Stress First Aid for Health Care Workers

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Objectives

- Describe the impacts of stress caused by an adverse event.
- Discuss the impacts of cumulative stress on both risk management professionals and the patient safety team.
- Identify stress associated with risk management investigations, system improvements and administrative constraints.
- Understand Stress First Aid concepts and how they benefit an organziation

Critical Incident Stress Debriefing verses Stress First Aid

Critical Incident Stress Management

- Steppingstone and first step of Stress First Aid
- 1997 George S. Everly, Jr., Ph.D., C.T.S. and Jeffrey T. Mitchell, Ph.D., C.T.S.
- Developed for military and combat veterans
- Adapted for First Responders
  - EMS, Fire, Rescue, Law Enforcement, Disaster Response
- Adopted by healthcare and many other industries with traumatic events
- Critical Stress Defusing
  - 1-4 hours post event
  - 30 – 60 minutes in length
  - Could be performed by trained manager or trained team
  - Informal gathering of those involved
  - Stabilize people affected by the incident so that they can return to their normal routines without unusual stress
  - Confidential and Voluntary
  - Learn about stress and symptoms
  - Share reactions to an incident
  - Vent emotions
  - Normally requires a Debriefing later

Critical Incident Stress Debriefing

- Not a critical incident critique
- 1 – 10 days post event
- 1 – 3 hours in length
- 7 Stages of CISD
  1. Assess the Critical Incident, Introductions & Guidelines
     - Trained team leaders conduct the program & peer supporters
  2. Identify Safety & Security Issues
     - Confidentiality & No affect on employment
  3. Allow Venting of Thoughts, Feelings, & Emotions
  4. Share Emotional Reactions
  5. Review Symptoms & the Incident's Impact
  6. Teach & Bring Closure to the Incident
  7. Assist In Re-Entering the Workplace/Community
     - Move into Stress First Aid program

Critical Incident Critique

- Completed after the critical incident stress debriefing
- Staff involved
- What could have been done better
- May include Quality, Safety, Emergency Preparedness, and Risk Management
- Patient Care issue – Root Cause Analysis more appropriate

Stress Support for Providers and Staff

Second Victim Phenomenon and Syndrome

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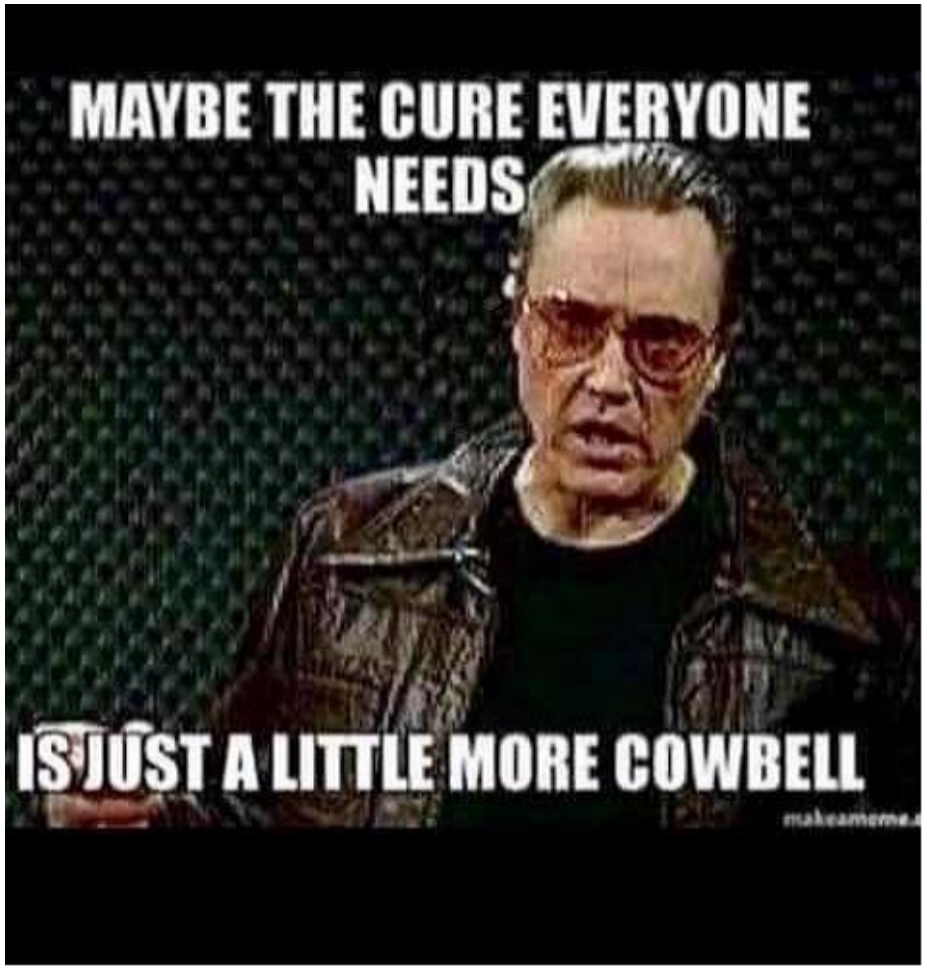


