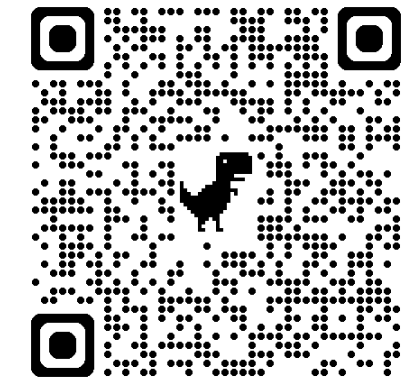


## Background

- Nurses across settings, including faculty, experience job dissatisfaction, burnout, compassion fatigue, & moral distress
- URSON Faculty have reported:
  - Ongoing concerns re: burnout & professional fulfillment
  - Positively impacting learners is very meaningful
  - Strong desire to bolster supportive environments & professional development to enhance wellbeing
  - Enthusiasm regarding UR SDT guided project that did not materialize
- Seized opportunity to offer faculty leaders access to SDT training developed & demonstrated beneficial for nurse managers with overlapping role demands



<https://www.immersyvehealth.com/resources/case-study-cutting-nurse-turnover-intention-by-50-in-two-years>

## Wellbeing Project Goals

- Engage faculty leaders in online training program to enhance faculty/student wellbeing through psychological needs support
- Evaluate perceived impact on faculty/students - based on decades of SDT research in education, health care, work organizations, and wellbeing
- Determine how to further adapt/expand the training in educational and clinical contexts
- Model autonomy/needs support through group sessions led by nurse leaders with SDT expertise

## Participant Characteristics (N = 15)

Recruited from	SALT = 14	Referral = 1	--	--
Appointment	Clinical = 14	Research = 1	--	--
Education	PhD = 7	DNP = 5	EdD = 3	--
Time at SON	≤2y = 1	>2-5y = 4	>5-10y = 2	>10y = 8
Role	AD = 1	Director = 11*	Past Director = 2	Also NP = 7

SALT = Senior Academic Leadership Team; \*interim director = 4

**Prevent Nurse Burnout and Increase Retention**  
**The Key to High-Quality Work Motivation:**  
Facilitating Satisfaction of Basic Psychological Needs

**What We Learned**

- Basic psychological needs are the **essential ingredients** in a work culture that fosters high-quality motivation and well-being.
- Supporting your team's needs will build their **personal value and intrinsic motivation** for their work tasks.
- When your team experiences **higher need support**, it will result in:
  - Greater engagement
  - Positive work behaviors
  - Increased wellness
  - Less distress

**Autonomy I Believe** → Your team's need to feel ownership and endorsement of their work

**Relatedness I Belong** → Your team's need to have a sense of belonging in the organization

**Mastery I Succeed** → The feeling of competence, efficacy, and growth in everyday work

*The key to effectively leading your team is making autonomy, relatedness, and mastery everyday experiences.*

**What You Can Do**

- Begin by truly hearing your team out and taking their perspective.
- Focus on supporting your team's needs as outlined in the next modules.

BASIC PSYCHOLOGICAL NEEDS  
SAMPLE MODULE SUMMARY

## Methods

### Project Description:



#### On-demand training:

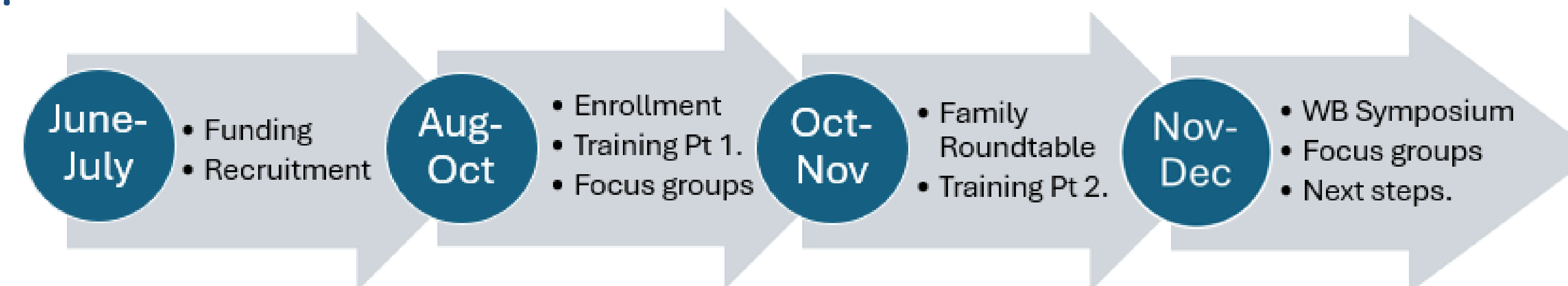
- 18 short, practical video modules
- Knowledge checks & one-page summaries
- Two group discussions: mid-way/project end
- 4.25 CE credits (ANCC)
- Developed for nurse managers by SDT experts
- Produced by Immersyve health & implemented in other health systems



