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**Evaluating the Impact of Resilience Training in the Group Home Care Provider
Population**

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A project submitted to the faculty of
Gardner-Webb University Hunt School of Nursing
in partial fulfillment of the requirements for the degree of
Doctor of Nursing Practice

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Abstract

Stress, compassion fatigue (CF), and burnout are all potential problems faced by those who have adopted a career in caring for others. Poorly managed stresses are associated with strained work interactions, dysfunctional personal connections, poor health, and poor quality of work (Edwards & Burnard, 2003; Richardson et al., 2015; Zajac et al., 2017). Organizations do well to focus on preventing stress, CF, and burnout; and or at a minimum providing, employees with tools to build resilience (Edwards & Burnard, 2003; Gentry, 2018; Zajac et al., 2017)

Key Words: stress, compassion fatigue (CF), burnout, resilience

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CHAPTER I

Introduction

Stress, compassion fatigue, and burnout are terms that will be used interchangeably throughout this paper. While the terms are very similar, it is worth exploring definitions found in the literature. Stress in the workplace is considered an occupational hazard leading to absenteeism, reduced attrition, and poor performance. The term stress encompasses the emotional and mental strain from repeated exposure to difficult and/or traumatic environments. Increased stress is often a precursor to CF and burnout (Bercier & Maynard, 2014; Edwards & Burnard, 2003). Compassion fatigue is often the result of ongoing exposure to stress associated with caring for individuals in need (Gentry, 2018; Zajac et al., 2017). Burnout is also associated with prolonged exposure to a traumatic or negative environment, usually associated with caring for individuals. Employees experiencing burnout can often develop a lack of empathy and negative feelings related to their work environment. These can significantly impact the quality of care given to those in need and disrupt the work environment (Chesak et al., 2019; Gentry, 2018).

Resilience is also a central theme of this paper. Resilience is a tool that can be used to combat stress, CF, and burnout; it is an antidote for the aforementioned (West & Gee, 2018). Resilience describes our ability to adjust and evolve in challenging or new situations (Forbes & Fikretoglu, 2018). Resilience is on a continuum ranging from poor resilience to high resilience. Individuals with poor resilience do not possess or utilize the appropriate tools to successfully process, adapt, and handle stress. On the opposite spectrum, individuals with high resilience have the ability to process, adapt, and cope with stress using positive coping mechanisms (Joyce et al., 2018).

Significance

Professional caregivers are at risk of losing themselves when caring for others. Stress, burnout, and compassion fatigue are all possible consequences of being a full-time caregiver. This stress can be compounded, especially for those who choose to care for individuals with mental health diagnoses. The physical symptoms associated with stress burnout and compassionate fatigue include but are not limited to sadness, apathy, doubt, frustration, poor judgment, and muscle tension (Forbes & Fikretoglu, 2018; Gentry, 2018; Joyce et al., 2018; Richardson et al., 2015; West & Gee, 2018).

For individuals providing medical/hands-on care for mentally ill patients, there is an increased likelihood of stress, burnout, and CF related to secondary traumatic stress (Bercier & Maynard, 2014; Zajac et al., 2017). Secondary traumatic stress is experienced when caregivers are continually exposed and intervene in the lives of individuals that have experienced emotional or physical abuse. When provided therapeutic counseling or assisting these individuals, they may be immersed in repeated discussions about abuse or other traumatic life-changing events. Also, the mentally ill may physically or verbally abuse caregivers. These caregiving aspects can negatively impact the employee and impact work performance, attendance, and quality of care (Bercier & Maynard, 2014; Richardson et al., 2015).

Purpose

This DNP project aims to explore the effect of resiliency training on group home personnel. The researcher intends to use the project results to determine the prevalence of stress, burnout, and compassion fatigue, in this population and determine the efficacy of a resiliency training program.

Theoretical Framework

The theoretical model for this project is the Self-Efficacy Theory (Bandura, 2019). Self-efficacy can be described as one's personal judgment of how well one can execute behaviors to deal with diverse situations (Bandura, 2019; Strauser et al., 2002). It reflects confidence over one's own willingness, motivation, and ability to perform the work necessary to achieve personal goals. Self-Efficacy is an essential aspect of how individuals manage all aspects of their health and adhere to personal goals (Bandura, 2019).

Research Questions

- What is the prevalence of stress burnout and compassion fatigue among group home personnel?
- What is the impact of resiliency training for group home personnel?