Stress First Aid for Health Care is Not New

(Second Victims)

- Dr. Albert Wu in 2000
- Suicide prevention in physicians
- Formal programs slow to take hold
  - Teaching hospitals
  - Large systems
- 2016 Publications touting advantages
  - Health care worker shortages
  - Aware and trying, not formal programs
- 2020 – COVID-19
  - Health care worker burnout crisis

A Letter to My Abuser

On Monday, August 7, 2023, our beautiful girl, Tristan Kate Smith, ended her life.

Tristin was 28 years old, and the youngest of two brothers and three sisters. She was a daughter. She was an aunt. She was a friend. She was a nurse. Tristin was brave and beautiful and smart. She fought depression for a long time. With regret-filled hindsight, we can now see the signs for what they were. She never sought professional help, but her home was filled with evidence that she'd been trying to help herself. Her beloved dog, Calypso, and cat, Sphinx, wanted for nothing; Tristin spent her time and energy with them. We found more dog enrichment toys and contraptions than a single pet store sells. She had written and posted positive affirmations and mantras throughout her house. She displayed photos of herself with her friends, family, and pets. She had reached out to friends. She had reached out to family.

She tried so hard to stay alive, but none of it was enough to stop the darkness.

You're reading this now because Tristin's story needs to be told. We need to take action. Our nation's healthcare system is broken, and it broke our girl. Her passion for nursing had turned into a nightmare. Tristin was in trouble. Nurses are in trouble. Female nurses commit suicide at more than twice the rate of females in the general population. We must do better. Call or email your congresspeople. Tell them we can do better. Reach out to your friends in nursing and offer to listen. Help them get the help they need.

The following is a letter we discovered on Tristin Kate's laptop that she wrote in March of 2023:

Letter to My Abuser

Ever since I was young, I expressed interest in healthcare and becoming a nurse, so I began my study. I gave my heart. My body, and my mind to dedicated long hours and days all. I have cried

held mine as I moved forward in my nursing career. My patients and their families have been there for me, supported me, and reminded me why I do what I do. I thought that was enough; this would be all I needed to carry me through my career. I told you I would be there through the good and the bad, but you have taken my heart and slowly crushed the goodness it had. You love-bombed me with affection, and you told me I was going into a career that matters. I could make a difference.

Tristin Kate Smith
Feb. 21, 1995 - Aug. 7, 2023

You made me feel comfortable, despite the rumors of your abusive past - rumors I didn't want to believe. The compliments, the pizzas, and the thank you letters gradually had less meaning to me, though. The staff I worked beside began to go away. In your eyes, these staff were "unnecessary," but it came at a high cost for the advertised "quality care" provided to our patients by those of us who were left.

You asked my colleagues and me what we needed to help patients and improve satisfaction scores, and we told you the truth. But then you sent us to online courses that taught us to just smile more and be friendly to the patients. That's when I began to understand your true cruelty and manipulation.

