



Promoting well-being and resilience for pediatric oncology advanced practice nurses: An evidence-based approach

Sarah Green, DNP, CPNP-AC¹;

Jennifer Baird, PhD, MPH, MSW, RN, CPN¹; Adelais Markaki, PhD, APRN-BC²

¹Children's Hospital Los Angeles, Los Angeles, California

²University of Alabama at Birmingham School of Nursing, Birmingham, Alabama

- Sarah Green, Adelais Markaki, and Jennifer Baird have no industry relationships to disclose.

- Define the NAM framework for addressing clinician burnout and professional well-being.
- Identify consequences of burnout and contributing factors for clinicians and patients.
- Describe the six NAM goals for reducing burnout and link associated actions/interventions that promote professional well-being and resilience.

National Academy of Medicine (NAM) Framework for Addressing Burnout



Critical to the provision of
safe, high-quality care

Facilitates strong patient-
clinician relationships,
more effective healthcare
teams, and a committed
workforce

Burnout is a major problem
that requires immediate
action

Multi-system approach to
engage in work system
transformation and foster
well-being



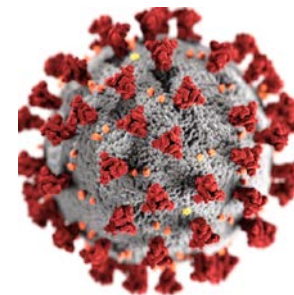
(Leiter, Maslach, & Jackson, 2018)

(Neumann et al., 2018)

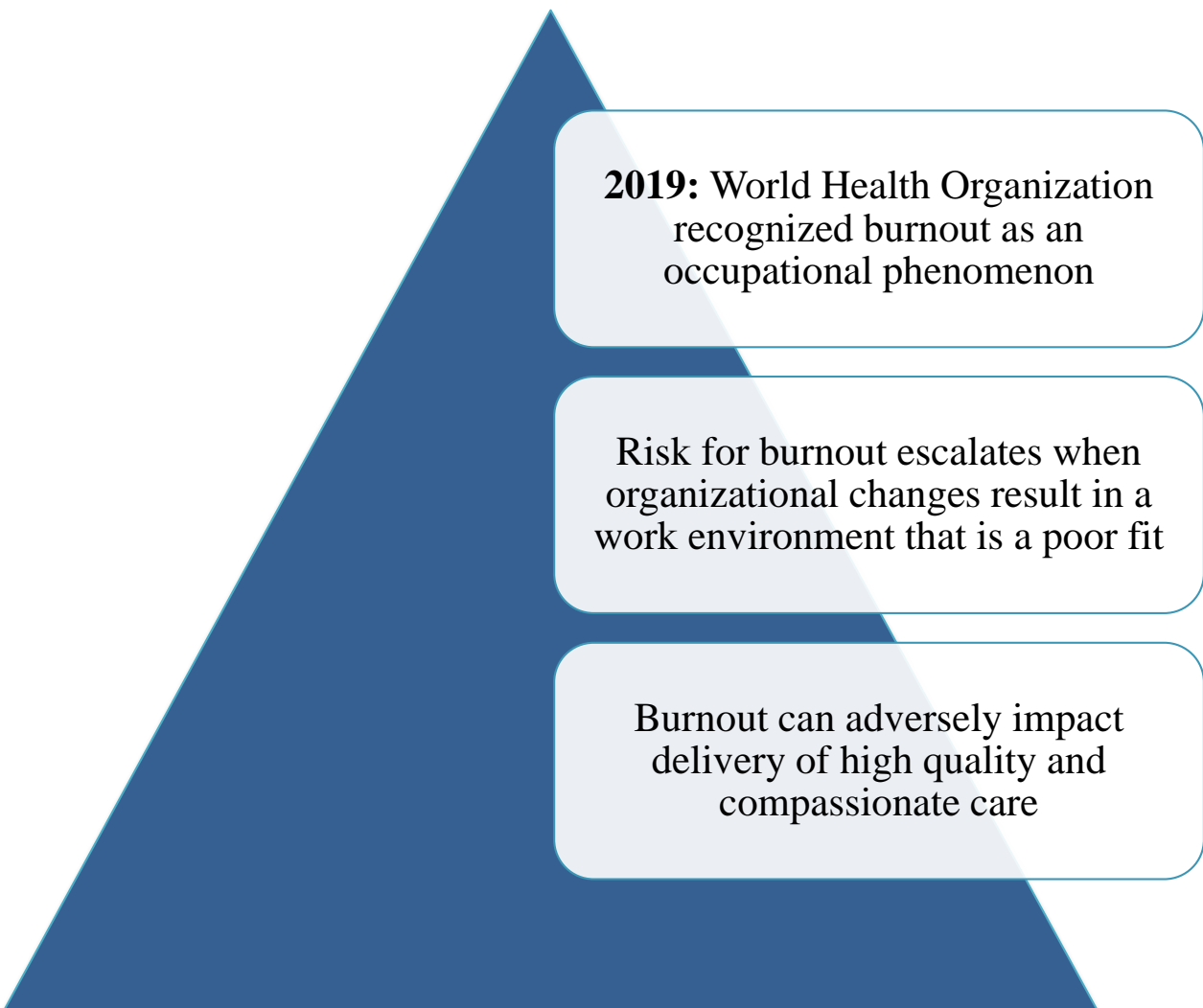
(National Academy of Medicine (NAM), 2018)



- **Burnout:**
 - A psychological syndrome that results from prolonged interpersonal job stressors manifested as exhaustion, cynicism, job detachment, and feelings of ineffectiveness.
- In the midst of the current SARS-CoV-2 outbreak there is amplified suffering and mental health concerns for HCPs



