stress over the “safe though substandard care” I felt I was giving (substandard on the grading scale I had created for myself), I came to a realization: I needed to extend GRACE to myself!! Yes, GRACE! I was working as a nurse during a pandemic, and I needed to give myself permission to bend!

—Melissa W.

4. Offer More Interprofessional Learning Opportunities

Nurses on the job will work in interdisciplinary teams. To prepare them for that, nursing schools should collaborate often with schools that train other medical professionals – physicians, dentists, pharmacists, etc. – to create scenarios faced in clinician practice. Bringing all of the professions together to tackle a single problem mimics the way nurses will work when they graduate, gives students a deeper understanding of their colleagues in other medical specialties, and builds a strong base for understanding how to work across disciplines. These simulated interprofessional experiences are even more important while the pandemic limits clinical hours.

5. Teach Nurses How to Teach

Not everyone is cut out to be a teacher, but in clinical practice most nurses teach new graduates on the job. Often because of their tenure and experience, nurses are pressed into unfamiliar teaching roles. To be successful, they need and deserve help and support. In Schools of Nursing, new faculty may similarly lack skills in teaching and learning that are needed for the changing academic environment. Whether teaching in clinical settings, classrooms, or virtually, experienced nurses need additional skills in sharing their expertise with others. Delivering constructive criticism, demonstrating proper technique in a more nurturing way, and empathic communication are skills that can and should be taught.

FROM A THOUGHT LEADER

I did not have the opportunity to participate in the standardized patient, or role play, until I had been a nurse for five or six years and my mind was blown! I think in terms of resilience, feeling equipped, feeling like I was able to show up in a way that advocates not only for my patient but for myself – that power dynamic – is something we don't talk about very much.

FROM A THOUGHT LEADER

Clinicals are skills-based. Anything more depended on the instructor. I only had one who was empathetic.

FROM A THOUGHT LEADER

Once a semester, the nursing, medical, and public health schools all got together. We were assigned groups and went into a little room with other students to go over different situations. It gave us all a better insight into the other. The medical students didn't realize the scope of practice of nurses, so it was good for them, too.

Why We Think This Will Work

Students need to graduate nursing school with certain skills and know how to perform certain tasks. But the reality is that they will do those and many other tasks as they grow into the job. Nurses who graduate with the foundational skills for remaining resilient in the face of challenge are the ones who will best withstand the rigors of the profession. Integrating healthy coping, resilience, and integrity-preserving skills into existing courses throughout their nursing program conveys that the content is central and not optional.

Recommendation 2

Make Education More Like Real Life

STATEMENT OF THE PROBLEM

Nursing is a hands-on profession. It is best taught by allowing nurses to interact with real patients with real illnesses in real healthcare settings. More seamlessly integrating classwork with clinical time is the way to bring all aspects of nursing education together, including exposure to the types of ethical questions nurses will face in their careers. It's also the best way for students to see working nurses model their own resilience and self-care.

FROM A THOUGHT LEADER

If there's an instructor saying, "This is edema," and I can see edema, I can touch edema, it's a lot more beneficial than just talking about it and looking at a picture in a textbook. More hours in the hospital, perhaps even blended courses, pathophysiology courses in the hospital where we see a patient, and then we talk about everything that was going on inside of them, means I can attach reality to the academic side of it. And I think honestly, that would blend in perfectly for the NCLEX.

PROPOSED SOLUTIONS

6. Structure Classes with More Time in Clinical Practice

There certainly are a lot of competing demands for the limited class time, but every hour spent in a clinical setting with real patients will be more effective than spending that same hour in a lecture or looking at a textbook. Nursing students want as much hands-on experience as they can have. Instead of adding classes, integrate skills in resilience and ethical practice into what is already being taught. Regularly using clinical experiences to demonstrate how to respond to the challenges allows faculty to model their thinking processes and resilience practices.

FROM A THOUGHT LEADER

The challenge I faced when I left the hospital and moved to long-term care, you're the only nurse. You and a couple of CNAs. There is not a physician on site. Everyone is coming to me. You have to make a lot of decisions you wouldn't have made in a hospital setting because the team structure changed. My program didn't have any long-term care clinical placements. After a couple shifts, I was on my own.

