

Section: Preliminary studies in PPT

THE EFFECT OF POSITIVE PSYCHOTHERAPY-BASED RESILIENCE PROGRAM ON RESILIENCE IN NURSES: A STUDY PROTOCOL



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Abstract

Resilience has been recognized as an important concept, especially for nurses who face many risk factors in their professional lives, provide professional care to patients with difficulties and needs in all circumstances, and have to comfort the patients. Prevention efforts and support and skill development interventions to improve the well-being and coping skills of nurses lead to sustainable changes for nurses. For this reason, this study aims to develop a resilience program for nurses, examine the effect of the program on nurses' resilience, and report the related process. In the study, a randomized controlled experimental design was created to determine the resilience levels of nurses. The study sample consisted of nurses who met the inclusion criteria of the study. The G*power 3.1 program was used to determine the number of nurses in the experimental and control groups and the minimum sample size was calculated as 58. However, the sample size was defined as 72 (36 in the experimental, 36 in the control group) considering the possibility of dropouts (the number of those who did not continue the study) during the research period. In the study, measurements were made three times (pre-test, repeated post-test, and 3rd-month follow-up test). Within the scope of the study, a "Personal Information Form" and the "Resilience Scale for Adults" was applied to the nurses. After data collection and analysis, the findings were explained. The effectiveness of the positive psychotherapy-based resilience program on the resilience of nurses was evaluated.

Keywords: resilience, nurse, positive psychotherapy

Introduction

Resilience is one's capacity to show emotional, mental, and behavioral flexibility in coping with difficulties, stress, trauma or challenging situations of life, to cope with negative circumstances, and to overcome them with strength. At the same time, as a personality trait, resilience refers to the ability to quickly recover, overcoming difficulties, resistance, flexibility, and solidity (Gürkan, 2010; Basım, 2011). It has been reported that people with high resilience are more successful in adapting to change and struggling against obstacles and experience less emotional exhaustion (McAllister & Lowe, 2011). Potential risky conditions that individuals face in their professional lives and their protective factors also affect their resilience. In health services, every step taken and every initiative taken directly affects human life or the quality of life. Health workers may encounter psychologically challenging events at very high rates and may be exposed to the psychological effects of physical fatigue brought about by intense working (Karacaoğlu & Köktaş, 2016). It has been stated that psychological resilience is an important concept, especially for nurses who face many risk factors in their professional lives, have to provide professional care services to patients with difficulties and needs under all circumstances, and have to comfort the patients (McAllister & Lowe, 2011; McCann, 2013).

Interventions to psychologically empower an individual aim to reduce the impact of stressors and change the individual's response to the stressor. This includes cognitive reconstruction of the individual, revision of expectations, and adoption of new goals. Individuals react differently to different stressors while coping. Active coping methods are used if the stressor is controllable or avoidable whereas passive coping methods such as avoidance or inactivity may be used if the stressor is unavoidable and uncontrollable (Linley & Joseph, 2006). In individual empowerment, the positive psychotherapy approach integrates symptoms with strengths, resources with risks, weaknesses with values, and hopes with regrets and is a psychotherapy approach based on the principles of positive psychology, that endeavors to understand the natural complexities of human experience in a balanced manner (Xin & Ren, 2021).

Throughout history, the development of psychotherapy has shown that relying only on certain principles and focusing on a set of psychodynamics only to understand disorders is not a practical solution. It has also been considered important to deal with the inherent abilities and virtues of human beings. With the introduction of these efforts, positive psychotherapy was theorized by Nossrat Peseschkian (1970). Positive psychotherapy is a holistic and source-oriented therapy based on analytical therapies such as psychodynamic and humanistic therapies, but it adopts a cross-cultural approach targeting positive aspects of conflict resolution skills. The main goal of positive psychotherapy is to elicit the positive, reinterpret symptoms/discomforts in a positive manner, and help clients achieve balance in their lives (Peseschkian, 2002, 2019).