Definition of Terms

- Stress: a state of emotional or mental tension that arises from dealing with adverse or very demanding situations or environments (Agarwal et al., 2019; Edwards & Burnard, 2003).
- Burnout: a byproduct of repeated exposure to chronic stress. Burnout is cumulative stress that develops secondary to exhaustion or an inability to deal with daily life and work responsibilities (Gentry, 2018; West & Gee, 2018).
- Compassion Fatigue: an emotional state with manifestations of negative psychological and physical symptoms associated with acute and prolonged care of individuals that have experienced intense trauma, suffering, and misfortune (Gentry, 2018; Zajac et al., 2017).

- Resiliency: an individual's ability to bounce back following a difficult situation or changes in life/environment. The antidote for stress, compassion fatigue, and burnout (Forbes & Fikretoglu, 2018; Gentry, 2018; West & Gee, 2018).

CHAPTER II

Review of Literature

Analysis and critical appraisal provide a solid foundation for conducting evidence-based research. It is important to ensure that interventions are obtained from reliable sources with appropriate implications for your practice environment (Melnick & Fineout-Overholt, 2018). This author will provide a synthesized summary of the purpose and importance of each of the articles utilized to complete this capstone project.

Literature searches were performed within the Gardner-Webb university Online Library in the Area Health Education Center (AHEC) digital library. ProQuest search engine was used within the Gardner Webb library. Ebsco host was the search engine used in the AHEC digital library. Cumulative Index to Nursing and Allied Health Literature (CINAHL) was the most used database access to find articles. Common search terms included stress, CF, burnout, resilience, and SMART. An advanced search was used to narrow the results. Search filters were also useful to ensure date range and relevance of research obtained. Parameters were set to include only peer reviewed and full text articles. Some boolean phrases were used to combine terms such as: stress and mental health, burnout and mental health, and compassion fatigue and mental health.

Resilience

The article written by Forbes and Fikretoglu (2018), is a narrative literature review. This article provides a synopsis of resilience and resilience training. Ninety-two articles were reviewed to determine the importance of completing resilience training, theoretical frameworks utilized, types/length of training, and the end result of training. CBT and mindfulness are shown to improve mental health no real impact on resilience was found after literature review. This

article did, however, find evidence to support multiple training sessions of resilience training is beneficial. Five different outcomes evaluated; largest impact was made with mental protective and quality of life measures. Optimally, resilience training should be given in stressful environments, however, most training is completed in a classroom setting and is shown to have positive effects. This article is important to the project as it provides background information on why resilience training is needed and to provide support for the method of training this author will be implementing. The article written by West and Gee (2018), also provides support for the importance of resilience training for the workforce. This article links the importance of patient care outcomes to employee happiness. This article also highlights the effects of burnout and the benefits of resilience. This article includes a useful tool kit of evidence-based interventions to build resilience.

Compassion Fatigue and Burnout

The article written by Gentry (2018), discusses CF, burnout, and how to combat these by increasing emotional resilience. This article provides excellent foundational definitions for CF, burnout, and resilience. The hallmark features and effects of CF, burnout, and resilience or also expanded upon. A related article by Rushton et al., (2015), focuses on burnout and the importance of resilience among nurses working in intensive care units or emergency rooms. This article is of particular interest to this author because not only does it discuss how to build resilience, it discusses building resilience in the setting of also improving retention in reducing turnover. These are two measures that will be incorporated into this project.

Stress

The article written by Zajac et al. (2017), explores reducing stress that occurs following the loss of a patient. This article highlights why organizations should care or intervene in

stressful situations and or circumstances where compassion fatigue can occur. The importance of caring for the care providers is highlighted. This article also features measurements on how secondary traumatic stress can impact employees. This setting for this study is an inpatient oncology unit, however, this study is applicable to this author's project as the project will be implemented at a group home where the children live 24 hours a day.

Interventions and Assessment Methods

This author's literature search yielded three systematic reviews. Joyce et al. (2018), implies that interventions that incorporate CBT and mindfulness training can enhance resilience. This is contrary to the findings by Forbes and Fikretoglu (2018), discussed above. However, both articles agree that resilience testing would be most accurate in a stressful environment. This would not be appropriate in all settings; only military, law enforcement, or emergency worker settings would be appropriate. This article is important to this author because it discusses at great length the importance of choosing appropriate types of training as well as the length of training that will be provided for your audience.

Bercier and Maynard's (2015) systematic review and meta-analysis researched interventions specifically related to secondary traumatic stress in mental health workers. This article discuss is the negative impacts of working with trauma victims. This article is important to this author as the employees in this project are repeatedly exposed to secondary trauma in their work environment. These individuals are working with youth that have mental health conditions that are so severe they are no longer able to live in their residence with family. The youth reside in a group home with supervision 24 hours a day. Edwards and Burnard (2003), completed a systematic review that focused attention on stress management interventions applicable to mental health nurses. This article provided a definition of stress, which was uncommon in the other

articles. This article highlights the importance of studying stress as well as interventions to improve or eliminate stresses considered as an occupational hazard. This article is important to this author because stress is a common component of CF and burnout.