Burnout and Consequences



2019: World Health Organization recognized burnout as an occupational phenomenon

Risk for burnout escalates when organizational changes result in a work environment that is a poor fit

Burnout can adversely impact delivery of high quality and compassionate care

Prevalence of HCP Burnout

More than
50% of HCPs
report burnout

High-stress
environment and
the complexity of
patient/family
conditions increase
risk for pediatric
oncology advanced
practice nurses

Early career
clinicians are
at an increased
risk

NAM Systems Model of Clinician Burnout and Professional Well-being

FACTORS AFFECTING CLINICIAN WELL-BEING AND RESILIENCE

This conceptual model depicts the factors associated with clinician well-being and resilience; applies these factors across all health care professions, specialties, settings, and career stages; and emphasizes the link between clinician well-being and outcomes for clinicians, patients, and the health system. The model should be used to understand well-being, rather than as a diagnostic or assessment tool. The model will be revised as the field develops and more information becomes available. Subsequent layers of the model, and an interactive version of the model, are in development in conjunction with the Action Collaborative's other working groups and will be made available shortly.

EXTERNAL FACTORS

SOCIO-CULTURAL FACTORS

- Alignment of societal expectations and clinician's role
- Culture of safety and transparency
- Discrimination and overt and unconscious bias
- Media portrayal
- Patient behaviors and expectations
- Political and economic climates
- Social determinants of health
- Stigmatization of mental illness

REGULATORY, BUSINESS, & PAYER ENVIRONMENT

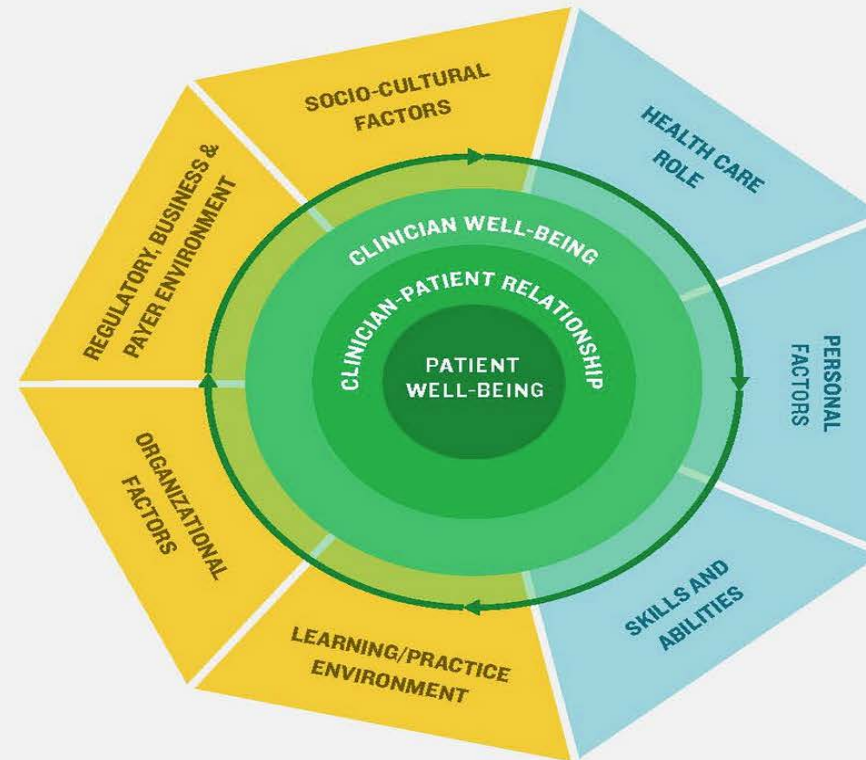
- Accreditation, high-stakes assessments, and publicized quality ratings
- Documentation and reporting requirements
- HR policies and compensation issues
- Initial licensure and certification
- Insurance company policies
- Litigation risk
- Maintenance of licensure and certification
- National and state policies and practices
- Reimbursement structure
- Shifting systems of care and administrative requirements

ORGANIZATIONAL FACTORS

- Bureaucracy
- Congruent organizational mission and values
- Culture, leadership, and staff engagement
- Data collection requirements
- Diversity and Inclusion
- Level of support for all healthcare team members
- Professional development opportunities
- Scope of practice
- Workload, performance, compensation, and value attributed to work elements
- Harassment and discrimination
- Power dynamics

LEARNING/PRACTICE ENVIRONMENT

- Autonomy
- Collaborative vs. competitive environment
- Curriculum
- Health IT interoperability and usability/Electronic health records
- Learning and practice setting
- Mentorship
- Physical learning and practice conditions
- Professional relationships
- Student affairs policies
- Student-centered and patient-centered focus
- Team structures and functionality
- Workplace safety and violence



INDIVIDUAL FACTORS

HEALTH CARE ROLE

- Administrative responsibilities
- Alignment of responsibility and authority
- Clinical responsibilities
- Learning/career stage
- Patient population
- Specialty related issues
- Student/trainee responsibilities
- Teaching and research responsibilities

PERSONAL FACTORS

- Inclusion and connectivity
- Family dynamics
- Financial stressors/economic vitality
- Flexibility and ability to respond to change
- Level of engagement/connection to meaning and purpose in work
- Personality traits
- Personal values, ethics and morals
- Physical, mental, and spiritual well-being
- Relationships and social support
- Sense of meaning
- Work-life integration