I remember the first time I heard about nurses getting hit. I remember that you asked them what they'd done - or didn't do - to prevent it from happening. "Don't protect yourself by fighting back," you said, "just lay with your hands over your head and wait until security comes." You created an environment of fear and blame in a place we already felt unsafe. You blamed us for things out of our control. You criminally charged my colleagues for things that happened as a direct result of your own actions. The law doesn't protect us, and neither do you.

I no longer feel like you care about me or the people you say you serve. I sit at my front desk just waiting for someone to walk in off the street and shoot my patients and me: you do not care about keeping us protected. You haven't provided even the slightest amount of security to keep us safe. You use and exploit us to line your pockets, using the common citizen's money for overpriced healthcare.

You are a narcissist. I can see you for what you really are. You say you care, but you ignore us while we beg on our hands and knees. You tell us we do so much and that we put up with so much. But when we dare to think we are finally going to get the love and support we deserve, we get a pizza party and free pens for the "healthcare heroes."

I so desperately want to continue to help people, but I cannot stay in this abusive relationship.

Each day, you ask me to do more with less.

You beat me to the point that my body and mind are black, bruised, and bleeding out.

I'm only sorry to my patients and colleagues. You deserve so much better, but my abusive partner is relentless.

If I stay, I will lose my sanity - and possibly my life - forever.

Ron Smith

Common Responses to Errors & Adverse Outcomes

- AHRQ study: 3000 clinicians surveyed US & Canada
  - 92% involved in event near misses to serious errors
  - 81% reported job related stress linked to the event
- Common emotional responses:
  - Responsibility for the outcome
  - Shame
  - Anger
  - Failure
  - Depression
  - Inadequacy and
  - Loss of confidence
- Women more likely to experience:
  - Emotional distress
  - Feelings of guilt
  - Inadequacy and
  - Loss of reputation

Stages of Recovery for Clinicians Involved

(Second Victims)

- Chaos and Accident Response
  - Internal and external turmoil determining what happened and managing the unstable or in crisis patient
  - Distracted and self-reflective
  - Others need to take over
- Intrusive Reflections
  - Feelings of inadequacy, self doubt, loss of confidence
  - Engages in continuous re-evaluation of event and haunted re-enactments
- Restoring Personal Integrity
  - Seeks support from peers – fearful of their response
  - Receives unsupportive responses
  - Unable to move forward