The purpose of the article by Gu and Zhang (2014) was to evaluate various tools used by magnet hospitals to assess the nursing work environment. The goal of this review was to collect evidenced-based data on tools currently used primarily in American magnet facilities to develop a tool specific to nurses practicing in China. The authors indicate that some tools used in America have been translated into the appropriate language, however, a tool developed specifically for nurses practicing in China would yield results that are more reliable and valid. Authors Norman and Sjetne (2017), also researched the tools, specifically questionnaires, used to assess the nursing work environment. This article provides detail on the importance of choosing a questionnaire that is specific to the work environment and/or the dimensions an employer is researching.

The methodological review completed by Windle et al., (2011), focused on resilience measurement scales. A review of peer reviewed research articles yielded 19 resilience measurement tools. Four of these 19 tools were revisions of previously established tools. The authors discuss four tools that yield the most impactful psychometric ratings. This article is important to this author as it provides information on valid tools for measuring resilience post intervention.

Taylor (2014), provides a detailed analysis of the Perceived Stress Scale-10 (PSS-10). The PSS-10 is the most popular scale used to evaluate perceived stress. The original PSS tool was created in 1983 and there are three standard versions. While data obtained from use of the tool are considered valid the author did identify three possible gaps, however, these can be

avoided or minimized by when used appropriately. This article is important to this author as it details a tool that may be used to assess perceived stress in the population to be researched.

The qualitative analysis study by Agarwal et al., (2019) discusses peer support as an intervention to manage stress. The article defines peer support and its benefits. They implemented the Sustaining Resilience at Work (StRaW) Peer-led support program in their research project. According to their research, peer support promotes coping skills, builds resilience, and fosters positive employee working relations. This article is important to this author because this is yet another intervention that may be beneficial in my research population. An additional article by Richardson et al., (2015), expounds on the various physical effects of stress. This article will be used in conjunction with the others to provide the foundational basis for performing research related to stress, CF, burnout and the importance of minimizing these in employees.

There are three articles that discuss implementation of the Stress Management and Resiliency Training (SMART) program. Chesak et al., (2019) and Sood et al., (2014), completed research studies that implemented the SMART program to increase resilience. Berkland et al., (2017), implemented the SMART program as an effort to increase feelings of happiness, life satisfaction, and gratitude among health care workers. All three articles revealed positive results after implementation of the SMART program. This author initially intended to implement the SMART program as an intervention for the project, however, the author/creator did not grant permission for use.

Theoretical Framework

The self-efficacy theory explores one's belief that one can successfully complete a course of action. Individuals with high self-efficacy have faith that their efforts will lead to successful

outcomes (Bandura, 2019). The self-efficacy theory also explores personal motives (Bandura, 2019; Strauser & Ketz, 2002). Individuals are capable of acquiring knowledge and applying skills based on their motivation and belief systems. Self-efficacy and motivation for specific behaviors can be encouraged or discouraged through education. Information acquired during the completion of the resiliency training modules will define resilience and provide the tools necessary to increase resilience.

Summary

The role of the caregiver is important in acute settings and community settings. There is a deficit of caregivers for the mentally ill (Bercier & Maynard, 2014; Edwards & Burnard, 2003; Forbes & Fikretoglu, 2018). In the previous literature discussion, some articles address the needs and concerns of caregivers for the mentally ill and care in the acute in-patient setting; however, there is no research completed specifically group home personnel that are also providing 24-hour care to residents that never leave the group home. The researcher intends to use study results to increase awareness of stress, burnout, compassion fatigue, and the impact of resiliency training, specifically in the group home personnel population.

CHAPTER III

Methodology

Introduction

The purpose of this DNP Project was to explore the incidents of stress, burnout, and compassion fatigue in group home personnel. Additionally, this project explored the impact of resiliency training in this population. The hypothesis was that resiliency training would improve the group home personnel's perceived stress levels and their resiliency.

Study Design

This student has chosen the plan do study act (PDSA) model as an evaluation plan for outcomes upon completing of this DNP project. The PDSA model is cyclic, allows for a fluid change as needed throughout the process (Zaccagnini & Pechacek, 2021). The PDSA model is appropriate as the author will provide targeted resilience education over six weeks, followed by analysis and evaluation.