SKILLS AND ABILITIES

- Clinical Competency level/experience
- Communication skills
- Coping skills
- Delegation
- Empathy
- Management and leadership
- Mastering new technologies or proficient use of technology
- Mentorship
- Optimizing work flow
- Organizational skills
- Resilience
- Teamwork skills

NAM Systems Model of Clinician Burnout and Professional Well-being

A SYSTEMS MODEL OF CLINICIAN BURNOUT AND PROFESSIONAL WELL-BEING

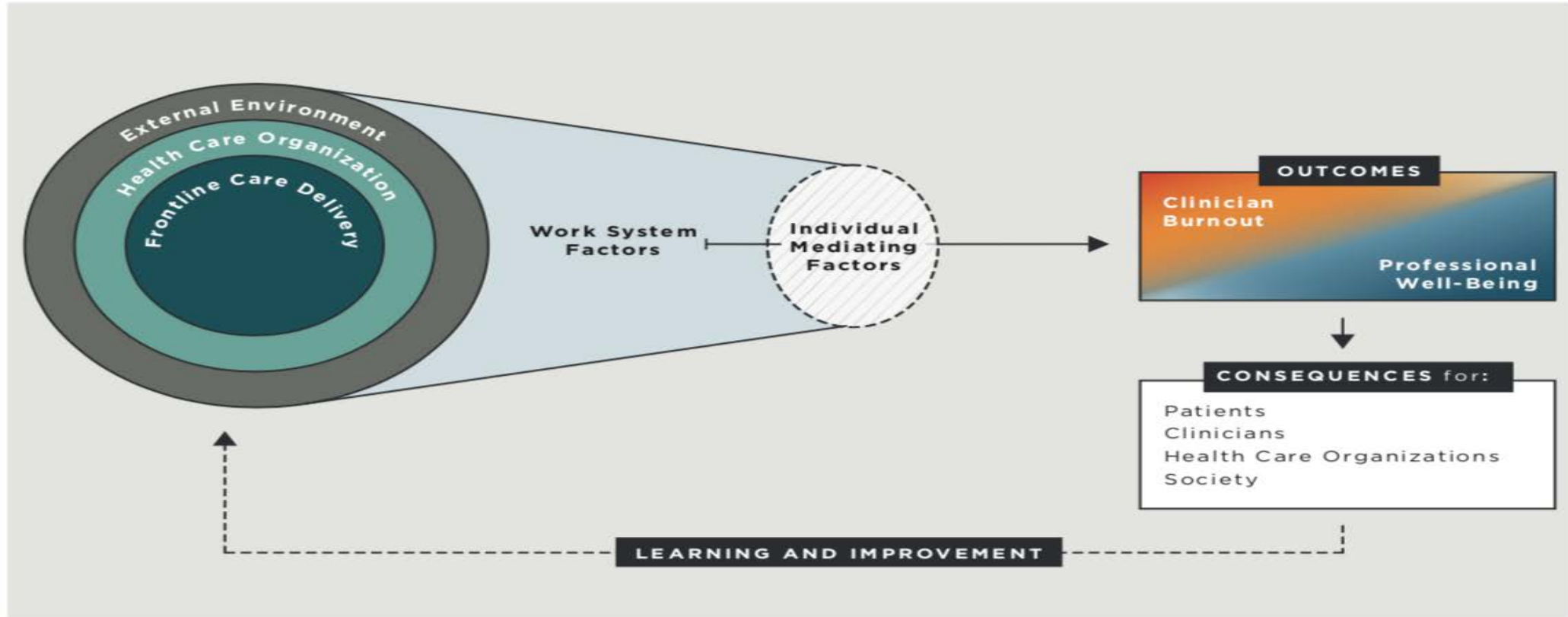


FIGURE S-1 The systems model of clinician burnout and professional well-being.

