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## Physical Well-being and Healthy Lifestyle Options

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## **Executive Summary**

### **Introduction**

The American Association of Nurse Anesthetists (AANA) defines wellness as “a positive state of not only the mind but also, the body, and spirit reflecting a balance of effective adaptation, toughness, and coping mechanisms in personal, and professional situations that enhance quality of life” (AANA, 2019). The AANA has identified stress management or wellness as a priority for all CRNA programs. Entering a nurse anesthesia program presents significant challenges and leads to increased stress that is likely to impact wellness for the students and their families. The Health and Wellness Initiative put in place by the AANA in 2004 is a model designed for all SRNA programs and intended to address students’ participation in wellness events in order to combat stressors. Universities can choose to address wellness in numerous formats.

Given the strong evidence of potentially deleterious stress, along with the recommendations of the AANA, it is important to design effective strategies/programs within the SRNA curriculum. This project was designed to provide information that will inform the development of an effective wellness policy for SRNAs at SIUE. The program defines wellness as a multidimensional concept, reflected in measures of spirituality, work and leisure, friendship, love, and self-direction (Griffin, Yancey, & Dudley, 2017).

In SIUE’s current wellness initiative format, each semester SRNAs are required to complete one approved wellness related activity that meets the wellness objectives. The objectives are defined by the institution each semester, and SRNAs are given credit towards course completion. After the completion of the activity, the SRNA is required to submit a one-page self-reflection on his, or her growth in the targeted wellness objective. SIUE targeted six

domains from the AANA's wellness objectives: emotional well-being, mental well-being, physical well-being, recognizing chemical dependency or poor coping mechanisms, spiritual well-being, and healthy lifestyle options.

The administrators of the SIUE CRNA program are not satisfied with the current format of the wellness program. Dr. Michelle Ertel, a former assistant Program Director at SIUE, indicated that although face-to-face wellness events are preferred, student attendance was problematic. With such a diverse number of students who live throughout Illinois and Missouri, and who are required to travel great distances for clinical experiences, it is difficult to organize an event that all students can attend.

## **Literature Review**

There is strong evidence indicating most SRNAs experience a major increase of stress while in school and that the stress was reported by students throughout the program and for a variety of reasons. There is evidence that indicates that the second year of study in a three-year SRNA doctoral program can be the most stressful for students. In one study of 81 SRNAs, second-year students reported the greatest amount of perceived stress amongst the four groups including: first, second, and third years, and graduated students ( $p=.05$ ) (Kendrick, 2000). The first-year students reported the least amount of stress, and the students as a group reported greater stress than the practicing CRNAs. The researchers speculated that the first-year students had the least amount of stress amongst the three student groups because they had not yet been exposed to the rigors, and stressors of the clinical environment (Kendrick, 2000).

Stress factors reported most frequently by first-year nurse anesthesia students were: information overload, loss of income, relocation, lack of time for one's self, and family, and meeting their own expectations (Stone, 2012). Second- and third-year students reported some of

the same stressors, but also stress related to clinical environments that involved learning the technical aspect of anesthesia (Kendrick, 2000).

The chronic stress of school can lead to negative consequences for student's mental health and physical well-being (Conner, 2015), and to higher rates of chemical dependence, and even suicide (Tunajek, 2009). Based on the evidence, it is apparent that students need to be proactive in stress management; numerous activities and types of support have been associated with stress reduction. Family support, social support, and exercise have been identified as effective in reducing stress (Tunajek, 2006). Physical activity has been found to be beneficial to help students and healthcare workers alike manage stress. Jogging, running, or walking were all found as effective ways to reduce stress (Shahroom et al., 2019). However, there was no clear evidence indicating the amount of time needed for physical active to reduce stress. Evidence also suggests that mindfulness obtained through methods of mindfulness, meditation, reflective writing, and deep breathing techniques can be used to manage stress (Thorndike, Gonçalves, & McGarry, 2019). Nutritional education comprehension, as well as eating five cups of fruits and vegetables as recommended by the CDC, were found to be beneficial for creating a balanced diet for students. (HNHN, 2016). Substituting sugary snacks for fruits and vegetables was also proven to help student's wellbeing (HNHN, 2016). Substance abuse continues to be a problem, not only in the anesthesia field, but also for the students studying anesthesia. Evidence shows early education about substance abuse and stress management techniques can be used to help prevent students from developing a substance abuse disorder (Neft, 2018). Spiritual wellbeing can be performed by such activities as: contemplation, thinking, journaling, reading, writing, walking, spending quiet time alone, and having a meaningful conversation (Tunajek, 2006).

## **Project Methods**

The primary purpose of this project was to gain information about the stress faced by SRNAs enrolled at SIUE and to evaluate strategies that could help students properly deal with stress. This information will be used to guide the redesign of the current wellness program offered by the Southern Illinois University Edwardsville SRNA program.

The goal of this project was to develop two surveys; one to be distributed to all Program Directors of CRNA schools and the second to all current SIUE SRNA students. The surveys were based on the evidence and in collaboration with Dr. Stein, Dr. Schmidt, and Miranda Portwine and Morgan Fitterer, SRNAs.

The Program Director survey consisted of open-ended questions asking Program Directors about their current Health and Wellness Programs. The goal of this survey was to identify what each program does to meet the AANA initiative for wellness. In addition, information about the program budget, as well as the Program Directors' overall perception of the effectiveness of their wellness program, was collected.