In the initial planning phase, data was obtained via verbal communication with employees about feelings of stress and burnout. Following this, data was obtained from the group home management team related to attrition rates. Next, a detailed literature search was completed. This literature search provided evidence from research that stress, compassion fatigue, and burnout are common problems among health care workers and mental health workers. The literature search also detailed evidence-based interventions to decrease the aforementioned. Resilience training is an evidence-based intervention use to minimize stress, compassion fatigue, and burnout.

This DNP project will be conducted using a one group pre- and post-test quasi-experimental design consisting of a pre-intervention survey. The first question of the pre-intervention survey will include informed consent, which will allow the participant to select “Yes” as consent for participation or “No” to decline participation. If the volunteer participant selects “No” the survey will take the participant to the document’s last page, which displays a statement of “Thank you for your participation”.

Setting

The setting is a level three security, male only residential group home organization located in southeast United States. The organization has four group home locations that each accommodate four residents.

Sample/Participants

The participants in this project are full-time and part-time group home personnel. These staff provide 24-hour care for residents. All staff are above the age of 18. Medical staff and management did not participate in this research.

Measurement Methods

Two methods of measurement were used for this research. For pre- and post-intervention assessment, Perceived Stress Scale-10 (Appendix A) and Brief Resiliency Scale (Appendix B) were given to participants that provided consent to participate. For use of the Perceived Stress Scale-10, the researcher is granted permission to use the survey via blanket permission for use of the tool that is given to anyone who chooses to use the tool for research and educational purposes. The Perceived Stress Scale-10 is the most used tool for measuring the perception of stress. This questionnaire allows the participant to rate how often they feel various stressors/situations that have occurred within in the last month. This survey contains 10

questions. Answer choices are never (value=0), almost never (value =1), sometimes (value = 2), fairly often (value =3), and very often (value = 4). The corresponding number value for each choice is used to determine scoring. When scoring, questions 4, 5, 7, and 8 the values must be reversed to obtain an accurate score as these questions are positively stated. For these questions an answer of never has a value of 4, an answer of almost never has a value of 3, an answer of sometimes has a value of 2, an answer of fairly often has a value of 1, and an answer of very often has a value of 0. The lower the score, the lower incidence of perceived stress for the participant.

For use of the Brief Resiliency Scale, the researcher is granted permission to use the survey via blanket permission for use of the tool that is given to anyone who chooses to use the tool for research and educational purposes. This six question Likert-type research tool contains questions that allow the participant to score their personal resiliency. Answer choices are strongly disagree, disagree, neutral, agree, and strongly agree. Scoring is simple, the researcher calculated the sum of all responses and divided the sum by six to obtain scores. A low score indicates high resiliency.

Design for Data Collection

Prior to any project procedures or interventions, consent will be obtained. The agency CEO will send an email to all group home care providers that will include a link and password for the Qualtrics pre-intervention survey. The first question of the survey provides information about the project and allows individuals an option to consent or decline project participation. If the employee provides consent, the pre-intervention survey will allow participants to proceed. If the participants select “no” the survey will provide a “Thank You” message. Flyers will be on display throughout each group home describing the purpose of the training, along with training

times. There are three resilience training modules. Over the course of up to 6 weeks, in-person training for each module will be offered on two separate occasions at each of the four group home locations in an effort to meet the needs of employees that do not work traditional hours. The training timeframe will be based on employee work schedules. At the completion of all training an email with the post-intervention Qualtrics survey link will be sent to each group home care provider by the CEO offering an opportunity for employees to participate in the post-intervention survey. The first question of the survey provides information about the project and allows individuals an option to consent or decline project participation. If the employee provides consent, the post-intervention survey will allow participants to proceed. If the participants select “no” the survey will provide a “Thank You” message. The second question of the Qualtrics survey states, “have you completed resiliency training?”. If employees answer “yes”, to the second question of the post-intervention survey, then, the participant will have access to the remaining post-intervention survey questions to reassess perceived stress and resiliency. If, the employee answers “no” there will be no post-intervention survey questions provided for completion and the participant will be immediately taken to a thank you message.

Protection of Human Subjects

Prior to beginning the study, the researcher obtained approval from the Hunt School of Nursing (HSON) Institutional Review Board (IRB) and the University’s IRB. The first question of the survey provided the opportunity to provide consent or decline consent. No identifying data was obtained. The survey was distributed, and instructions were provided via email to the company owner. The research posed no more than minimal risk to the participants. Survey responses were gathered using a password-protected Qualtrics account. Electronic survey results

and data analysis were stored on a password-protected computer with access only by the researcher.

Data Analysis

Aggregate collected data was analyzed using a dependent variable t-test. The dependent variable t-test is an example of repeated measures statistical method. This statistical method was chosen because it analyzes data from the same participant group tested more than once. When interpreting the Perceived Stress Scale-10 survey results, the lower the score, the lower incidence of perceived stress for the participant. When interpreting the results of the Brief Resiliency Scale survey, a low score indicates high resiliency.