Peseschkian identified three basic principles in positive psychotherapy: hope, consultation, and balance. According to positive psychotherapy, each individual lives his/her life in four dimensions: body, achievement, relationship, and future/spirituality. These four dimensions comprise the building blocks of the third fundamental principle of positive psychotherapy, balance. According to positive psychotherapy, the clues of how individuals perceive themselves and their environment and how they deal with reality are found in the degree to which they invest in each of these four dimensions. In positive psychotherapy, it has been emphasized that individuals improve their mental health by distributing their energies and efforts in a balanced manner to four basic domains of need as predicted by the balance model (Peseschkian, 2016). Within the scope of the research, the 8-week resilience program prepared based on the basic principles of positive psychotherapy was planned to be applied to nurses.

This study aims to determine the effect of the Positive Psychotherapy-Based Resilience Program on the resilience of nurses.

1.1. Research hypotheses

Ho: There is no difference between the mean resilience scores of the nurses after the Resilience Program applied.

- a. There is a difference between the groups in terms of mean resilience scores.
- b. There is a difference in the mean resilience scores according to time.

c. There is a time-group interaction in terms of mean resilience scores.

Methodology

2.1. Study Design

The study had a randomized controlled experimental design. The study complied with the CONSORT (Consolidated Standards for the Reporting of Studies) used for reporting randomized controlled trials. The study was registered with the Clinical Trials Number, a protocol record was created, and an ID number was obtained (ID: NCT06080230).

The research sample consisted of nurses who work in a university hospital in a province in the northwestern part of Turkey and met the inclusion criteria. The G*power 3.1 program was used to determine the number of nurses in the experimental and control groups. The study protocol consisted of 3 phases: randomized controlled pre-test, repeated post-test, and 3rd-month follow-up test. In this context, a two-way analysis of variance (TWO-WAY-ANOVA) was used. This method is used in the comparison of at least two different measurements of two or more groups both between groups and between measurements. This method is a parametric method and the data must be normally distributed. Under conditions with an effect level of 0.40 (large effect), an error level (α) of 0.05, and a power of the test (1-B) of 0.95, the minimum sample size required for a statistically significant difference between both groups and measurements was calculated as 58. Each group should comprise at least 29 participants. The number of dropouts (the number of those who did not continue the study) was taken as 14 and the sample size was determined as 36 for each group (Friborg et al. 2003). The sample was assigned to the experimental and control groups using the "simple randomization method". The assignment process was performed by an independent researcher using the website <https://www.random.org/web>. An independent researcher created 2 groups of 36 people from the participant list created from the nurses who were eligible for participation in the study through the <https://www.random.org/web> website. Which of these groups would be the experimental group and which would be the control group was decided by drawing lots. Thus, the researcher will be unaware of which participants were initially assigned to the

experimental or control group. The CONSORT flow diagram in the study is shown in Figure 1.

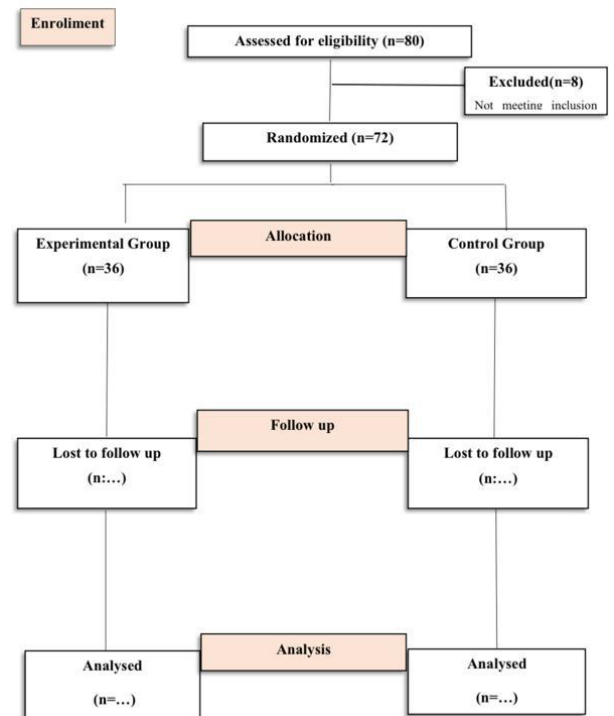


Fig. 1. The CONSORT flow diagram

The dependent variable of the research is the resilience levels of nurses and the independent variable is the resilience program applied in the research.