7. Create Clinical Opportunities Outside of Hospitals

Only 61 percent of nurses will work in a hospital setting,^[4] but that is generally the only type of clinical experience available to students. The school should seek partnerships with outpatient surgery centers, public health and mental health facilities, and long-term care centers. As the population continues to age, the need for nurses in long-term care and hospice will continue to grow.^[5] Offering nursing students an up-close look at work in those alternative healthcare settings could help students choose their future career path and ensure they are more prepared for the unique challenges it will present. Aligning student strengths and goals with practice setting is one important way to reduce stress and ensure nursing students move through their careers with integrity and resilience.

FROM A THOUGHT LEADER

After every clinical, we would regroup to go over the day. That might have been a good place to give you more practice communicating in a situation like "That didn't go the way we wanted."

8. Inject More Discussion of Resilience and Ethical Practice into Clinical Experiences

Many clinical experiences will involve situations that challenge a student's resilience and values. Train nursing instructors to guide discussions around ethics and resilience as a regular part of their end-of-day discussions with students. These are the real-world situations where nurses need to feel like their emotions, reactions, and fears are valid and that they have the resources and inner strength to deal with those experiences. Clinical faculty can use standardized debriefing and facilitation skills to support authentic sharing.

9. Expand Instruction Around Ethical Issues

While instruction focuses on teaching students to recognize an ethical problem, it is a bigger challenge to help nurses develop the personal power and skills to address that ethical problem. In the power disparity between a physician and nurse, or a hospital administrator and a nurse, or even a nursing supervisor and a new nurse, students need to understand what skills, resources, and supports they can bring to bear. At the same time, the faculty should teach new nurses how to speak up for themselves and advocate for their own better treatment.

FROM A THOUGHT LEADER

This is a place where education and practice often look different. I was prepared enough to be able to recognize an ethical dilemma when it was in front of me, but I did not graduate with the solutions or knowing what to do.

Why We Think This Will Work

The more students are exposed to the day-to-day realities of nursing, the more they will understand their own reactions to those stresses and be able to see where the gaps lie. Discovering those gaps while still in school means that a future nurse has the chance to ask for help from a mentor or instructor. It also will enrich discussion of ethics content and of how to apply resilience strategies when students can bring their own life experiences to the classroom.

Recommendation 3

Expand Support Systems for Students and New Nurses

STATEMENT OF THE PROBLEM

Becoming a nurse is a journey that can feel isolating at times, a reality that was amplified by the social separation required in a pandemic. Social gatherings were curtailed, social networks disrupted. Adding to this isolation, students were separated from faculty and clinical resources.

Still, all nurses will need a “person” throughout their career. That’s the person who always understands, the person who will explain a new process without judgment, the person who will offer comfort on the bad days and help celebrate the good days. There’s a reason this was, by a large margin, the most discussed problem on the Wiki. Nurses know they cannot do this work alone. It’s too hard, too emotional, and can take too big a toll. Developing a support network beginning in nursing school sets the stage for the entire career.

PROPOSED SOLUTIONS

10. Ensure that Every Student/New Nurse Has at Least One Mentor

Whether this is a student-to-student mentor, a teacher-to-student mentor, or a nurse-to-student mentor, every student should have at least one mentor who follows him or her through school and into the workforce. Ideally, each student would have at least two mentors – a student mentor and a professional nurse mentor. If new nurses come into the workforce without a mentor,

FROM THE WIKI

As a nursing student I was taught all the basics of nursing care. As a nurse, I was taught to refine my nursing care skills. As a nurse educator, I teach resilience in nursing.

On my journey, I learned that we as nurses need a community to share our experiences and stories. We need one another in order to be resilient and remain not only at the bedside, but in nursing. This is how we learn and grow in our profession and as people.

The largest gap that existed for me was not knowing or realizing the importance of an outlet to discuss what I had witnessed as a nurse. Many things are not appropriate for dinner discussion with the family. I had a meltdown at dinner one evening with my children present. This is when I had the “aha” moment.

—Jennie A.

FROM A THOUGHT LEADER

In my undergraduate, prior to nursing school, we had what we called a “sister class.” When I came in as a first year, a third year was assigned to me. Then, during my second year, I saw my big sister off and I became a mentor that following year. It was kind of embedded that you had support going in, and then you anticipated being the support for someone else later on.