CHAPTER IV

Results

The purpose of this DNP Project was to explore the incidence of stress, burnout, and compassion fatigue in group home personnel. Additionally, this study explored the impact of resiliency training in this population. This chapter will present the incidence of stress, burnout, and CF along with the impact of resiliency training.

Sample Characteristics

No demographic data was obtained. Twenty-seven individuals completed the pre-intervention surveys. Twenty-two individuals completed the post-intervention surveys. Participants were given a total of 16 questions: ten questions from the Perceived Stress Scale-10 and six questions from the Brief Resiliency Scale.

Major Findings

Five individuals did not complete the post-intervention survey. For comparison of results the researcher compared pre-intervention submitted answers against post-intervention submitted answers. More specifically the researcher compared pre-intervention positive answers against post-intervention positive answers for each of the 16 questions. Five items did not improve following completion of the intervention: two items from the PSS-10 survey and three items from the BRS. This information is summarized in Table 1 and Table 2.

Table 1 Perceived Stress Scale-10 Responses that Did Not Improve Following Intervention

	Positive Answer Never Almost Never Pre-Intervention	Positive Answer Never Almost Never Post-Intervention	Interpretation
In the last month, how often have you been upset because of something that happened unexpectedly?	55.55%	36.36%	A higher percentage of responses reported feeling upset due to an unexpected circumstance following the resiliency training
	Positive Answer Fairly Often Very Often Pre-Intervention	Positive Answer Fairly Often Very Often Post-Intervention	Interpretation
In the last month, how often have you been able to control irritations in your life?	66.66%	63.64%	A higher percentage of responses reported being able to control irritations prior to resiliency training

Table 2 Brief Resiliency Scale Responses that Did Not Improve Following Intervention

	Positive Answer Agree Strongly Agree Pre-Intervention	Positive Answer Agree Strongly Agree Pre-Intervention	Interpretation
I tend to bounce back quickly after hard times	85.18%	72.73%	A higher percentage of responses reported being about to bounce back quickly after hard time prior to resiliency training
	Positive Answer Disagree Strongly Disagree Pre-Intervention	Positive Answer Disagree Strongly Disagree Pre-Intervention	Interpretation
I have a hard time making it through stressful events	66.67%	61.90%	A higher percentage of responses reported denied facing difficulty to make it through stressful times prior to resiliency training
	Positive Answer Agree Disagree Pre-Intervention	Positive Answer Agree Disagree Pre-Intervention	Interpretation
I tend to take a long time to get over set back in my life	70.37%	63.63%	A higher percentage of responses reported not taking a long time to get over set back in their life prior to resiliency training.

When calculating results for PSS-10 eight questions revealed an increase in percentages when comparing positive responses. According to the instructions for evaluating results for this survey, it is important to make sure you differentiate positive questions and negative questions. There are six negatively stated questions and four positively stated questions. For negatively stated questions an answer indicating no stress or low perceived stress would be ‘never’ and ‘almost never’. For positively stated questions an answer indicating no stress or low perceived stress would be “very often” and ‘fairly often’. See Chart 1 and Chart 2 below for a comparison of pre-intervention and post-intervention percentages.

Chart 1 PSS-10 Negatively Stated Questions with Increased Percentages Following Intervention