NAM Systems Model of Clinician Burnout and Professional Well-being

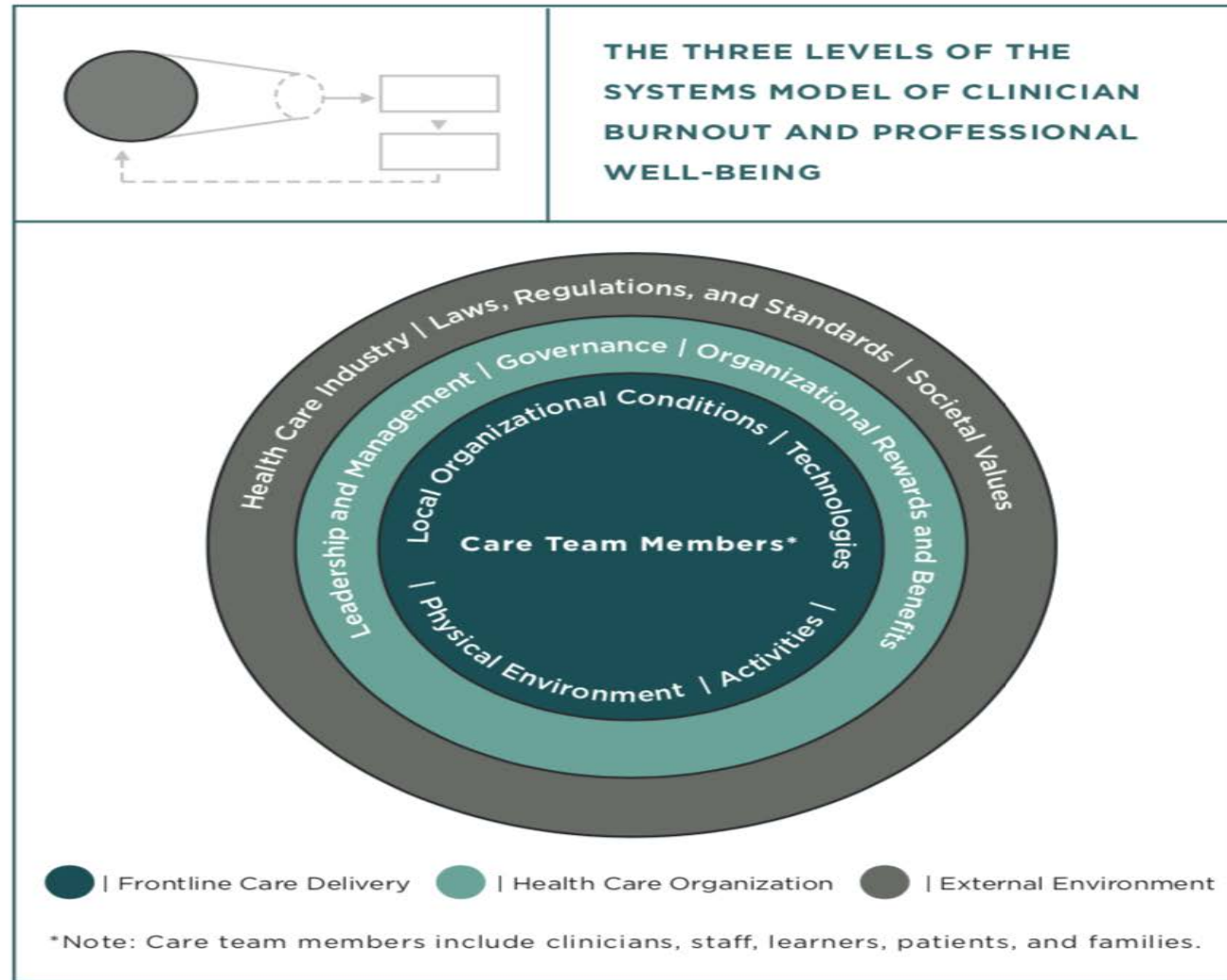