FROM THE WIKI

As a new nurse, there are some shifts that are more challenging, more stressful, more emotional, more physical... just MORE, than others. A lesson is learned with each new experience, but you can also feel deflated, tired, stupid, and impostor syndrome can take away any confidence you had in your blossoming nursing abilities. Having a good team can help to make a perilous situation seem like a puddle instead of a tsunami. Being able to turn to someone with more experience to explain the situation, express your frustration, and have them understand helps to validate your feelings and reassure you that one day you, too, will feel like a “real” nurse.
—Danielle S.

healthcare organizations should create meaningful opportunities for mentorship relationships to be established.

Not everyone will be able to find those mentors on their own, so it should be incumbent upon the school to assign each student a student mentor who is a few years ahead in school. Then, in the best of all worlds, the school would recruit enough working nurses to assign each student an experienced nurse as a mentor as well. (More on that in the next section.)

11. Teach Students and Nurses How to Create an Effective Mentoring Relationship

Nurses don't always know how to be a good mentor and students may not know what they can expect from the mentoring relationship. Developing programs to prepare nurses in all roles and specialties to serve as mentors for students and new nurses creates accountability and consistency. Likewise, educating students about how mentors can and should support them will empower them to ask for the support they need. A required session that the mentors and mentees attend together would give everyone a strong base for developing a beneficial relationship.

12. Develop More Ways for Students to Work in Supportive Teams

Team learning experiences should go beyond group class projects. And they must be augmented with skills in communication, conflict management, and negotiation. To achieve this, nursing students should be assigned to teams or encouraged to develop their own teams throughout their student careers. Their professional careers are likely to be spent working in teams – both groups of nurses and interdisciplinary teams across healthcare professions.^[6] Learning to support one another, teach one another, compensate for one another’s weaknesses, and celebrate one another’s strengths is a skill that should be taught and honed while in nursing school.

FROM A THOUGHT LEADER

Before I started my program, someone from student affairs sent an email saying, “We have this peer mentor program. If you want to apply, fill out a form.” It was completely voluntary. I was all for it. After I applied, I got another email, “OK, here’s the name and contact for your mentor.” I got set up with someone in her 3rd semester when I was in my 1st. We never really had any formal meetings. It was more like shooting the breeze, she gave me some of her notes and study tips. It was helpful, but it could have been better if it was more structured.

FROM THE WIKI

I encourage my students to find their support system as I did, whether it is a person, people, or even a pet. Asking for help as a nurse is important while working on nursing tasks but is even more important when dealing with the emotions of being a nurse. This is how we keep coming back because we have safe hands to rest in when we need time to regain our strength.

–Elizabeth C.

When the pandemic started, I had the opportunity to lead 150 Sailors, Officers, and civilian healthcare workers in the Emergency Department of one of the Navy’s only trauma centers. What worked for our teams was EVERYONE FELT HEARD, constant FEEDBACK WAS GIVEN/TAKEN, and there was a BALANCE as the tasks/ assignments stacked up. Every member of the team knew each other well enough to know when we had to lighten up or could press on.

This worked in ensuring there were no cracks in our resiliency as individuals or as a cohesive team on the floor that would compromise patient care or the mission. This constant closed loop communication among all levels of leadership and individuals is something I feel needs to be emulated in the school setting as well, especially during these unique pandemic settings.

–Max O.

FROM THE WIKI

We have to trust each other every day to provide care for our patients and their families. Now, we trust each other to maintain vigilance in our lives so that we can protect each other from contracting the virus. As a person who falls into a few high-risk categories, I need to trust that my colleagues will protect my life by being cautious themselves. (Just pause for a moment to reflect on that last statement.... That it is a distillation of fact, and not hyperbolic or inflammatory.)

—Laurie R.

As a new nurse, I would offer to nursing students the advice to forgive yourself of the things you weren't able to accomplish and take pride in the small daily victories. Becoming a nurse is a process and each day you learn new things.

—Julie T.

FROM A THOUGHT LEADER

When I had my first patient expire, I had no idea what to do and they just assigned me to my next patient.

13. Create Systems that Support Students in Their Transition to Work

Asking for help is often viewed in nursing as a sign of weakness. It's easy for new nurses to feel overwhelmed and alone once they leave school and enter the workforce. The first time they have to deal with a patient death, are assigned a task they have never performed, or face an ethical challenge, they would have a support system in place. This support system would include other nurses, leaders, and a system that is responsive to their inexperience and vulnerability. Embedded would be various types of support from mental health professionals, peers, chaplains, and other professionals. Creating learning environments in which asking for help is viewed as a strength rather than a weakness helps to foster life-long habits that sustain nurses throughout their career.

