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

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Learning Outcomes

• 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.
Healthcare Professional (HCP) Burnout is critical to the provision of safe, high-quality care. It facilitates strong patient-clinician relationships, more effective healthcare teams, and a committed workforce. Burnout is a major problem that requires immediate action and a 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 in the Era of a Pandemic

• **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
What are the well-being concerns for APNs in your practice setting?
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 portrayals
- 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
- Remuneration structure
- Shifting systems of care and administrative requirements

ORGANIZATIONAL FACTORS
- Bureaucracy
- Disjointed 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
- Regulatory 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/ini/nesday responsibilities
- Teaching and research responsibilities

PERSONAL FACTORS
- Inclusion and connectivity
- Family dynamics
- Financial stress/economic strain
- Flexibility and ability to respond to change
- Level of engagement/connection to meaning and purpose in work
- Personality traits
- Perceived values, ethics and morality
- Physical, mental, and spiritual well-being
- Relationships and social support
- Sense of meaning
- Work-life integration

SKILLS AND ABILITIES
- Critical competency level/requirement
- Communication skills
- Coping skills
- Delegation
- Empathy
- Management and leadership
- Mastering new technologies or proficient use of technology
- Mentorship
- Optimizing workflow
- Organizational skills
- Resilience
- Teamwork skills
A SYSTEMS MODEL OF CLINICIAN BURNOUT AND PROFESSIONAL WELL-BEING

FIGURE S-1 The 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.

*Note: Care team members include clinicians, staff, learners, patients, and families.
Workplace Factors Contributing to Burnout

Job Demands

- Increased clinical demands
- Adverse traumatic events
- Compliance & regulatory measures
- Electronic health records (EMRs)
- Isolation
- Decreased time with patients
- Health insurance coverage & reimbursement

- Perceived lack of control over workload
- Decreased control
- Role ambiguity
- Moral distress
- Value misalignment with leadership
- Inefficient clinical teams
Workplace Factors Contributing to Well-being

Job Resources

Meaning and purpose in work

Work-life integration

Organizational culture

Alignment of values & expectations

Professional relationships and support

Rewards

Job control, flexibility, & autonomy

(NAM, 2019)
External Factors Contributing to Burnout

**Individual Factors**

**Community and global factors**
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.

24% of ICU nurses tested positive for symptoms of post-traumatic stress disorder.

Physician rates of depression remain alarmingly high at 39%.

23–31% Prevalence of emotional exhaustion among primary care nurses.

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
The “Action Collaborative on Clinician Well-Being and Resilience” is a top priority for NAM. Requires action at institutional, state, and national levels.
NAM’s Goals for Eliminating Burnout and Enhancing Professional Well-being

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
Which NAM Action Collaborative goal(s) would be most beneficial in your practice setting/institution?
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

https://www.choc.org/events/nutritional-management-of-pediatric-oncology/
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

(Green et al., 2020)
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.

(Green et al., 2020)
Implementing Staff Engagement Practices in a Pediatric Oncology Infusion Center (IC)  

(AMA, 2017)  
(Linzer & Poplau, 2017)

**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
Implementing Staff Engagement Practices in a Pediatric Oncology Infusion Center (IC) (4)

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

(Green, Markaki, Baird, Murry, & Edwards, 2020)
Implementing Staff Engagement Practices (6)

Satisfaction Survey

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agreement (N/%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel that the structured huddles are useful in my daily work</td>
<td>20 (69%)</td>
</tr>
<tr>
<td>I would recommend continuing structured huddles</td>
<td>19 (66%)</td>
</tr>
<tr>
<td>I would recommend continuing the recognition program</td>
<td>24 (83%)</td>
</tr>
</tbody>
</table>

(Green et al., 2020)
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.

(Green et al., 2020)
Case Study Two

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

(CHLA, 2020)
Healing Response Team (HeaRT)

Adverse and traumatic events increase HCP burnout and the second-victim phenomenon.

Second-victim phenomenon: trauma experienced by a HCP following an unanticipated patient event, medical error, or patient related injury.

Triggered by high-risk cases, failure-to-rescue cases, and unexpected patient or staff member demise.

Peer-support is critical to effectively mitigate the risk for second-victimization.

(Chan, Khong, & Wang, 2017)
(Scott et al., 2010)
Healing Response Team (HeaRT)

- 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

Program:

(CHLA, 2020)
Healing Response Team (HeaRT)

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

Training

(CHLA, 2020)
Healing Response Team (HeaRT)

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

(CHLA, 2020)
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

(CHLA, 2020)
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

(CHLA, 2020)
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.

(Green et al., 2020)
Support

Sharing Knowledge to Combat Clinician Burnout
Find articles, research studies, and other resources

Search for 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.


References