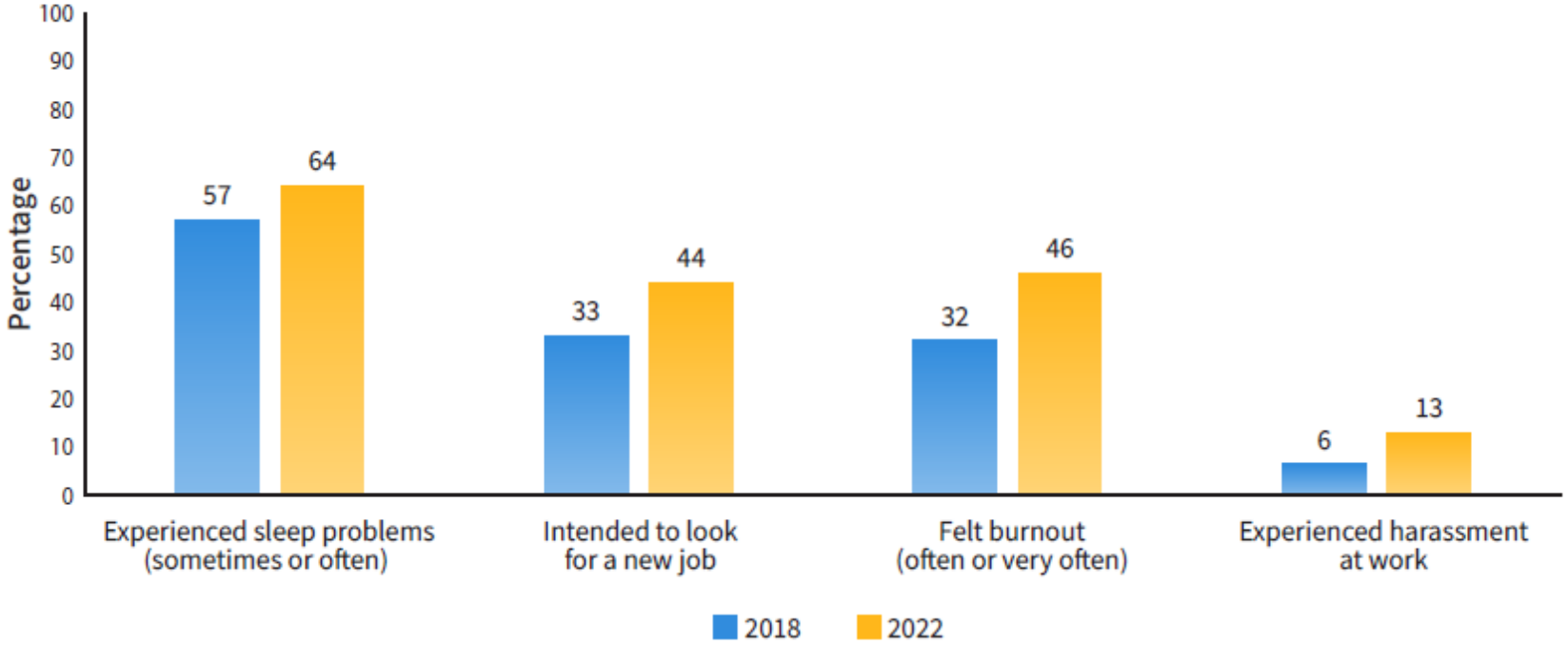
Stages of Recovery for Clinicians Involved
(Second Victims)

- Enduring the Inquisition
  - Bracing for the internal investigation
  - Fears: job impact, licensure issues and potential litigation
- Obtaining Emotional First Aid
  - Know they need assistance – but who is safe
  - What can and can not be discussed
- How do they “move – on”
  - Dropping out – leaving setting or profession
  - Surviving – doing ok, can not forgive self or impossible to let go
  - Thriving – making something good out of the event

Top 10 Patient Safety Concerns 2024 ECRI

- Patient Safety Concern #5
- Decline in physical and emotional well-being of healthcare workers

Figure. Mental Health, Well-Being, and Working Conditions among US Health Workers, 2018–2022



Source: Nigam et al

Stress First Aid for Health Care Workers

SFA Functions	Possible Actions
Check	• Assess current level of distress and functioning • Assess immediate risks • Assess need for additional SFA interventions or higher levels of care • Reassess progress (Re-Check)
Coordinate	• Decide who else should be informed of situation • Refer for further evaluation or higher levels of care, if indicated • Facilitate access to other needed care
Cover	• Ensure immediate physical safety of stressed person and others • Foster a sense of psychological safety and comfort • Protect from additional stress (ensure respite)
Calm	• Reduce physiological arousal (slow down heart rate and breathing, relax) • Reduce intensity of negative emotions such as fear or anger • Listen empathically to the individual talk about experiences • Provide information that calms
Connect	• Encourage connection to primary support people • Help problem-solve to remove obstacles to social support • Foster positive social activities within crew
Competence	• Help mentor back to full functioning • Facilitate rewarding work roles • Arrange for retraining, if necessary • Encourage gradual re-exposure to potentially stressful situations
Confidence	• Mentor back to full confidence in self, leadership, mission and core values • Foster the trust of coworkers and family members in the individual

- Veterans Administration
  - National Center for Post-traumatic Stress Disorder
- Manual and Workbook for program
  - Identification and Support