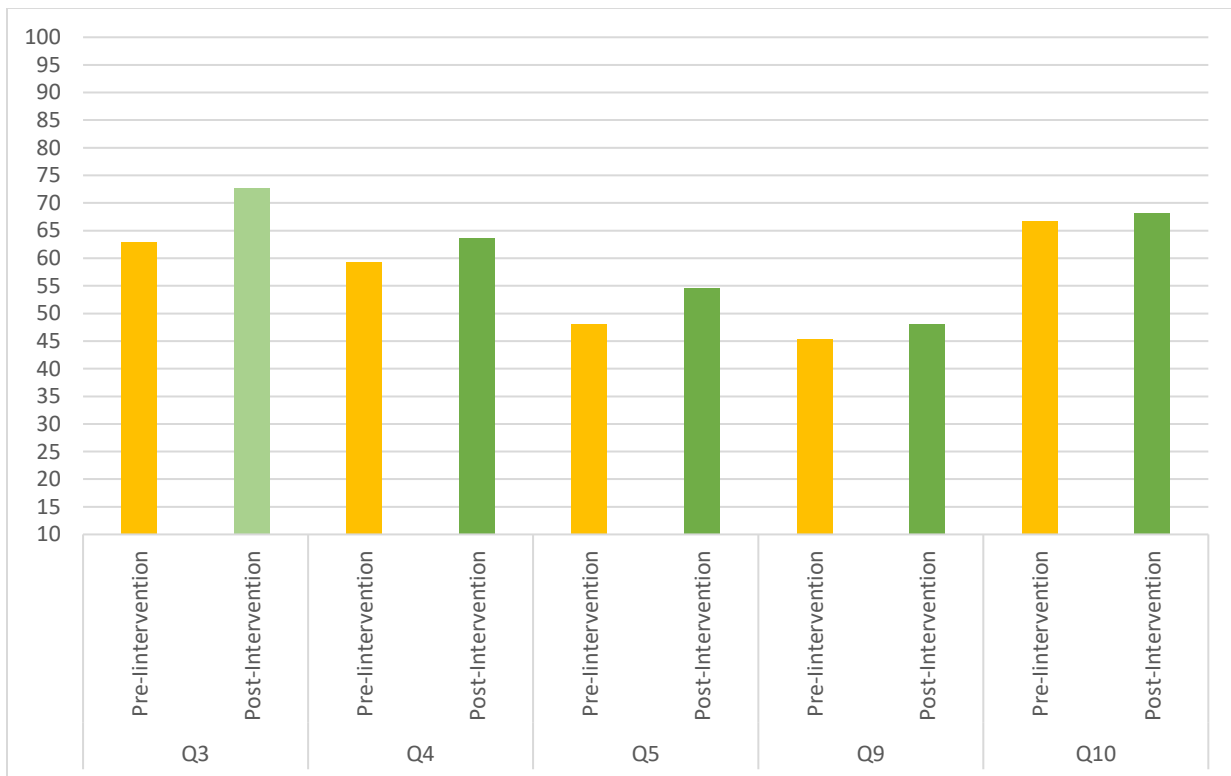
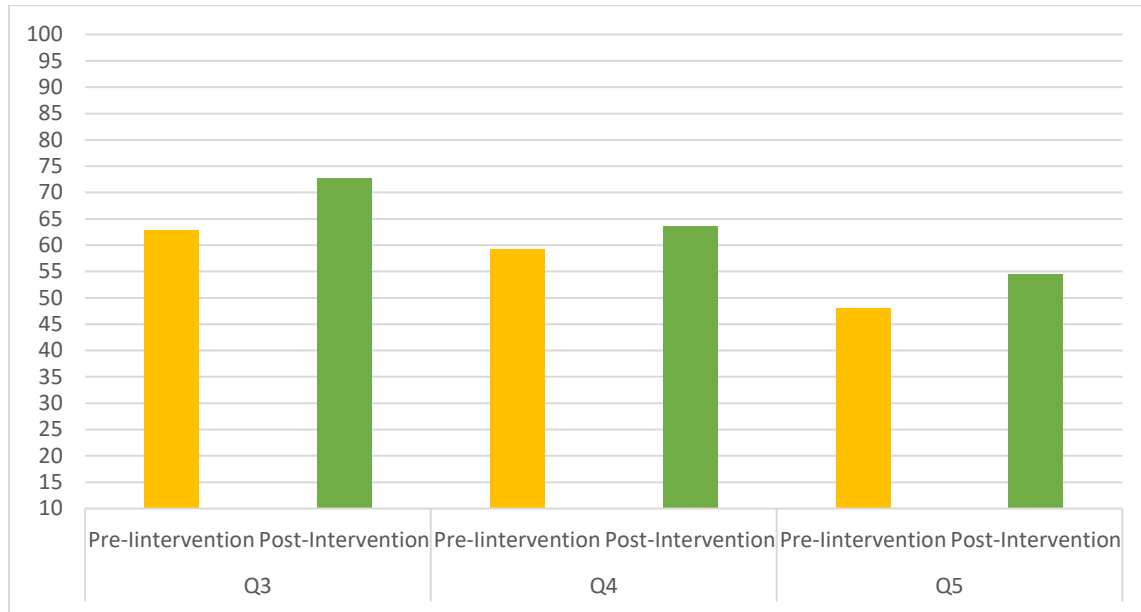
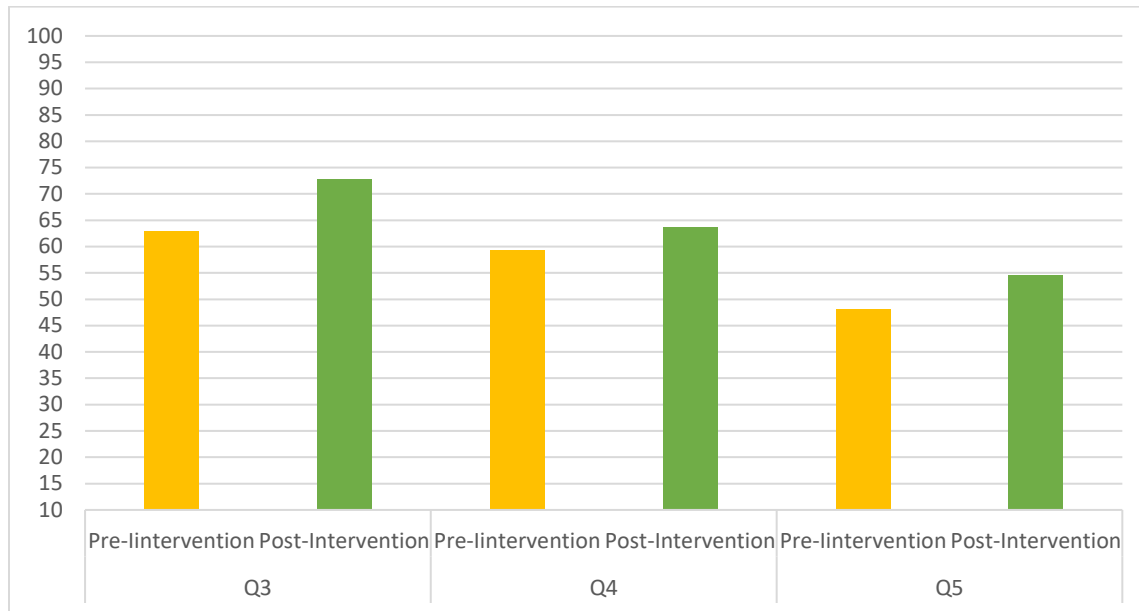