#### Faculty learn how to:

- Support students' psychological needs
- Enhance student motivation
- Give feedback based on growth vs. evaluation
- Support students with challenges/assignments
- Set effective goals
- Facilitate great group discussions

### Timeline:



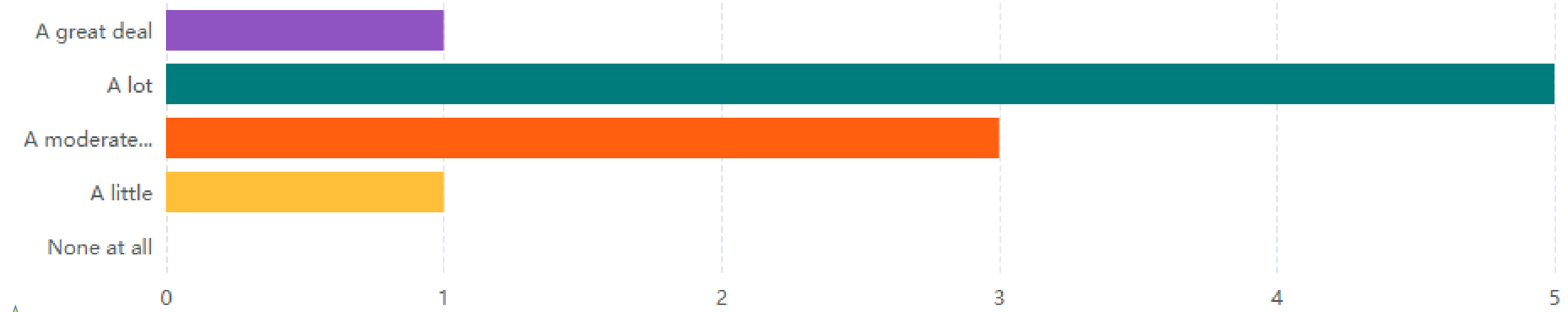
## Results

### Focus group findings:

- Two, 1-hour Zoom sessions by participant choice, ~9 weeks after modules opened
- n = 12 (80%) participated (#1 = 8; #2 = 4) in focus group, co-facilitated by Drs. Blaakman & Sharp
- Commitment wavered until encouraged to join even if modules were not completed
- Modules completed range: 1 (33%) to 18 (entire series, 20%), with 40% completing 5-10 modules at halfway point
- Barriers included initial technical/platform problems & competing demands
- Of those that started training:
  - 90% rated content moderately impactful or better for students (Figure 1.)
  - 78% rated content moderately impactful or better for faculty (Figure 2.)
  - 89% rated content quality good or excellent (Figure 3.)
- Most found/imagined modules were helpful for applying new skills & validating usual approaches
- Module concepts were readily translated to educator role

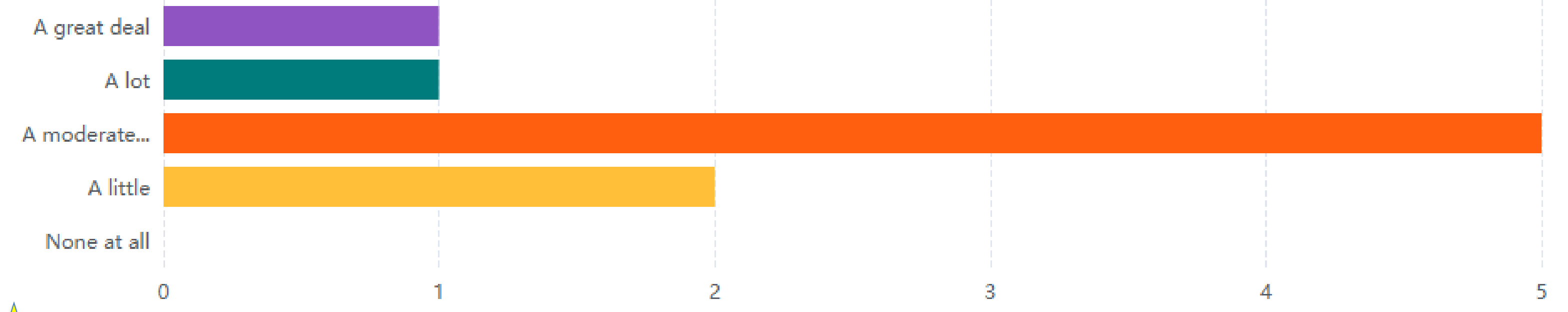
★ How would you rate the impact of the module content on motivating and supporting students? (Single choice)