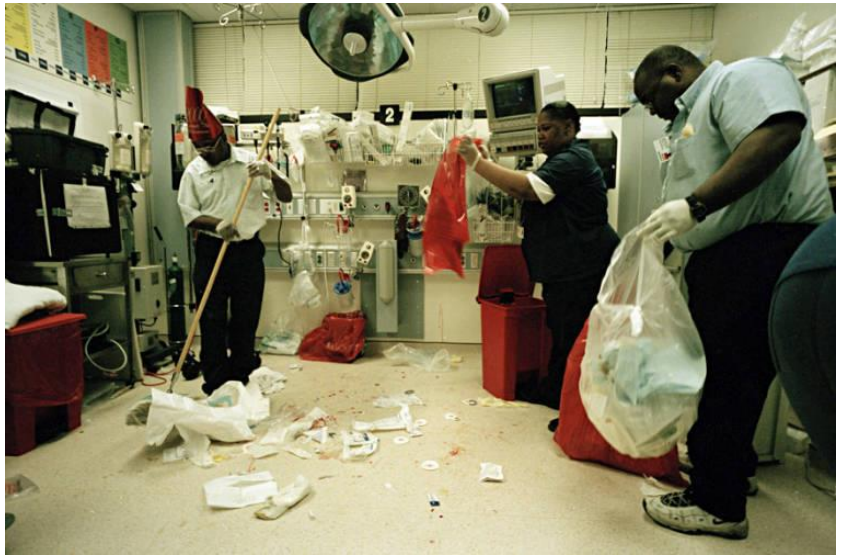
National Center for PTSD – Stress Continuum Model

	Ready (Green)	Reacting (Yellow)	Injured (Orange)	Ill (Red)
DEFINITION	• Optimal functioning • Adaptive growth • Wellness	• Mild and transient distress or impairment • Always goes away • Low risk	• More severe and persistent distress or impairment • Leaves an emotional/ mental "scar" • Higher risk	• Persistent and disabling distress or loss of function • Unhealed stress injuries • Clinical mental disorders
FEATURES	• At one's best • Well trained and prepared • In control • Physically, mentally, and spiritually "fit" • Mission-focused • Motivated • Calm and steady • Having fun • Behaving ethically/ legally	• Feeling irritable, anxious, or down • Loss of motivation • Loss of focus • Difficulty sleeping • Muscle tension, heightened heart rate, breathing, or other physical changes • Not having fun	• Loss of control • No longer feeling like normal self • Stronger emotions like panic, rage, depression • Excessive guilt, shame, or blame • Loss of memory or ability to think rationally • Being unable to enjoy previously pleasurable activities. • Increased or uncontrollable physiological reactions	• Reactions persist or worsen over time • Severe distress or social or occupational impairment • Hopelessness
CAUSES		• Any stressor/trigger	• Life threat • Loss • Inner conflict/turmoil • Excessive wear and tear	• Depression • Anxiety • Substance Use Disorders • PTSD

Stress First Aid & Risk Management

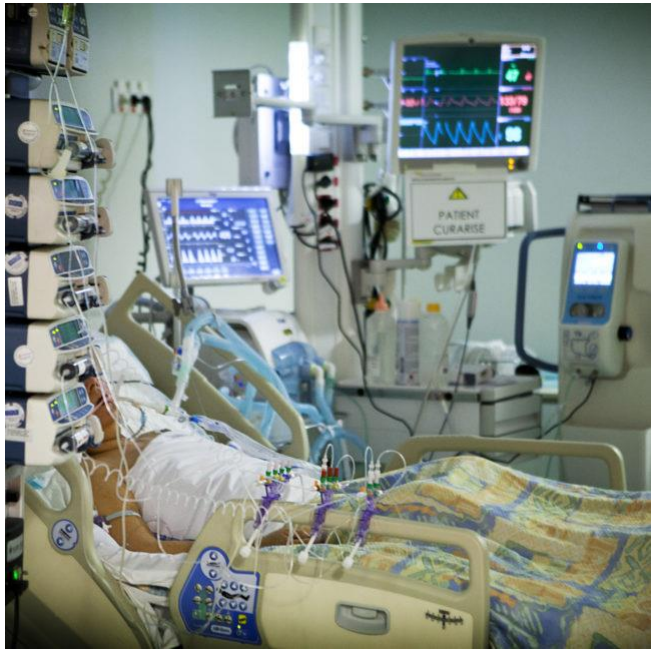
- No one sits in the green every day.
  - Too many factors: internal/external
- When do medical errors happen?
- Is Risk looking at the whole picture?
  - Unique perspective
  - Recalling previous events?
  - Trending individual error rates?
- When can staff talk about stress and to whom?
  - Personal – external
  - Event related
  - Cumulative - internal
  - Environment/organization related
- How do we change culture?
  - Engage leadership
  - Programs in place
  - Model behaviors