2.2. Inclusion Criteria

- Working as a nurse at Düzce University Health Practice and Research Center
- Volunteering to participate in the study

2.3. Exclusion Criteria

- Wanting to withdraw from the study voluntarily and having to leave the hospital for various reasons
- Developing an acute mental illness or symptom during the study was excluded from the study.

2.4. Establishment of the program

The program was prepared by the researchers based on the literature on positive psychotherapy. Expert opinions were obtained from a total of 9 positive psychotherapists for the detailed content of the program which was planned to be eight sessions (session purpose, goals, activities, stories, and practices used in the content) and the "participant guidebook" was prepared specifically for the participants. The

experts were expected to evaluate the program in terms of content, clarity, and duration. After expert evaluations, necessary revisions were made and the program was finalized.

2.5. Program Content

The program content was based on the theories and practices of positive psychotherapy. Stories and metaphors were used in the program based on three basic principles. The use of stories is very important in positive psychotherapy. Peseschkian argued that stories are an important aid in the psychotherapy process. Story use has many functions, including applicability to the problems of daily life and the client's ability to identify with the story (Peseschkian, 2019).

The program was prepared based on the principle of balance and hope and aimed to develop some skills for participants to find balance and set new goals. According to the principle of balance, individuals should utilize the dimensions of body, achievement, relationship, and future/spirituality in a balanced way in order to solve their problems. Because, according to the positive psychotherapy approach, individuals will be able to be fully healthy and productive when they are able to balance the importance, they attach to these four basic dimensions of life and the time and energy they allocate to them (Peseschkian, 2019; Alpay & Kara, 2018).

The entire program follows five consultation steps (observation-distancing, inventory, situational encouragement, verbalization, and goal expansion) and each session is designed to meet one consultation step. In positive psychotherapy, the principle of consultation means that the psychotherapy process is carried out in five stages. In the first stage, observation/distancing, the client's problem is briefly defined. In the second stage, inventory, the causes of the individual's problem are searched for. In the third stage, situational encouragement, the client's strengths are emphasized, and a positive interpretation of the symptom is made. The fourth stage, verbalization, is the action stage. In the fifth stage, goal expansion, the client is prepared for the future (Peseschkian, 2016; Eryilmaz, 2020).

The session contents were also structured to follow the five steps of the consultation stages as in the entire program. The content of each session followed the five steps. Each session, based on the principle of hope and balance, is aimed at making the participants gain the ability to establish balance and re-establish goals related to the subject of that week. Exercises appropriate to the content were included. It was planned to give homework at the end of each session and to start the next session with homework. Each session will be closed with a one-minute silence exercise.

The objectives and themes of all sessions of the program are presented in Table 1.