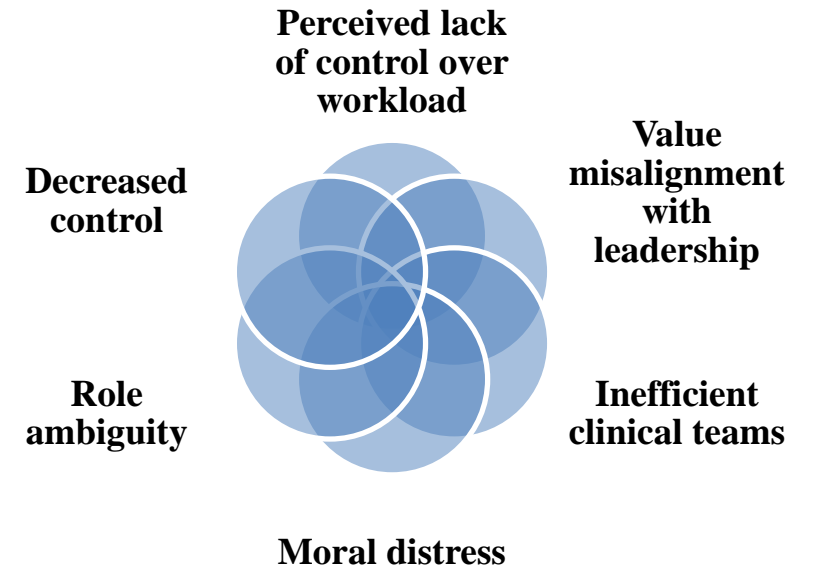
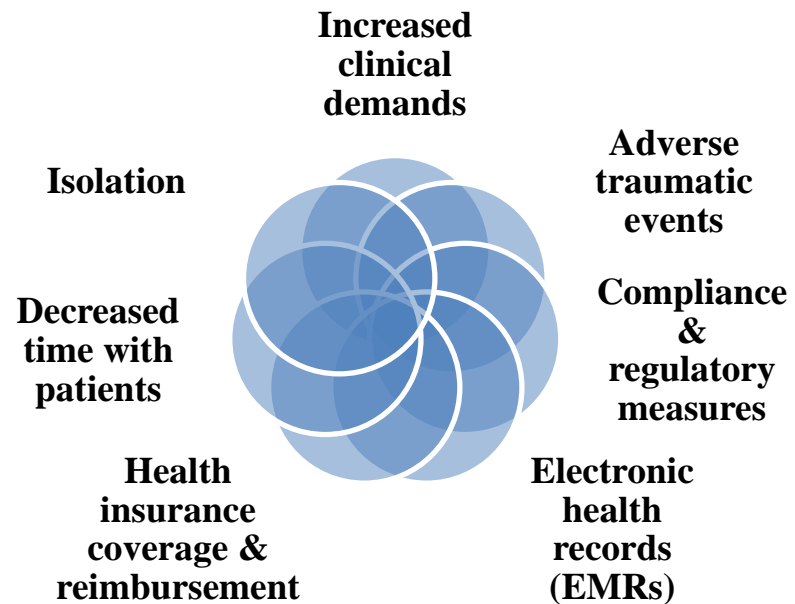
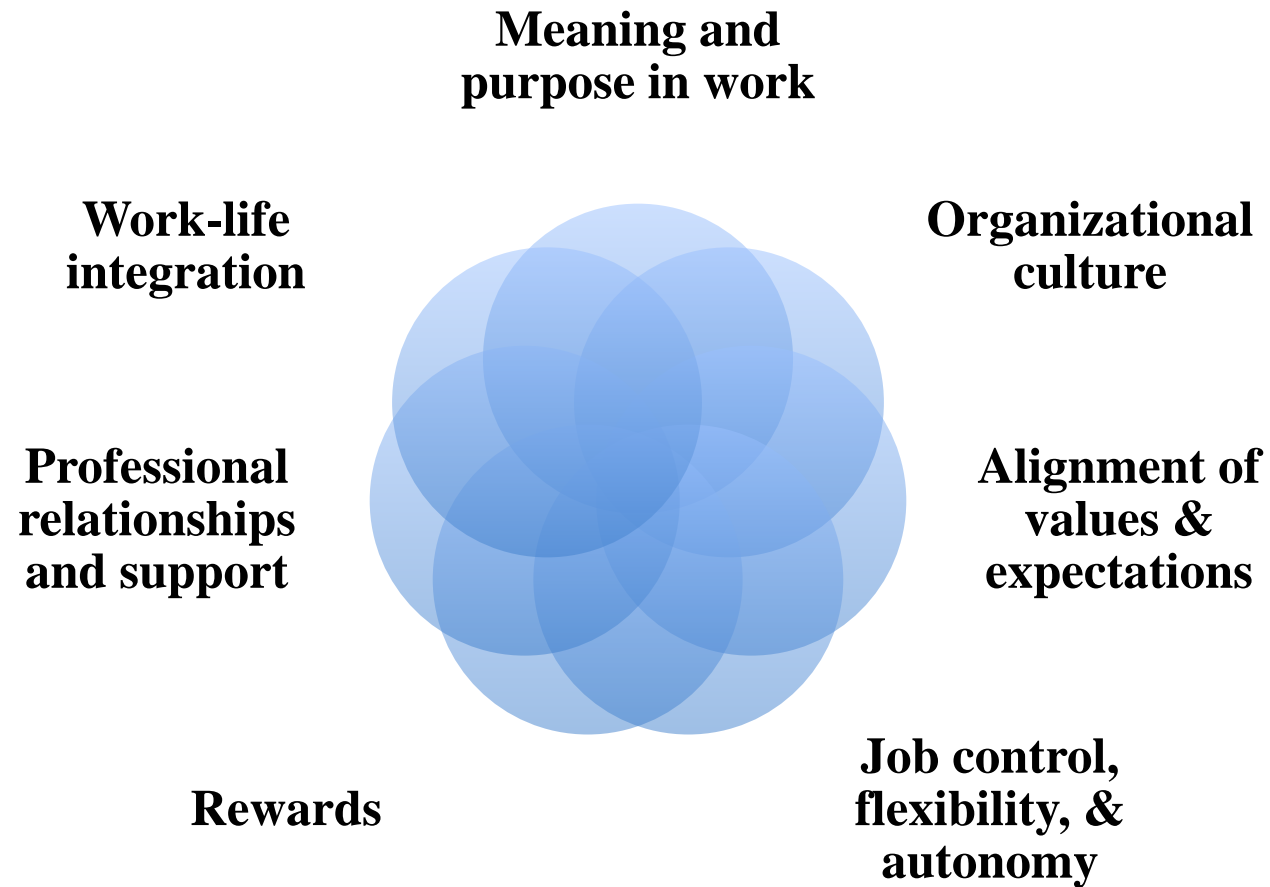