Chart 2 PSS-10 Positively Stated Questions with Increased Percentage Following Intervention



The Brief Resiliency Scale contains six questions. For three questions responses indicated increased resiliency following the resiliency intervention. A higher percentage of responses reported that it does not take them long to recover from a stressful event following resiliency education. A higher percentage of responses reported a greater ability to snap back when something bad happens following resiliency training. A higher percentage of responses reported being able to come through difficult times with little trouble following resiliency education. See Chart 3.

Chart 3 BRS Questions with Improved Responses Following Resiliency Education

CHAPTER V

Discussion

The purpose of this DNP Project was to explore the incidence of stress, burnout, and compassion fatigue in group home personnel. Feeling about resiliency will also be evaluated pre-intervention. Additionally, this study explored the impact of resiliency training in this population. The DNP project findings are about the incidence of stress among caregivers/mental health caregivers is consistent with project results (Bercier & Maynard, 2014; Berkland et al., 2017; Chesak et al., 2019; Edwards & Burnard, 2003; Zajac et al., 2017). While there appears to be an increase in responses that indicate less perceived stress and increased resiliency following resiliency education for some questions, this is difficult to determine due to the limitations of data obtained from the Qualtrics system. Also, there was a decline in participation for completion of the post-intervention survey. The researcher has shared the results with the management team at the group home where researched was implemented. The management team would like to proceed with continuing resiliency training.

Implication of Findings

The literature indicates that stress, burnout, and compassion fatigue occur are common among caregivers. There are no studies conducted specifically for the group home personnel population. More studies should be completed for this population as care for the mentally ill is a growing demand.

Limitations

Participants were not matched at data collection points, so the current researcher was unable to determine significant differences in personnel pre and post intervention. Pre-intervention and post-intervention survey completion was not matched. This researcher

completed intervention education independently. For this population due to conflicts in scheduling and the inability to conduct trainings at the group home, participants may have benefited from two or more individuals delivering the intervention. Also, intervention education may have been more beneficial if there could have been one or two interactive half days away from work to appropriately digest the material (Lambert & Al-Azzawi, 2021). The current study also had a small sample size. This agency where the researcher implemented the intervention is experiencing high turnover and staff is reduced.

Conclusion

Caregivers are important in the inpatient setting and community setting. Agencies large and small do well to focus on addressing stress, burnout, and CF in their employees. Resiliency interventions assist with increasing quality of care, reducing negativity, reducing recovery times, reduce the physical symptoms associated with stress and promote happiness (Gentry, 2018; Joyce et al., 2018; West & Gee, 2018; Zajac et al., 2017).