Why We Think This Will Work

Knowing there is someone on our side, someone who has our back, is a key to success in any endeavor. In a business as emotional as nursing, it is critical, especially for new nurses who need to develop the coping skills that will carry them through the toughest times. Having their “person” to offer advice or support can mean the difference between a nurse who perseveres and one who changes careers.

Recommendation 4

Strengthen the Connections Between Students and Experienced Nurses

STATEMENT OF THE PROBLEM

The number of nurses leaving the workforce each year has been growing steadily from around 40,000 in 2010 to nearly 80,000 by 2020^[7] and a 2019 survey by RNnetwork found that 49 percent of nurses had considered leaving the profession.^[8] And that was BEFORE the pandemic. If we want to keep new nurses on the job, we need to better prepare them for the emotional and moral toll the career can extract. We also need to assure they will have the support they need in those first critical months on the job when everything is new, from performing new procedures to losing a patient.

FROM A THOUGHT LEADER

As a nurse, we have all these tasks we didn't learn in school. Plus, we don't know who we can ask for help. The administration will say, "There's always someone available for help. You can call this person. You can call that person." Well, you know what? It isn't always like that. You're the new nurse and you're overwhelmed. And this happens day after day after day. That's why nurses leave nursing because they don't have that support.

PROPOSED SOLUTIONS

14. Pay Experienced Nurses to Act as Mentors to Students

Having a strong nurse mentor is such an important support for nursing students and new nurses that we believe nurses should be paid for this work. The beneficial connection is enough to make it worth devoting a portion of the school budget or seeking foundation grants. Incoming students can be paired throughout their schooling with an experienced nurse who has been trained in how to be an effective mentor. That mentorship relationship would continue as students graduate and move into their nursing career. That would ensure students will have someone they know well and trust enough to share their fears and fumbles, someone they can ask for help when no one on their team is available. Forming that bond while they are still in school could be key to keeping new nurses on the job.

15. Hire More Instructors Who are Practicing Nurses

Nursing school is so much more than learning to start an IV or take a blood pressure. Students need to hear from nurses who are facing challenges in real time. They can candidly share their experience coping with the politics of a unit, managerial edicts that conflict with their ethical practice standards, the stress of losing a patient, and other real-life nursing challenges. Bridging the gap between academia and practice relies on strengthening these relationships to foster continuity, innovation and realism.

Secondarily, recruiting practicing nurses to be teachers can help solve another problem contributing to the nursing shortage: Too few nursing instructors.^[9] Building the pipeline of nursing faculty can begin by engaging experienced nurses to participate in the education of students.

Why We Think This Will Work

Connecting students to experienced nurses more purposefully, both inside and out of the classroom, will give students a sounding board and support system. The real-life work-a-day knowledge that can flow from nurse to student will help build better, more resilient nurses.

Recommendation 5

Support the Whole Student

STATEMENT OF THE PROBLEM

If we want to graduate new nurses who are not just adept at nursing skills, but who are well-rounded nurses, we need to support the whole student. Nursing students are not merely a disconnected set of compartments. Intentional ways to honour the whole person who is connected to their cultures, histories, and communities is an important step in creating an inclusive learning environment. Doing so helps reduce modifiable stress and can equip nurses to navigate the complex interplay of health and society. Offering an array of options to support well-being and resilience throughout nursing school sets the stage for success as a new nurse. Each new nurse needs to go forward secure in the belief that someone has his or her back at all times. That new nurse also needs to have the emotional resources to cope with the challenges of that first patient death, that first ethical challenge, that first medical mistake – and every one that comes after.

FROM THE WIKI

I do wish the school was more supportive of ALL the things that were happening, not just the pandemic. I wish they had acknowledged the BLM movement and social unrest that was happening. I think they were really silent about it all and didn't think about how it was affecting the student base.

—Angelica M.

FROM A THOUGHT LEADER

We see new nurses who are intimidated by other professions. They don't want to call the doctor to raise patient concerns when they're not sure if it's important enough.

PROPOSED SOLUTIONS

16. Teach Students to Advocate for Themselves as Well as Their Patients

Finding your voice as a student and a new nurse takes practice. Assertiveness and clear communication are important patient advocacy skills. It also is an important part of ethical practice and personal resiliency – nurses need to be able to name their ethical concerns, advocate for their patients and themselves, and skilfully do the right thing. Assertiveness can and should be taught as a critical nursing skill.