Table 1.
Program themes and objectives

Session	Theme of Session	Objective
FIRST SESSION (Observation - Distancing)	Introduction	Participants learn the purpose and rules of the group and recognize the existing resources they have in their daily lives.
SECOND SESSION (Inventory)	Life Balance	Participants can understand the function of the balance model, recognize their needs, and take action to achieve balance in their lives.
THIRD SESSION (Inventory)	Real Capacities	Participants recognize the capacities in positive psychotherapy and the importance of finding a balance between their capacities.
FOURTH SESSION (Situational Encouragement)	Self Esteem (Self Acceptance, Self Belief, Trust Yourself)	Participants realize their current capacities and increase their level of self-belief, trust themselves in changing what they want to change, and accept what they cannot change.
FIFTH SESSION (Verbalization)	Contact (contact with the body - emotions)	Participants learn to get in touch with their bodies and emotions and their capacity to stay with emotions increases.
SIXTH SESSION (Verbalization)	Relationship (Contact with the other)	Participants recognize their ways of establishing relationships and replace dysfunctional ways with new ones.
SEVENTH SESSION (Verbalization)	Self-help	Participants learn a new map that they can use in response to challenging life events by integrating the knowledge learned in this psychoeducation.
EIGHTH SESSION (Goal Expansion)	Goodbye	Participants realize the contribution of the program and make plans on how to follow the program in the future.

The implementation part of the second session is presented below as an example of the program content:

SECOND SESSION (Inventory); Life Balance

Session Objective: Participants can understand the function of the balance model, recognize their needs, and take action to achieve balance in their lives.

Implementation:

➤ The previous session is evaluated. The unclear parts and the homework are reviewed. (10 minutes)

➤ The balance model is introduced (A Power point slide show has been prepared). (20 minutes) **Observation-Distancing**

- Components of the body dimension: nutrition, sleep, exercise, smoking, health problems, etc.
- Components of the achievement dimension: meaning attributed to achievement, satisfaction with the profession, performance expectation, etc.
- Components of the relationship dimension: styles of establishing a relationship, expectations, etc.
- Components of the spirituality dimension: finding meaning in life, goals for the future, etc.

➤ Group members draw their own balance models (20 minutes) **Inventory**

- *Exercise:* Worksheets with balance model graphs are distributed to the group members. Each group member is asked to show how he/she allocates his/her daily life energy by drawing on the graph. The sum of the energy distribution should be 100%. Each participant is supported and guided to draw his/her own model.

➤ Group members recognize how they use their resources in daily life to achieve balance in the four dimensions. (15 minutes)

Situational Encouragement

- *Story:* The Traveler's Story
- Through this story, group members are encouraged to think about the burdens they are aware of or not aware of in daily life.

➤ All group members explore how their balance is disrupted against challenging life events. In the balance model, they

suggest how they can meet their needs in order to regain balance. (15 minutes)

Verbalization

- The scale metaphor is used to emphasize the importance of establishing a balance between dimensions.

- *Exercise:* Group members are asked to write down what they can do about the dimension or dimensions on the balance model they drew at the beginning of the session. They are assisted by the following two questions.

- What do I need? What do I want?

➤ Each group member expresses what would be different in his/her life if he/she could maintain the balance in the future. (10 minutes) **Goal Expansion**

- *Homework:* How will you work on this dimension or dimensions every day to address the needs you have recognized on the balance model? Please plan applicable actions that you can take at regular intervals and write them down in your participant handbook.
- *Closure:* Participants are encouraged to check their moods. Group members are asked to be silent for one minute. Participants are guided to their bodies and sensations by instructions given.

2.6. Participant Guidebook

The participant guidebook prepared by the researcher starts with the purpose of the program and a brief introduction to positive psychotherapy. Each session is addressed separately in the guidebook and content appropriate to the session theme is shared at the beginning of the session. The materials to be used in practice are shared in the guidebook in their sessions so that the participants can reuse them. The stories told in each session are included in the guidebook so that the participant can re-read them. Suggested homework and easy-to-apply examples that can help in homework are included at the end of each session. Expert opinions were taken from ten positive psychotherapists for the suitability of the participant guidebook.

2.7. Implementation Phase

A pre-interview was conducted with all nurses who agreed to participate in the program. The volunteering nurses were informed about the purpose and process of the program. Information regarding eligibility to participate in the program (not being in the acute phase of any physical or mental illness) was collected. An informed consent form was signed by the nurses included in the study.

This research is part of a doctoral dissertation. Two of the researchers have a master's degree in positive psychotherapy. Likewise, the other researcher completed positive psychotherapy basic training. All groups and sessions were conducted by the same researcher (who has a master's degree in positive psychotherapy).