FIGURE S-2 The three levels of the systems model of clinician burnout and professional well-being.

Job Demands

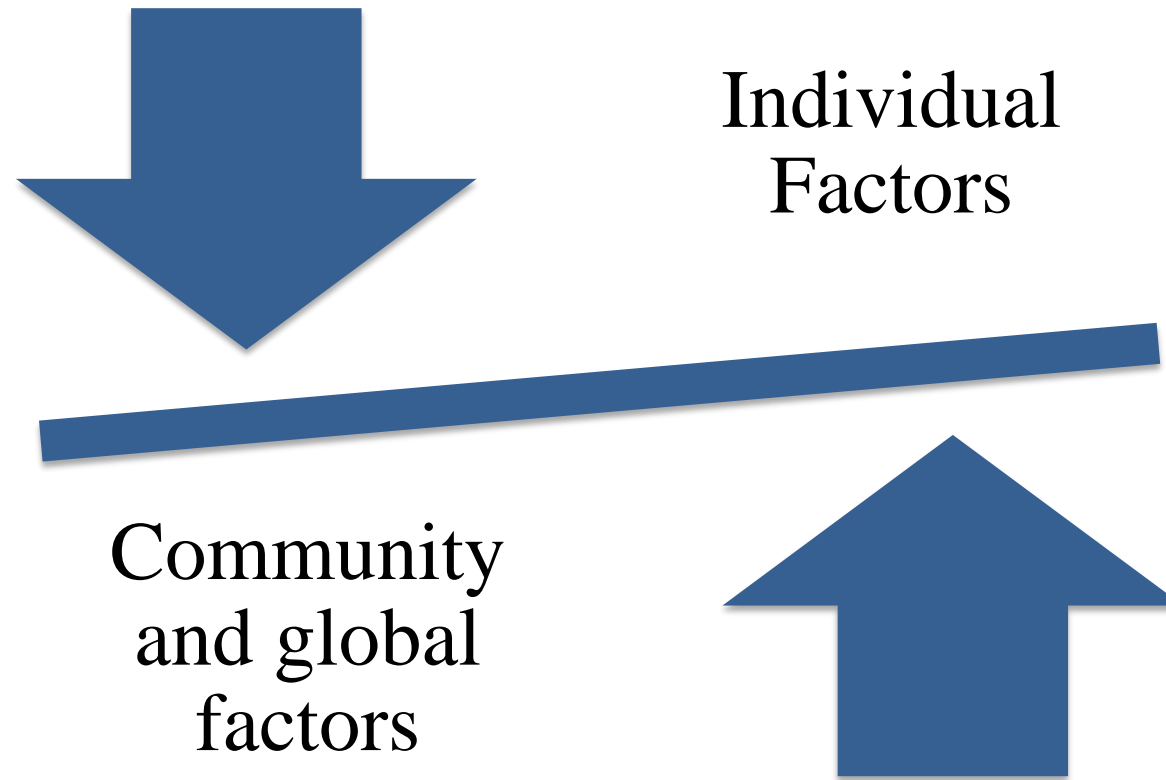


Job Resources





http://lippincottolutions.lww.com/content/usergenerated/asi/cloud/attachments/health/hlrp/lww/lcs/blog/jcr:content/par/column_control/par1/columncontrol/col-par-0/blog/5_ways_to_fight_nurs-EIQY/5%20ways%20to%20fight%20nurse%20burnout%20blog.jpg



Costs Associated with Burnout

Individual Costs:

- **Fatigue**
- **Memory deficits**
- **Depression**
- **Suicidal ideation**
- **Anxiety**
- **Sleep disturbance**
- **Irritability**
- **Substance abuse**

Organizational costs:

- **Lack of compassion in care**
- **Missed workdays**
- **Diminished job performance**
- **High turnover**

400
physicians commit
suicide each year, a rate
more than
2X
that of the general
population
Andrew & Brenner, 2015

24%
of ICU nurses tested positive
for symptoms of post-traumatic
stress disorder
Mealer et al., 2007



Physician rates of
depression
remain alarmingly
high at
39%
Shanafelt, 2015

23-31%
Prevalence of emotional
exhaustion among
primary care nurses
Gomez-Urquiza et al, 2016

How can we protect the health of the people who protect our own?



National Academy of Medicine
Action Collaborative on
Clinician Well-Being and Resilience

Learn more at nam.edu/ClinicianWellBeing

@theNAMedicine

The “Action Collaborative on Clinician Well-Being and Resilience” is a top priority for NAM

Requires action at institutional, state, and national levels



1.) Create Positive Work Environments:

- Prevent and reduce burnout
- Foster well-being
- Support quality care



2.) Create Positive Learning Environments:

- Transform education and training to optimize learning environments that prevent and reduce burnout
- Foster well-being



3.) Reduce Administrative Burden:

- Reduce negative consequences on clinician well-being- resulting from laws, regulations, policies



4.) Enable Technology Solutions:

- Optimize health IT to support clinicians in achieving high quality patient care



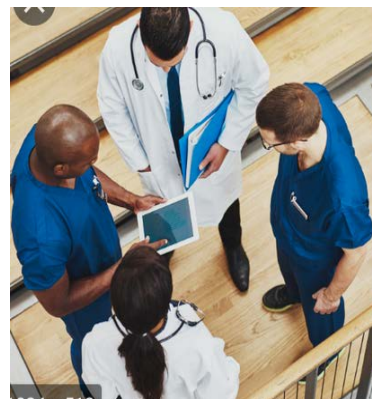
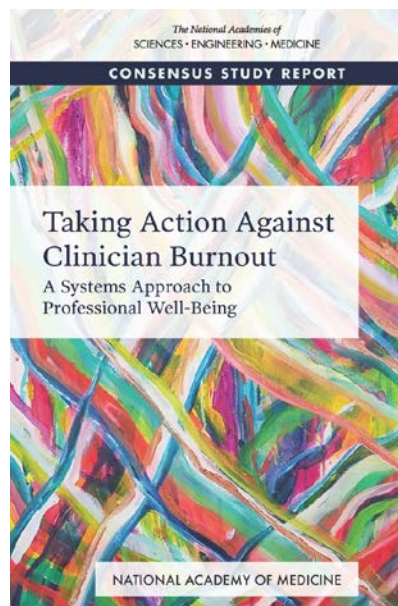
5.) Support Clinicians and Learners:

- Reduce stigma
- Eliminate barriers associated to accessing support and services
- Prevent and alleviate burnout
- Facilitate recovery
- Foster well-being



6.) Invest in Research on Clinical Well-being:

- Dedicate funding for research on clinician well-being



A Pragmatic Approach
for Organizations to
Measure Health Care
Professional Well-Being

A National Academy of Medicine
Discussion Paper



NAM.EDU/PERSPECTIVES

#ClinicianWellBeing

Applying NAM goals for the Pediatric Oncology Advanced Practice Nurse

Key Items for Success and Sustainability:

- Identify workplace champions
- Involve team members in determining project activities from inception
- Select adaptable interventions to allow different ways and times for staff to participate
- Secure strong visible support from leadership

Applying the NAM Goals Applicable to Pediatric Oncology APN Practice



In a 2017 staff engagement survey at a pediatric tertiary care center in the Western United States, Infusion Center (IC) staff reported:

Challenges delivering all required care in the allotted time

Concerns about amount of work-related stress

Low levels of satisfaction with existing recognition mechanisms

THE INTERVENTIONS ADDRESS TWO WORKPLACE FACTORS

1 **Community**
Environment of the organization and the level of connection between coworkers

2 **Reward**
Receiving community recognition for work contributions

Interventions

Adapted from the American Medical Association Steps-Forward Program

- Daily (Mon-Fri) team huddles with a modified checklist
- Bi-monthly IC staff recognition events

Participants



Nurses, physician assistants, and medical assistants with a primary job role in IC

Mini-Z Burnout Survey

10-item questionnaire assessing workplace factors which may contribute to burnout; administered pre- and 3 months post-intervention implementation

Staff Recognition Nomination Form:

As part of a new standard recognition program in the Infusion Center, you are invited to nominate a member of the team for their exceptional demonstration of CHLA's core values.