In addition, students should be given opportunities to practice their assertiveness skills beyond role-playing exercises. For example, they could be tasked with presenting their ideas for improving instruction to a professor or the school administration or engaging in debates about thorny ethical or clinical problems. Incorporating opportunities to practice high stakes conversations using simulation gives students a safe learning environment.

FROM THE WIKI

I wish professors/instructors would incorporate these methods of communication as best they can in a virtual setting so that students are getting the most out of each clinical/didactic experience possible. Instead, I feel as though our opinions fall on deaf ears at times regarding what is working, what is not, and what we expect or need to succeed as students and eventual practicing Nurses.

–Max O.

Though I struggle with this, I've chosen (most of the time) not to pick up the never-ending overtime shifts I'm inundated with requests to take. I work hard to remind myself every day that I can only do my part, and I need to stay healthy to do any part.

–Kara B.

FROM A THOUGHT LEADER

There's a difference between "I won't do this" and "I can't do this." Nurses need to know how to professionally share that with a supervisor, so you don't end up violating your morals because of an assignment. Some struggle with it more than others.

17. Teach Higher Order Communication Skills

Nurses need to be able to manage complex emotions; support their teammates in difficult situations; and have high stakes conversations with doctors, hospital administrators, and one another. Classes that teach skills in giving and receiving feedback and handling crucial conversations are critical to success as a nurse. These classes should be taught earlier in the program so students have the skills they need before they start clinicals, then reinforced throughout the program.

18. Demonstrate Self-Care

Nurses are notorious for putting others' needs before their own. It's a hallmark of our caring profession. But if we are to keep nurses emotionally healthy and on the job, it's critical that we model and teach self-care skills. Self-care cannot be viewed as optional but rather seen as integral to what it means to be a nurse. This must be infused throughout the coursework, talked about often by instructors, and demonstrated regularly by role models and mentors.

FROM A THOUGHT LEADER

I used to think communication was 50 percent of what I do. And now I'm pretty sure it's in the mid-90s. And I got almost no education about having crucial conversations and being able to share my experience and share my pain and teach and lead through vulnerability.

FROM THE WIKI

As a nursing student, I am still figuring out strategies to get me through the pandemic. I found myself struggling this year, struggling with mental health, struggling with school, struggling with who I am. I have spent my whole life helping others, giving my time and energy and love to everyone, and that sustained me all the way up to this point. The lockdown opened my eyes to just how much that was sustaining me, as I was barred from being able to do that on a daily basis. And I found that without that aspect in my life, I could not sustain myself. As troubling as this has been, it has allowed me to realize I need to work on this because the way I have struggled this past year would not make for the best nurse I can be.

—Tonya H.

FROM A THOUGHT LEADER

It wasn't until the last semester that we had a course on crucial conversations. I think by that point I had been through more than 1,000 hours of clinical time. I would have liked to have seen that earlier in the program.

19. Help Nursing Students and New Nurses Accept Their Human Limits

Redirect funds spent on purchasing new curriculum to PD for teachers to master the curriculum that they have or to other high-need areas for the district.

20. Help Nursing Students Deal with Mistakes and Failure

Everyone makes mistakes. And every nurse will make a mistake, some of which could be critical to a patient's well-being. Author and resilience expert Martin Seligman, who worked with military veterans, found optimism is the key to resiliency in the face of failure—optimism that whatever the failure is, it's temporary, local, and changeable.^[10] Nursing students need a strong grounding in the belief that they can overcome failure by focusing on positive thoughts; staying aware of their individual gifts, talents, and strengths; and encouraging themselves to keep moving forward. Giving a new nurse strategies for learning from their mistakes – in clinicals or after graduation – and forgiving themselves their failures can mean the difference between a nurse who stays in the profession and one who leaves.^[11]

FROM THE WIKI

Self-care and compassion are big topics today in healthcare. We need to continue to work to teach new nurses that these things are important so that their mission of caring for others will not be impacted negatively. We also should help nurses develop an attitude that enables them to accept the constant changes that face them in the profession, whether it be a new policy, new equipment, new procedure, or new patient assignment.

—Suzanne W.

I am worried that we are exhausting our human resources, and that we are carrying the weight of what we see with us at work and at home. I'm worried that the unfortunate but sometimes necessary changes to the quality of care we provided due to crisis conditions will have a lasting impact on our staff. I've gradually noticed a shift in myself and others toward leaning on their work community for support, because in many ways, those outside of our field cannot understand the complexity and challenges we have faced.