Don’t Forget Ancillary Staff



Environmental Services

Dietary, Accounts Setup



Laboratory, Radiology,
Social Services, Ministries

Implementing a Health Care Worker Stress First Aid Program- Resources

- VA National Center for PTSD - Stress First Aid for Health Care Workers
  - Manual and Workbook
- NIOSH/CDC – Impact Wellbeing Guide: Taking action to improve healthcare worker wellbeing
  - Guidelines and action plan
- John Hopkins Medicine Armstrong Institute for Patient Safety and Quality – Road Map to Peer Support
  - Peer Support Training Program
  - Tool Guides and Resources
- American Medical Association – Steps Forward: Stress First Aid for Health Care Professionals
  - Toolkit
- American Nurses Association – Stress & Burnout prevention program
  - Providing nurses with the tools to better confront and recover from workplace stress.
  - Self assessments, Newsletters, Self Directed care
- The Schwartz Center for Compassionate Healthcare – Stress First Aid
  - Training program and Train the Trainer program

Stress First Aid Program Implementation Tips

- Will not happen over night
- Does not have to be a Risk or Quality project
- Research best option for your facility
- Leadership
  - Resources
- Medical Staff
- Nursing Staff
- Facility Staff
- What can you get done by next Tuesday?

Stress Support for the Vicariously Involved

Third Victim Phenomenon and Syndrome

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Who are they and why do they need support?

- Acute and Cumulative Trauma
  - Risk Professionals
    - Peer Reviewers
  - Patient Safety Professionals
  - Quality Improvement Professionals
  - Un-involved medical Staff
    - PA, NP, Pharmacy, CRNA, CMW,
  - Leadership
    - Clinical department leaders
    - Communication/Public Relations
  - Organization
    - Reputational harm
    - Economic repercussions
    - Cultural harm

Credit: Marcie Hopkins, University of Utah Health

Investigation and Improvement Professionals

- Risk Management Professionals
  - Internal Peer Reviewers
  - Quality Improvement Professionals
- Training or position-on boarding
  - 2023 – 72 Risk Management position changes
  - 2023 – 122 total hospitals
- Multiple positions (wearing multiple hats)
- Nature of the investigations
- Role change – staff relationship change

Risk Management - No Formal Training

- Kansas in Crisis – Tort Reform
- Kansas RM Regulations and Statutes 1985
- KDHE Oversite
- Position statutory requirement – no job description
- Risk Management programs - individual to the facility
- On-boarding or training at the discretion of facility or vacating staff
    - Bless the retiring risk manager, especially with 6 months notice
    - KDHE – Risk 101
    - KARQM – Mentor program, networking
    - KHA – Support, liaison, mock surveys
    - Hospital Networks – mentors, resources
    - Professional Liability Carriers – specific to their mission, resources

Multiple Positions – Multiple Personalities

- Risk Management rarely only position
- Juggling job duties, very different job duties
- Deciding the most important, more important or back burner duties of the day
- Finding your rhythm
- Meetings….. So many meetings
  - Combine meetings – risk always at the end
  - Try different ways to conduct the meetings if possible
- CAH Cost Report - Ø Risk Management

There's No Crying in Baseball or on a Pirate Ship

(or in Risk Management)