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Appendix A

PERCEIVED STRESS SCALE**Sheldon Cohen**

The *Perceived Stress Scale* (PSS) is the most widely used psychological instrument for measuring the perception of stress. It is a measure of the degree to which situations in one's life are appraised as stressful. Items were designed to tap how unpredictable, uncontrollable, and overloaded respondents find their lives. The scale also includes a number of direct queries about current levels of experienced stress. The PSS was designed for use in community samples with at least a junior high school education. The items are easy to understand, and the response alternatives are simple to grasp. Moreover, the questions are of a general nature and hence are relatively free of content specific to any subpopulation group. The questions in the PSS ask about feelings and thoughts during the last month. In each case, respondents are asked how often they felt a certain way.

Evidence for Validity: Higher PSS scores were associated with (for example):

- failure to quit smoking
- failure among diabetics to control blood sugar levels
- greater vulnerability to stressful life-event-elicited depressive symptoms
- more colds

Health status relationship to PSS: Cohen et al. (1988) show correlations with PSS and: Stress Measures, Self-Reported Health and Health Services Measures, Health Behavior Measures, Smoking Status, Help Seeking Behavior.

Temporal Nature: Because levels of appraised stress should be influenced by daily hassles, major events, and changes in coping resources, predictive validity of the PSS is expected to fall off rapidly after four to eight weeks.

Scoring: PSS scores are obtained by reversing responses (e.g., 0 = 4, 1 = 3, 2 = 2, 3 = 1 & 4 = 0) to the four positively stated items (items 4, 5, 7, & 8) and then summing across all scale items. A short 4 item scale can be made from questions 2, 4, 5 and 10 of the PSS 10 item scale.

Norm Groups: L. Harris Poll gathered information on 2,387 respondents in the U.S.

Norm Table for the PSS 10 item inventory

Category	N	Mean	S.D.
Gender			
Male	926	12.1	5.9
Female	1406	13.7	6.6
Age			
18-29	645	14.2	6.2
30-44	750	13.0	6.2
45-54	285	12.6	6.1
55-64	282	11.9	6.9
65 & older	296	12.0	6.3
Race			
white	1924	12.8	6.2
Hispanic	98	14.0	6.9
black	176	14.7	7.2
other minority	50	14.1	5.0

Perceived Stress Scale

The questions in this scale ask you about your feelings and thoughts **during the last month**. In each case, you will be asked to indicate by circling *how often* you felt or thought a certain way.

Name _____ Date _____

Age _____ Gender (Circle): **M** **F** Other _____

0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often

- | | | | | | |
|--|---|---|---|---|---|
| 1. In the last month, how often have you been upset because of something that happened unexpectedly? | 0 | 1 | 2 | 3 | 4 |
| 2. In the last month, how often have you felt that you were unable to control the important things in your life? | 0 | 1 | 2 | 3 | 4 |
| 3. In the last month, how often have you felt nervous and "stressed"? | 0 | 1 | 2 | 3 | 4 |
| 4. In the last month, how often have you felt confident about your ability to handle your personal problems? | 0 | 1 | 2 | 3 | 4 |
| 5. In the last month, how often have you felt that things were going your way?..... | 0 | 1 | 2 | 3 | 4 |
| 6. In the last month, how often have you found that you could not cope with all the things that you had to do? | 0 | 1 | 2 | 3 | 4 |
| 7. In the last month, how often have you been able to control irritations in your life? | 0 | 1 | 2 | 3 | 4 |
| 8. In the last month, how often have you felt that you were on top of things?.. | 0 | 1 | 2 | 3 | 4 |
| 9. In the last month, how often have you been angered because of things that were outside of your control?..... | 0 | 1 | 2 | 3 | 4 |
| 10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? | 0 | 1 | 2 | 3 | 4 |

Please feel free to use the *Perceived Stress Scale* for your research.

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The PSS Scale is reprinted with permission of the American Sociological Association, from Cohen, S., Kamarck, T., and Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 386-396.
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Appendix B

Brief Resilience Scale (BRS)

Respond to each statement below by circling <u>one</u> answer per row.		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
BRS 1	I tend to bounce back quickly after hard times.	1	2	3	4	5
BRS 2	I have a hard time making it through stressful events.	5	4	3	2	1
BRS 3	It does not take me long to recover from a stressful event.	1	2	3	4	5
BRS 4	It is hard for me to snap back when something bad happens.	5	4	3	2	1
BRS 5	I usually come through difficult times with little trouble.	1	2	3	4	5
BRS 6	I tend to take a long time to get over setbacks in my life.	5	4	3	2	1

Scoring: Add the value (1-5) of your responses for all six items, creating a range from 6-30. Divide the sum by the total number of questions answered (6) for your final score.

Total score: ____ / 6

My score: ____ (average)

BRS Score	Interpretation
1.00 - 2.99	Low resilience
3.00 - 4.30	Normal resilience
4.31 - 5.00	High resilience

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