CHLA core values include:

- 1) Achieving our best together
- 2) Being hopeful and compassionate
- 3) Learning and leading transformation
- 4) Being stewards of the lives and resources for whom care is provided
- 5) Serving with care

Please write one paragraph (maximum of 4-5 sentences) identifying a minimum of 2 CHLA core values that the team member you are nominating has demonstrated while working in the Infusion Center.

Please return the form to the designated box in the Infusion Center break room. You may nominate more than one team member. A separate form should be used for each nominee. Nominations will be reviewed by the Recruitment and Retention Committee. All nominees meeting the minimum two core value criteria will be recognized at the bimonthly staff update meetings.

Your Name _____

Name of team member being nominated _____

Paragraph (maximum of 4-5 sentences) identifying a minimum of CHLA core values that the team member you are nominating has demonstrated.

Team huddle checklist AMA STEPSforward

Use this modifiable checklist to lead your team through efficient, effective huddles at the beginning of the clinic day or session.

Date: _____ Start time: _____

Number of Team members in attendance: _____

Check in with the team

How is everyone doing?

Are there any anticipated staffing issues/bottlenecks for the day?

Is anyone on the IC team out / coverage for hematology and oncology providers (NPs) out of office?

Any students, residents, or visitors in ICT?

Huddle agenda

Review today's schedule

Identify scheduling opportunities

- Any add on requests (as of time of huddle)
- Availability of Fast Track based upon current IC staffing
- Recent cancellations (as of time of huddle)

Determine any special patient needs for clinic day

- (Ask team members): Any patients who will require extra time or support from other members of the team (Child Life Specialist, PA visit)
- Patients who are having a procedure and need special exam room setup (Number of IC procedures for LPA body)
- (Ask team members): Identify patients who may require new diagnosis or treatment related education or training during the visit, patients with behavioral issues
- (Ask team members): Identify patients with anaphylactic infusions (PEG, Etomidate, Rituximab).

Identify and assign back-up based on acuity of staff assignments

- Identify resource nurse for the day
- Ask staff if based upon special patient needs identified, whether anyone will need back-up support (inform team members that this is an opportunity for individuals to volunteer to help team members).

Share important reminders about practice changes, policy implementation or downtime for the day.

Share a shout-out and/or patient compliment

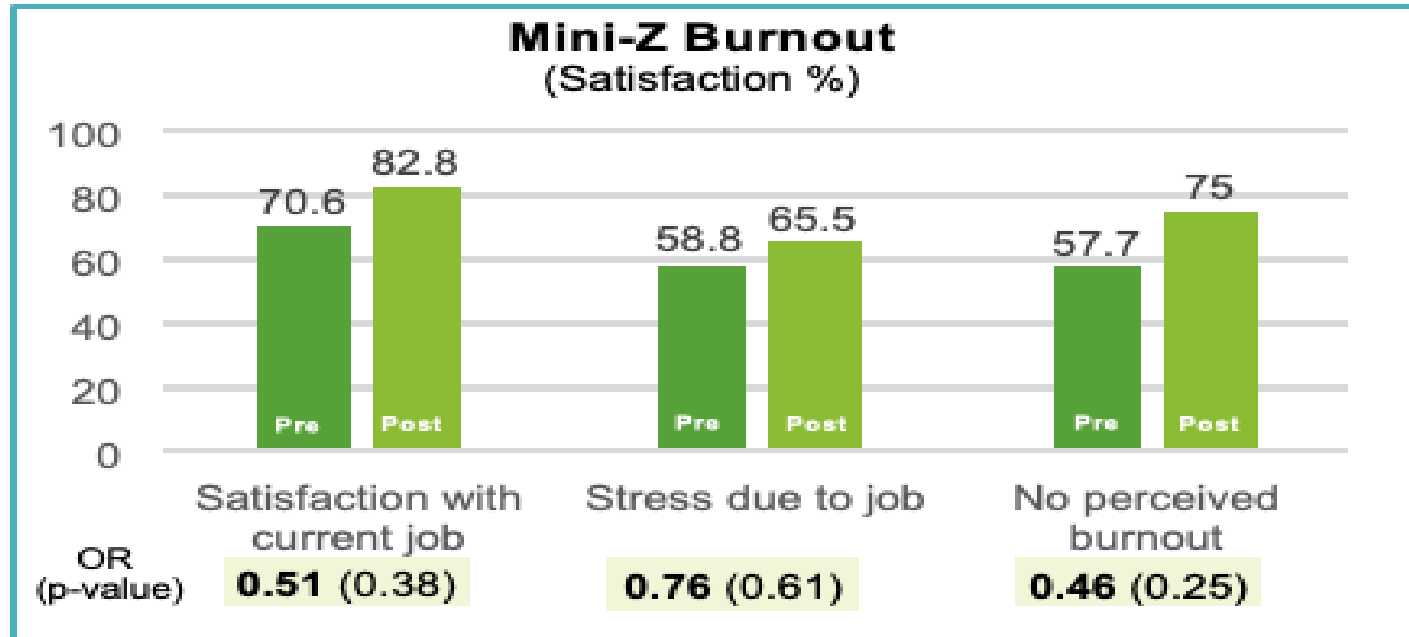
End on a positive, team-oriented note

- Thank everyone for being present at the huddle

Huddle end time: _____

Source: AMA, Steps Forward online program for the IC team huddle, 2012

Implementing Staff Engagement Practices (5)