—Ashly N.

Earlier in the year, life was hitting hard, fast, and I felt like my hair was on fire for about 2 months and wow, I lost steam fast. Physically and mentally overwhelmed, even my spirit was tired. I am not always cheerful, but I do my best to remain optimistic. I struggled to admit that at times I felt forgotten, ill-equipped, or worn down because it brought up some toxic internal dialogue. To me, acknowledging those feelings meant that I couldn't handle the pressure, I wasn't strong enough to meet the challenge, and that I wasn't a good nurse. All that those feelings really mean is that I'm a good human, I care, and it takes the whole armor of God - just my stethoscope and an N-95 won't do.

—Jenell S.

FROM THE WIKI

A co-worker said to me the other day “...pretty soon we are all just going to snap.” Nurses who have been at the bedside for less than a year are feeling burned out. Working here is so challenging – mentally, physically, and emotionally. But we continue to work overtime so our patients can be safe and our co-workers aren’t left hanging. But how long can we sustain this?

–Caitlin F.

Nursing has always expected nurses to be superhuman. We need to learn to be able to accept our humanity, our weaknesses, our mistakes and avoid judgment. We need to stop expecting perfection and teach students the ideal vs. reality so they don’t feel demoralized when they can’t be all things to all people.

–Diana H.

As an educator, I feel it is part of our duty to educate our students not only in the skills of nursing but in the skills of self-care that lead to resilience in the face of stress or crisis. Whether in our private lives or in our careers, we will face trials that will challenge us as people and as nurses. When these challenges come, we need to dig deep down into ourselves, find our strength, and keep going. As nurses we find a way.

–Elizabeth C.

FROM A THOUGHT LEADER

We need to know there is support so we’re building resilience and not hiding in the shadows of our failures or our shame.

Why We Think This Will Work

These are common sense solutions that will build more confident, assertive, and competent nurses who have the mental and moral fortitude to go back day after day.

Conclusion

Today's nurses face unprecedented challenges. Without a healthy nursing workforce, our healthcare system is unsustainable. Attention to resilience and ethical practice is fundamental to sustaining and retaining nurses in the profession. Instead of waiting until nurses are burned out, the process must begin on the first day of nursing school and be reinforced throughout training and into clinical practice.

The gap between academic preparation and the reality of clinical practice may seem insurmountable to a newly trained nurse. The recommendations set forth in this report are a beginning, not an end point. Together, students, faculty, educators, practicing nurses, and leaders, can focus their efforts on dismantling the gap between academia and practice. If that happens, new nurses will be prepared to meet the challenges of their roles with integrity and resilience. But more must be done—we need concerted and sustained commitment to make these recommendations a reality. These nurses are our bridge to the future.

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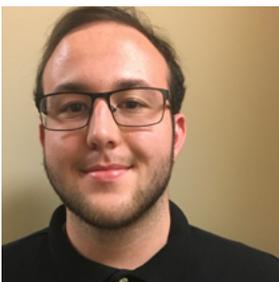
Thought Leaders



Dr. Tammy Bowers has been a nurse since 1987. She has worked clinically with all age groups and with pediatric patients in NICU, PICU, Pediatrics, and Pediatric Oncology since 1992. Recently, she obtained her Family Nurse Practitioner certification which allows her practice in her community caring for patients of all ages. Dr. Bowers has been a Clinical Assistant Professor at Towson University (TU), teaching pediatrics, senior practicum, and other theory courses since January of 2015. She lives in a rural area in Western Maryland and practices one day a week in primary care along with educating new nurses full time at TU.



Elizabeth Cushing, BSN, RN, TCRN had been a critical care nurse for more than 6 years. For five years, she has worked at a leading trauma center in Baltimore, Maryland, most recently on the multi-trauma critical care unit. In addition, she worked for a year and half as a clinical instructor and for the past year with University of Maryland School of Nursing, which is where she earned her nursing degree. She eagerly continues to pass on her clinical experience to future nurses as education has always been important to her and the women in her family. She spent 10 years working in human resources before choosing to pursue her passion in nursing. Previously, she earned a Bachelor of Arts degree in psychology from The George Washington University. In her free time, she enjoys spending time with family and friends, reading, and cooking.