The student survey collected students' thoughts regarding the current Health and Wellness Program offered by SIUE. The student survey included 23 Likert scale questions and 7 open-ended questions. The 10-point Likert scale questions allowed students to rate their stress levels and their perception of the overall effectiveness of the current wellness program.

This project was submitted to the university IRB requesting approval for exempt status. After university approval, this project was submitted to the clinical faculty at SIUE. These actions were completed prior to sending out the survey.

## **Evaluation**

A total of 55 students participated in the survey, the respondents' data were divided into groups based upon their year in the program. The overall sample included 35 females and 20

males, with female respondents outnumbering males in every year of the program. Of the third-year students 100% of females responded (n=14) while 64% of males responded (n=7). Of the second-year students 83% of females responded (n= 10) while 75% of males responded (n= 9). Of the first-year students 43% of females responded (n= 10) while 38% of males responded (n= 3). Of the 55 respondents, 35 were married, 19 never married, and 1 was divorced; there were no trends when comparing marital status between the year in the program. The age of the respondents also had no trends amongst classes, 2 respondents were 20-24 years old both first year students, 29 were 25-29 years old, 15 were 30-34 years old, 6 were 35-39 years old, and 3 were 40-44. Each class had 1 participant who was 40-44 years of age.

Using a Likert Scale with 0 being no stress, and 10 being an extreme amount of stress, participants were asked to rate their baseline stress levels before they were a student, and also after they became a student in SIUE's CRNA program. All students reported an increase in stress levels once they started the program. The first-year students reported a statistically significant difference between their baseline stress before entering the program at a 3.0, and after entering the program, at 5.9 (p=.00012). Similarly, their reported peak stress showed a statistically significant increase from an average of 5.6 to 8.3 once in the program (p=.00014) The second-year students also reported a statistically significant increase in baseline stress from 2.0 to 5.0 (p=.000014) after entering the program, while the peak stress rose from 4.3 to 7.6 (p=.088). Similarly, the third-year students reported increased levels of stress while in the program. Baseline levels rose from 2.3 prior to school to 5.1 (p= .0003) once in the program, and peak levels increased from 5.0 to 8.1 (p=.0006) once in the program. For the three classes combined, the average change in reported stress from prior to anesthesia program entry to during school was a 29% increase for baseline stress levels and a 32% increase for peak stress levels.

When comparing gender results, the mean stress level prior to entering the program was 2.9 for females and 1.5 for males ( $p=.15$ ). Of the male respondents, 80% ( $n=20$ ) rated their peak stress levels during the program at a 7, or greater, while 89% of women ( $n=31$ ) rated their peak stress levels 7, or greater ( $p=.07$ ). The mean response for peak stress levels during the program amongst males was 8.0. The mean response for peak stress levels during the program amongst women was 8.8 ( $p=.14$ ). In summary, female students consistently reported higher levels of both baseline and peak stress both prior to and throughout the program. It should be noted that the increased p value when comparing the peak stress levels of men and women is not thought to be accurate. Do too several male participants not completing the survey their null responses for many questions cannot be factored out when calculating a two-sample p value calculation. The p value is thought to be significant at  $p = <.05$ .

The students rated their perceptions of the overall effectiveness of the current Program using a Likert Scale with 0 as not at all helpful, and 10 as very helpful. The mean score for all students was 2.6, indicating “not very helpful”. The students were then asked to rate each wellness activity using 1 as most effective, and 10 as least effective. All but two of the categories scored a mean of 6 or above, indicating “not very effective”. The SIUE Counseling Service Program scored a 4.6 with 28% of students scoring the events at a “7” or higher, and the Wellness Events scored 4.0 making it the most effective, with 24% of students scoring the events at a “7” or higher. When comparing by class, the first-year students only scored one category at 4.4 somewhat effective, and that was the AANA Wellness Series Risk & Exposure. The second-year students scored two events at a 4.2 and 4.1 respectively, those events were the Wellness Events and the SIUE Counseling Program. The third-year students had the most notable response, and collectively scored the Wellness Events at a 3.4 no other events scored below 5.

Students were asked to rate the programs ability to meet their Physical, Mental, Emotional, Spiritual Wellbeing, and Healthy Lifestyle initiative. The students scored all categories at 4, moderately helpful at meeting their needs. There was no difference between classes on these rankings.

### **Impact on Practice**

The immediate impact for this project will be to present the result findings to Program Director Dr. Kevin Stein and Assistant Program Director Dr. Leah Baecht. Based on these findings, it will be recommended to the faculty that the Health and Wellness Program be revised to a format more conducive to students' wellness. Findings from this survey indicated the current wellness program involved too many unnecessary requirements that only increased students' stress. It was recommended that another student continue this project to possibly implement a new student-centered wellness plan that allows students to select individual activities to meet identified requirements or that the school host more group activities.

### **Conclusion**

The survey allowed me to identify students' perceptions of the current health and wellness program at SIUE. The survey also provided insight from other program directors on how they accomplish the wellness initiatives at their programs. There was some limitation to the study such as student and program director involvement. A mistake was made on our part as researchers by not initially allowing the survey to be fully anonymous for program directors, thus deterring some participation.

It is the recommendation of the researcher moving forward that the faculty of SIUE review their methods in which they deliver their wellness content. Based on the survey results, it is evident that students enjoy having wellness activities with one another outside of the

classroom. Also, students would prefer not to have writing assignments, or other learning modules assigned to them which they view as merely “busy work”. It is also a recommendation for the program to have another student continue this project to determine if another format should be utilized, such as a self-guided wellness initiative.

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