2.8. Program Implementation Setting

The program sessions were held in a meeting room of the hospital where the research was conducted. The meeting room was arranged with a U-shaped seating plan so that all participants could see each other. There was a barcognition device and a computer to be used in some sessions. Other materials to be used in the study were provided by the researcher (wood, envelopes for letters, note papers, etc.).

2.9. Preliminary Application

- The preliminary application of the program was carried out with nurses who work day shifts in the hospital.
- After each session, supervision support was received from an experienced psychotherapist who has a master's degree in positive psychotherapy.
- The program consisting of 90-minute sessions for 8 weeks was applied to the preliminary application group.
- The preliminary application group started with 12 participants and ended with 12 participants.
- No changes were made to the content of the program after the preliminary application. The data of the preliminary application group were found suitable for inclusion in the study data.

2.10. Implementation of Positive Psychotherapy-Based Resilience Program

- Prior to the program, the resilience scale for adults was administered to the participants in the experimental group.
- The participants in the experimental group were divided into 3 groups of 12 participants. The number of nurses in the groups is consistent with the literature (Sawyer, 2021; Janzarik et al., 2022).
- Within the scope of the research, an 8-week "Positive Psychotherapy-Based Resilience Program" was implemented for the nurses in the experimental group. The program consisted of 8 weeks of 90-minute sessions. The number and duration of the sessions are in line with the literature (Sawyer, 2021; Janzarik et al., 2022).
- Sessions were held at the same time on the same day of the week. In determining the time and date of the session, attention was paid to the work hours of the nurses.
- The nurses in the groups were nurses working during day and night shifts and in different units of the hospital.
- The participant guidebook prepared by the researcher was given to the participants in the experimental group in the first session.
- As in the preliminary application, supervision support was received when necessary, from an experienced psychotherapist who has a master's degree in positive psychotherapy.

Post-Test (Second Measurement)

Application

At the end of the program, the resilience scale for adults was implemented simultaneously to the intervention and control groups.

Follow-up Test (Third Measurement)

Application

Twelve weeks after the end of the program, the resilience scale for adults was implemented simultaneously to the intervention and control groups.

Control Group

Necessary information about the research was given to the nurses in the control group. No application was made. Pre-test, post-test, and follow-up tests were implemented.

2.11. Data Collection

All nurses working in the institution were informed about the details of the study. A "Personal Information Form" and the "Resilience

Scale for Adults” were implemented for the nurses who agreed to participate in the study and whose written informed consent was taken. The “Resilience Scale for Adults”, which was administered at the beginning of the study, was administered immediately after the last session of the intervention. The 3-month follow-up test was applied 12 weeks after the last session. The measurements of the control group was made on the same day as the intervention groups.

Data collection tools

1. Personal Information Form:

This form regarding the introductory information of the participants was prepared by the researcher.

2. Resilience Scale for Adults:

The Resilience Scale for Adults was developed by Friberg et al. (2003) and consists of the dimensions of “personal strength”, “structural style”, “social competence”, “family cohesion”, and “social resources”. A later study (Friberg et al., 2005) showed that the scale better explains the resilience model with its six-dimensional structure. In the study conducted by Friberg et al. (2005), the “personal strength” dimension was divided into two, “perception of self” and “perception of future”, and a six-dimensional structure was created. In the scale, “structural style” (3, 9, 15, 21) and “perception of future” (2, 8, 14, 20) dimensions are measured with 4 items each; “family cohesion” (5, 11, 17, 23, 26, 32), “perception of self” (1, 7, 13, 19, 28, 31) and “social competence” (4, 10, 16, 22, 25, 29) dimensions are measured with 6 items each; the “social resources” (6, 12, 18, 24, 27, 30, 33) dimension is measured with 7 items. The Turkish validity and reliability study was conducted by Basim (2011).