RM Sources of Stress/Harm	Details
Critical Incident Stress	Trauma experience after single incident investigation especially if the investigator empathizes with the patient or the incident involves a child or children.
Cumulative Critical Incident Stress	Due to repeated and ongoing investigations of adverse events the long term affects and cumulative CIS maybe a significant source of harm.
Emotional Labor: Disclosure and victim support	Communications with the patient and family including disclosure, mitigation and litigation. Management of the conversations can be a potent stress.
Emotional Labor: Investigating incidents	The impacts of investigations and system improvement efforts have potentially significant ramifications for all involved. System improvements often prove to be more stressful for clinicians and administrators causing push back. This may limit the team's leverage to resolve system issues.
Emotional Labor: Implementing action plans	Defensiveness is common after an incident, both clinicians and managers may perceive action plans as blame, thus requiring the risk staff to manage maladaptive responses with out the formal authority to resolve such disputes; and yet still falls under their responsibility.
Abusive supervision and bullying	Organizational politics may extend to abusive supervision, experienced as hostile verbal and non-verbal behaviors (excluding physical contact). Intimidation, dismissing input in a public forum or disciplinary actions may be used to bully the RM/QA team to limit their effectiveness.
Competing loyalties and duties	Risk professionals may face competing loyalties and ethical duties when protecting the patient from adverse outcomes and the organization from liability. More importantly, risk management/patient safety efforts compete with the bottom line.

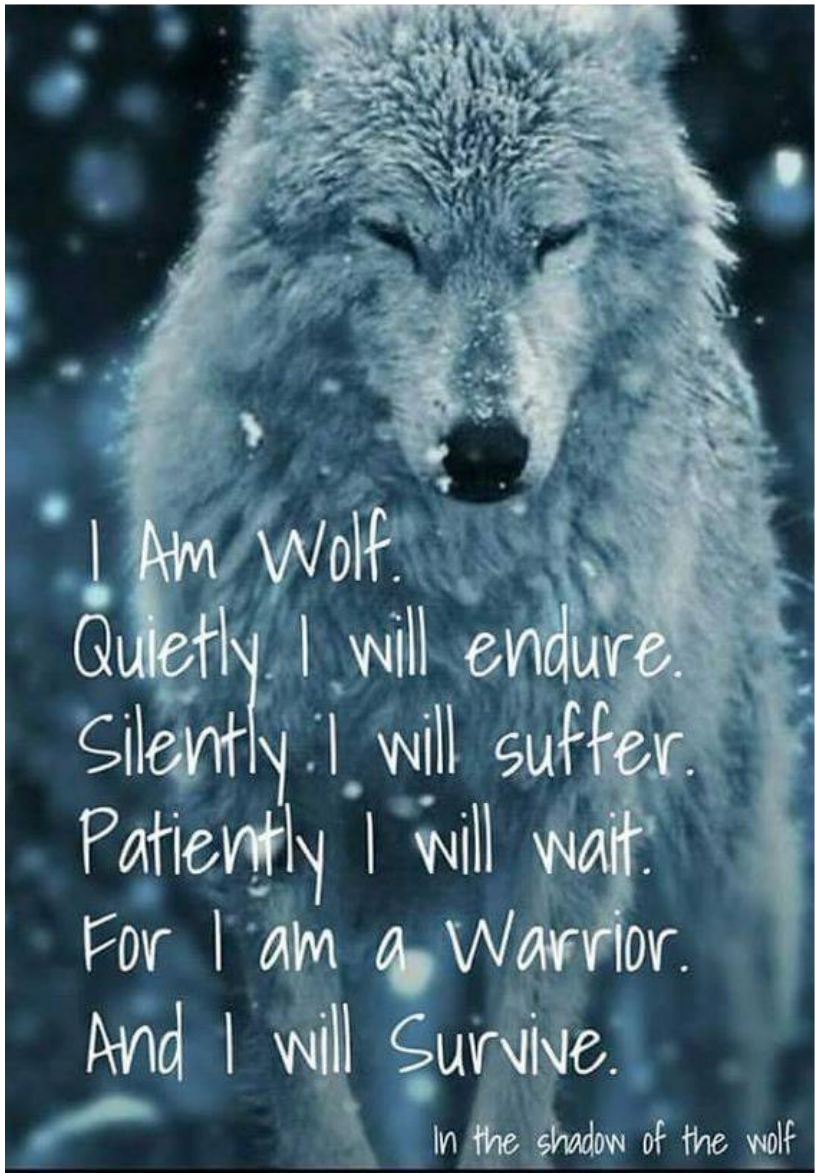
(Holden, Card 2019)

Risk Management - How did I get here?

