



Effects of Resilience Intervention on CRNA Perceived Stress

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Purpose

To assess the effectiveness of a compassion resilience intervention (MOOXLI) in improving healthcare providers' knowledge and impacting CRNA perceived stress scores.

Background

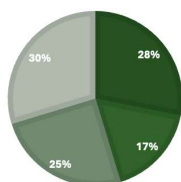
- In 2021, 42% of nurses reported heightened levels of depressive symptoms, and nearly 22% reported suicidal ideation.
- Negative consequences of stress include compassion fatigue, burnout, depression, anxiety, panic disorders, suicidal thoughts, addictive behaviors, sleep disorders, and secondary trauma syndrome.
- Substance Use Disorder and drug diversion are prevalent among 10–15% of nurses, higher among CRNAs. Of those receiving addiction recovery treatment, 12-15% are anesthesia providers.
- 64% of CRNAs in treatment programs report unhealthy substance use within the first 5 years of practice.
- Nurse turnover costs \$4 million/yr, with average absent days from work of 0.62 days/month due to mental health
- Divorce rate 33-50% among CRNAs.
- Evidence-based tools to combat the negative consequences of stress and increase compassion resilience include yoga, meditation, mindfulness, regular exercise, and spirituality.

Theoretical Framework

- Lewin's Change Theory supported the planning strategy, survey development, participant engagement, and dissemination approach.

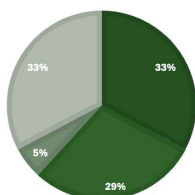
PRE-INTERVENTION COPING BEHAVIORS

■ Somatic ■ Community ■ Consumptive ■ Cognitive



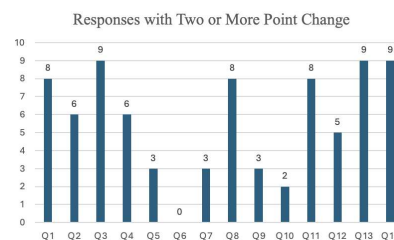
POST-INTERVENTION COPING BEHAVIORS

■ Somatic ■ Community ■ Consumptive ■ Cognitive



Methods

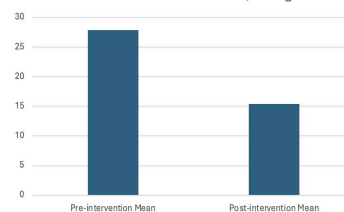
- 5-day provider retreat designed to incorporate evidence-based resilience techniques put together by a private company called MOOXLI
- A convenience sample of 20 participants
- Anonymous pre-post survey administered in printed paper form.
- Pre-survey: demographic information and current behaviors for stress management
- Post-survey: number of sessions attended and intention for further practice
- Perceived Stress Scale administered before and after intervention: 14 Likert scale questions
- Data was analyzed to evaluate the immediate impact of the educational intervention on provider knowledge, perceptions, perceived stress scores, and intention for further skill maintenance.
- Descriptive statistics and a paired t-test were utilized



Results

- 100% participation from all 20 participants: 19 CRNAs and 1 CNM
- 75% (n=15) of participants had more than 10 years of clinical experience
- Perceived Stress Scale scores: 18 participants scores decreased, 1 increased, and 1 had no change
- Overall mean Perceived Stress Scale score:
 - Pre-intervention: 27.85 (moderate to high stress level)
 - Post-intervention: 15.45 (low-moderate stress level)
 - 12.4-point difference (44.5% decrease)
- Paired T-test:
 - P<0.001
 - Samples were positively correlated (r=0.462), with a p-value of 0.04

Perceived Stress Scale scores, averages



- Areas of most significant difference:
 - Most participants reported a significant improvement in their ability to cope and overcome difficulties
 - Significant reduction in upset, nervous, and "stressed" feelings
 - Less angered by things outside of their control
- Reported little to no change:
 - Ability to handle personal problems
 - Feeling things were "going their way"
 - Feeling they were "on top of things"
- Baseline coping behaviors vs. intended coping behaviors
 - Cognitive and somatic behaviors remained the same
 - Consumption behaviors decreased by 65%
 - Connecting with their community increased by 20%

Discussion

- Participation in the retreat displayed an overall significant benefit in improving compassion resilience.
- Participants left the retreat with better coping skills and feeling more control over their lives.
- The demographic of CRNAs most engaged in seeking educational resources on resilience are those with more than 10 years of experience.

Conclusion

There is an ongoing need for research and proactive education on preventing CRNA burnout and developing compassion resilience. This project only evaluated the effectiveness of one intervention style; more research should be done on multiple intervention styles, with an additional follow-up survey, to understand the long-term impact of resilience interventions. Additionally, more research can be done to assess the barriers CRNAs encounter when seeking resilience education and resources.

References