2.12. Data Evaluation

The SPSS package program was used for data analysis. Whether the data are normally distributed was evaluated. Number, percentage, standard deviation, mean, chi-square, independent and dependent samples t-test, statistical test value and degrees of freedom (t, F, r, etc.), effect size (ES), confidence interval (CI), and statistical power were provided in the analysis of the data. A similarity analysis was made for the experimental and control groups. In case of missing data in the research, Intention to Treat and ITT analyses will be used to overcome the missing data. The Cronbach alpha

internal consistency coefficients will be calculated to examine the consistency of the scales.

Results

The effectiveness of the positive psychotherapy-based resilience program on nurses’ resilience and the development of balanced life skills was evaluated.

- The program, which was prepared based on positive psychotherapy, was predicted to increase the resilience of nurses and ensure nurses gain balanced life skills.
- This randomized controlled trial provided evidence-level guidance.
- The research is expected to contribute to the literature on nursing and positive psychotherapy.

Conclusions

Nurses who face many known risk factors and stressors need to be supported with some interventions. It is important, but not sufficient, to treat the current effects of high stress. Prevention, support, and skills development interventions to improve nurses’ well-being and coping skills can lead to sustainable changes for nurses (Sawyer, 2021). Various training and intervention programs have been implemented to increase the resilience of nurses. Studies have shown that resilience programs not only increase nurses’ resilience but also reduce stress, anxiety, depression, and burnout and increase mindfulness and self-efficacy. The training programs implemented include different techniques such as face-to-face workshops, web-based learning, audience notes, electronic discussions, and mind-body exercises (Xin & Ren, 2021).

The effectiveness of developing and strengthening resilience in coping with the stressful nursing environment has been evidenced. Good relationships with family, friends, and colleagues enable nurses to focus on their beliefs and values and give them the strength to cope with negative conditions in the work environment. This is related to the “relationship” and “spirituality” dimensions of the balance model in positive psychotherapy. The relationship dimension is associated with sharing with others and engaging in activities that allow individuals to have a good time, while the spirituality dimension is associated with

engaging in activities that allow individuals to feel good about themselves spiritually. In this context, the balance between work life and social life is very important in developing resilience (Peseschkian, 2002; Sawyer, 2021). Approaches to the profession of nurses with high resilience affect the care services they provide positively (Quinal et al., 2019). This is associated with the “achievement” dimension of the balance model. The achievement dimension concerns individuals’ orientation towards activities related to their academic and professional development. Another dimension in the balance principle of positive psychotherapy is the “body” dimension which is associated with engaging in activities that make individuals feel good about their body/health. Nurses often neglect their own emotional and physical needs while providing care to others. Self-care practices are considered an important strategy for nurses to protect their health. It has been reported that adequate rest, self-care, and social support are of great importance among the coping resources of nurses and that these resources are positively linked to the quality of life (Peseschkian, 2002; Sawyer, 2021; Quinal et al., 2019; Wu et al., 2011; Günüşen, 2017).

With this program prepared based on the principles of positive psychotherapy, it is envisioned that nurses will gain skills to be in balance in life and that their resilience will increase. Thus, the quality of patient care can be positively influenced by higher quality of life in their personal lives.

1 Declarations

1.1 Study Limitations

The results cannot be generalized to all nurses since the study will be conducted with nurses working at Düzce University.

1.2 Funding source

The study has no financial support.

1.3 Competing Interests

The authors declare that there is no conflict of interest.

2 Human and Animal-Related Study

This research will be carried out in accordance with the principles of the

Declaration of Helsinki (2008). Ethical approval (03/06/2023 -Decision no: 2023/31) was granted by the Ethics Committee of a university and written permission was obtained from the hospital where the research will be conducted. Nurses who agree to participate in the study will provide verbal and written consent after the purpose of the study is explained. Participants will be told that they are free to participate in the study and that they can withdraw from the study at any stage. The participants will be informed that the results of the research will be published for scientific purposes without any identification

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