- ↓ **Burnout**
- ↓ **Job-related stress scores**
- ↑ **Increased job satisfaction**

Satisfaction Survey	Agreement (N/%)
I feel that the structured huddles are useful in my daily work	20 (69%)
I would recommend continuing structured huddles	19 (66%)
I would recommend continuing the recognition program	24 (83%)

Implementing Staff Engagement Practices (7)

Structured daily team huddles and staff recognition programs can be utilized as focused interventions

Combining interventions can lead to burnout reduction, decreased stress, and increased job satisfaction

Adaptability of the structured interventions provides an opportunity to expand project reach across settings

Sustainability and long-term impact should be measured longitudinally throughout diverse healthcare settings



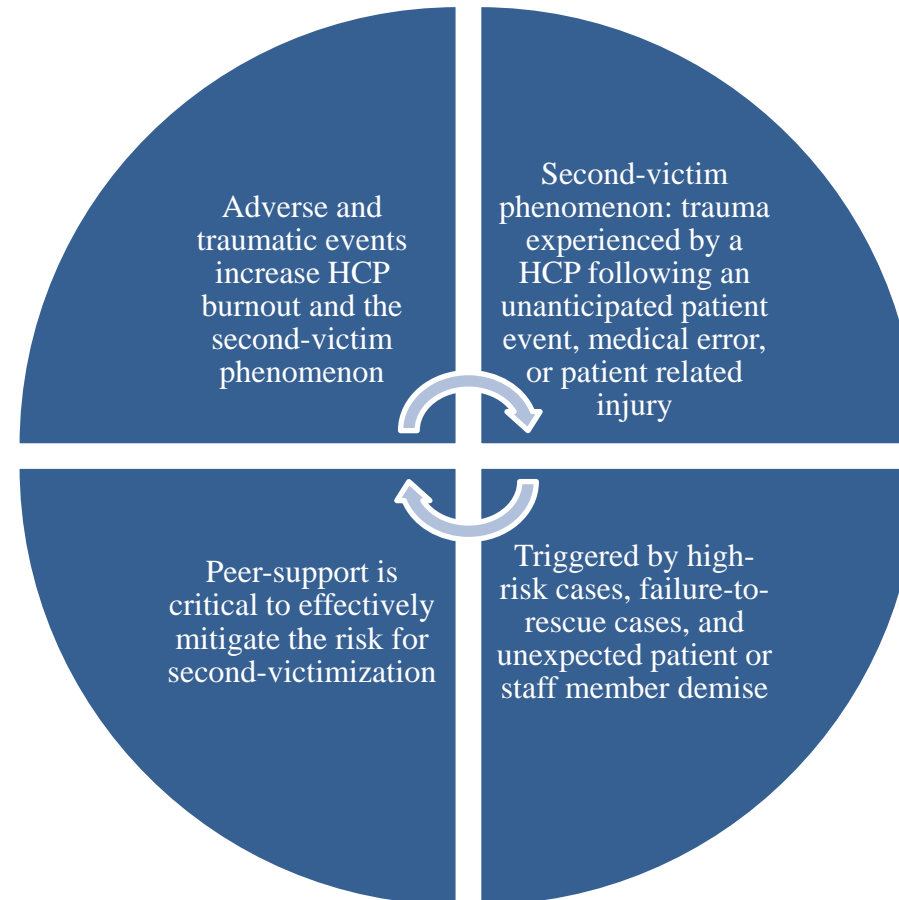
Background:

-Staff engagement survey at a pediatric children's hospital reported respondents exhibiting:

- Loss of sleep over work issues
- Challenges with freeing their mind from work when at home

-Existing mental health services were challenged to meet the need of staff and faculty

Healing Response Team (HeaRT)



Program:

- Train-the trainer model
- Focuses on understanding second-victim trauma:
 - Promoting progression through recovery stages
 - Provides coping strategies
- Respond to traumatic events including:
 - Codes
 - Patient deaths
 - Behavioral emergencies
 - Serious adverse events
 - Death or significant illness of staff

Training

- Identify team members interested in becoming peer responders
- Initial 3-hour training
- Bi-monthly debriefing sessions

Intervention:

- Peer-to-peer counseling session
- Focus on emotional first aid and screening for acute referral
- Offer immediate support
- Engage in active listening

- Normalize emotional reactions
- Provide resources as needed
- Identify at-risk individuals
- Group debriefings

Intervention continued:

- **Peer support requests:**
 - Pager, direct inquiry to staff, and referral calls
 - Social worker reviews intakes and arranges for follow-up within 48 hours
- **Short-term follow-up:**
 - Peer support by someone in the same discipline if possible
 - Referral to additional resources as requested

Evaluation of programmatic success determined across three domains:

- Professional fulfillment
- Burnout
- Feasibility



The Professional Fulfillment Index (PFI): 16-item Likert-questionnaire, captures burnout and professional fulfillment



What types of workplace-focused interventions could be implemented to support APNs in your clinical setting?

Institution participation in the “*Action Collaborative on Clinician Well-being and Resilience*” may provide resources for engagement interventions across the organization

Organizational commitment can provide a mechanism for scaling up HCP well-being interventions



Clinician Well-Being
Knowledge Hub

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Sharing Knowledge to Combat Clinician Burnout

Find articles, research studies, and other resources

Search Resources



Strategies to Support the Health and Well-Being
of Clinicians During the COVID-19 Outbreak

Always remember
that your present situation
is not your
final destination.
The best is yet to come.





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