Nicholas Girard is a nursing student set to graduate in December 2021. His passion for nursing began through a high school program set to train students to become Certified Nursing Assistants, and from there he has not looked back! Nicholas also volunteers at a rescue squad in his hometown in Southern Maryland, where he is an Emergency Medical Technician. He is passionate about serving his community and seeks to use his nursing degree to continue to do so. Once he graduates, he hopes to obtain a position as a nurse in a critical care specialty, where he feels that he can advocate for those who may be unable to do so.



Palkesh Jani is a final semester nursing student at University of Maryland School of Nursing at Shady Grove. He works at Holy Cross Hospital, Maryland, in acute care as a Student Nurse Extern. He performed Covid-19 testing for 6 months before joining Holy Cross Hospital. Jani moved to the United States in 2016, and is extremely appreciative of the diversity and ease with which a person can progress in the US if he is willing to work smart. In his free time, he likes to listen to music and play table tennis and badminton.



Amanda M. Krow MSN, RN, graduated from the Johns Hopkins School of Nursing in May 2019. After working on a medical-surgical unit at the Johns Hopkins Hospital for a short time, she transitioned to living out her passion for serving the elderly in a long-term care setting. She currently works for the Catholic non-profit organization, the Little Sisters of the Poor, at St. Martin's Home in Catonsville, MD. She has assisted in many roles during the coronavirus pandemic including charge nurse on both skilled nursing and assisted living units, an aide to the nurse leadership team, administration of Covid tests to staff and residents, and providing total care for residents with positive Covid-19 infections. In addition to nursing, Amanda is discerning religious life with the Little Sisters and aspires to begin the process of formation with the congregation later this year.



Laurie Rome, RN, BSN, is a Pediatric Oncology nurse at Johns Hopkins Hospital. Her main areas of interest are Palliative Care and Caregiver Resilience. She is a founding member of the Hopkins RISE (Resilience in Stressful Events) Team, which is a group of multidisciplinary peer responders who offer confidential support to staff who are impacted by stress related to their work.



Jenell Steele is originally from Chicago IL and has been a registered nurse for nearly nine years. She currently works as a bedside nurse in a hospital system in Baltimore, MD. She also works as a part-time clinical instructor when her schedule allows. She received her BSN from St. Xavier University and MSN Nursing Education from Notre Dame of Maryland University. She is currently a PhD student at The University of Maryland and has a strong interest in making nursing practice more humane and supportive for nurses, especially given the times we are in. She also serves as an RN member of the Maryland Board of Nursing by bringing a firsthand perspective of the issues and trends impacting nursing care in Maryland.

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Resilient Nurses

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RESILIENT NURSES INITIATIVE
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The pandemic has wrought incredible stress on nurses. We want to learn from you how nursing schools and nurse residency programs can better prepare nurses in the future.

As a nursing student: What strategies for resilience got you through the pandemic? How do you expect them to help you as a nurse? What do you believe is the most valuable and usable skill/practice/method/ you have learned?

As a nurse: What lessons from nursing school served you best during this healthcare crisis? What gaps exist from the challenges you faced versus what you learned in nursing school?

As an educator: What are the life/work lessons of resilience you feel are most important to share with your students/new nurses? How do you do that? What do you think are the gaps between what you teach and what nurses need to face the challenges they will confront?

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Welcome Message

Welcome to Phase 2 of the R3 WikiWisdom Forum

During Phase 1, the nurses, faculty and students who joined our conversation focused on creating, maintaining and strengthening resilience. You can see their ideas when you join.

During Phase 2, we will focus on your ideas for bridging the gap between the lessons taught in nursing school and nurse residency programs about resilience and ethical practice and the real life challenges of clinical practice.

We are particularly interested in the ways nursing students and new nurses hope to establish a moral compass and remain resilient throughout their practice.

Please join this WikiWisdom Forum and share your experiences and ideas. The forum will be live until March 24.

After this online discussion, a group of contributors whose ideas generated engagement will be chosen to work with the moderator. Their assignment: To prepare a report of actionable recommendations for changes to the nursing school curriculum and nurse residency programs aimed at helping nurses be more resilient. This report will be shared across Maryland's nursing schools and health systems.

Thank you for your willingness to collaborate. We are so excited to learn from you.

Cynda Rushton, PhD, RN, FAAN
*Chief Synergy Strategist
Resilient Nurses Initiative, Maryland*

**Resilient Nurses Initiative
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