Figure 1., n=10



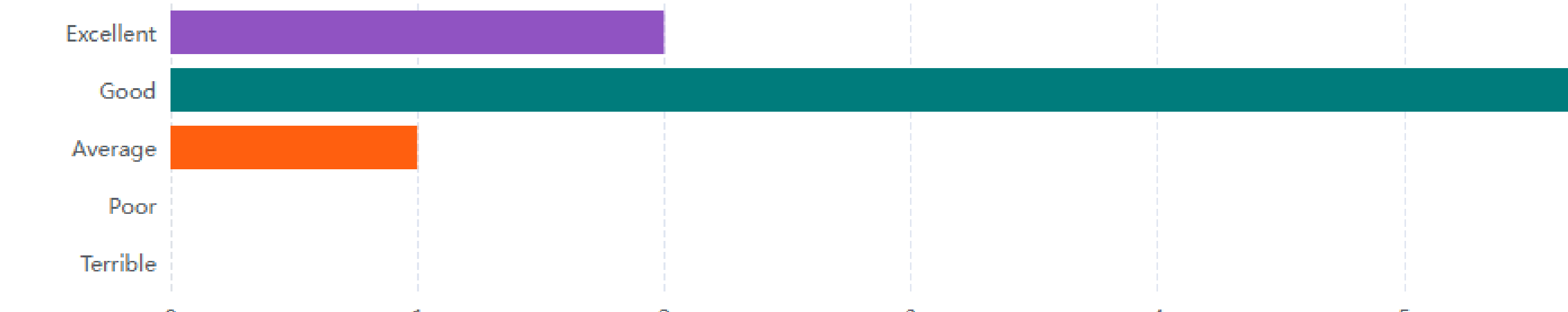
★ How would you rate the impact of the module content on your own motivation for your work? (Single choice)

Figure 2., n=9



★ Please rate the quality of the online training content (Single choice)

Figure 3., n=9



## Focus Group Themes

### What were your reasons for participating?

- Familiar with SDT & evidence base
- Use SDT as clinician & interested in applying to faculty role
- Personally invited by respected colleague
- Not a believer but curious
- Hopeful it can help students & faculty engage better

### What concepts, if any, were you able to apply so far?

- Provided choice & rationale for simulation buy-in
- Honored students' initiative, passion, & inspiration for course paper; built excitement & confidence for individual work
- Modeled ways to interact with patients
- Introduced SDT & module content to leadership students
- Realized that I already use SDT across roles

### What connections, if any, do you make with the SDT concepts and faculty wellbeing?

- Would not have joined if did not see connection!
- Faculty job is less stressful when students are motivated
- When we are valued, listened to, connected to a larger purpose our interactions are better & we can keep going

### What SDT concepts do you think are hardest to apply?

- Addressing huge amount of regulation in nursing where we have little choice & may not agree with rules
- Using SDT approaches in unsupportive cultures; hoping for more examples in modules not yet covered

## Discussion/Conclusions

### At halfway point of project:

- Training was acceptable, though may not be feasible in current format (up to 47% completed ≤1 module to date)
- Despite desire to participate, role demands still hindered engagement
- Technical glitches may have impeded onboarding & persistence
- Videos w/ potentially inaccurate or culturally biased moments (e.g., MD vs RN depictions) were partially distracting for some
- Structure (e.g., calendar reminders) to keep on track & group viewing/discussion were suggested for future offerings
- Effectiveness of training pilot unclear, yet faculty examples of content application were mostly positive, appropriate, & energetic

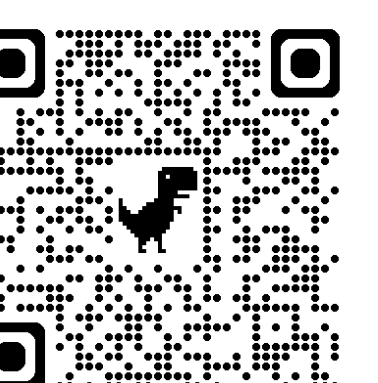
## Future Directions/Scalability

### Final focus group in Dec. will guide next steps:

- Future funding & ongoing access** to modules are being explored
- Adaptation of modules specifically for nurse educators unlikely; other methods (e.g., **group reflection**) could improve application
- Project goals **align w/ SON strategic plan for culture**; linkage to metrics of wellbeing will be important if able to repeat/expand
- Even at early stages w/ barriers, faculty have not chosen to withdraw & express gratitude/value suggesting favorable response to concepts & **autonomy supportive microclimate**

## Key References

- Neufeld, A. & Kassam, A. (2025) Why respect for learner autonomy is an ethical priority. *The Clinical Teacher*, 22, e70062
- Slemp, G., Kern, M. L., Patrick, K. J., & Ryan, R. M. (2018). Leader autonomy support in the workplace: A meta-analytic review. *Motivation and Emotion*, 42, 706-724. <https://doi.org/10.1007/s11031-018-9698-y>



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