Spreading Sunshine in Everyone's Day

- A Change in Role
  - You are still you
  - Culture dependent
  - Some may not see you the same
    - Highlighting the not so positive
    - Holding colleagues accountable
  - Some don't understand the position
    - You are not the fixer
    - You are not the heavy hand
    - You are a little stick of dynamite
  - Some do see and understand
    - They are your champions
- New to the Facility
  - Trust your abilities
  - Find allies
  - Understanding the culture
  - "In my old facility" – is not going to fly

You Are Not A Lone Wolf



Moving Forward

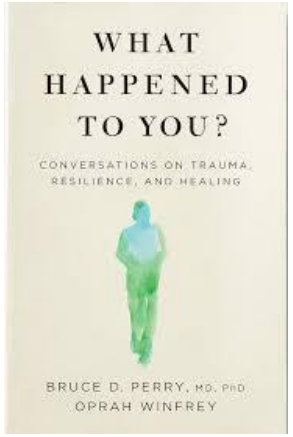
- Communication and education
  - How do you eat an Elephant?
- Create a ‘Culture of Safety’
  - ‘Just Culture’
  - Proactive risk mitigation
- Promote psychological safety
  - “The team will not embarrass, reject or punish someone for speaking up”
- Work to elevate the Risk Management profile
  - More communication and education
  - Be seen, be heard, be everywhere
- Senior Leadership and Board of Trustees
  - Even more communication and education

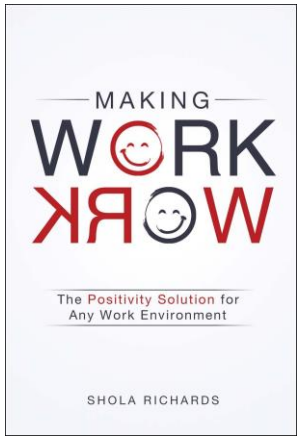
(hitegcenter.org/Resources)

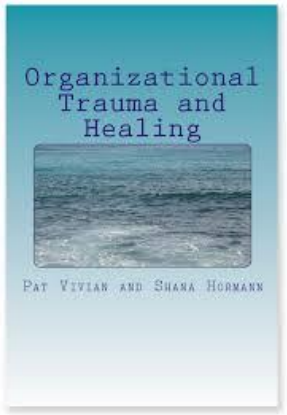
Quadruple Aim - Finding Joy at Work

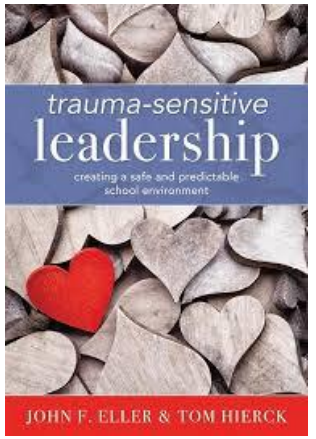
Refilling Your Cup

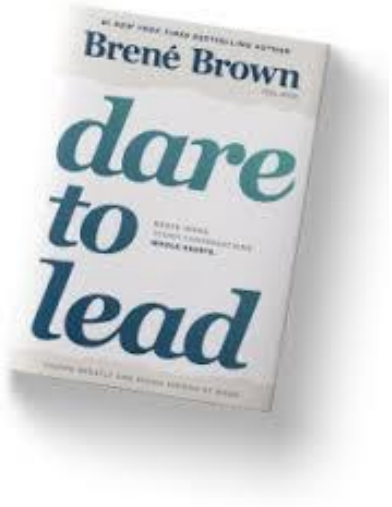
- Find your tribe
- Never stop learning – about anything
- Learn the position to the best of your abilities
- Goals – realistic
  - Make the Risk Management program the best ever.
- Celebrate your successes big or small
- Find an outlet for the bad days
- Stress First Aid is available
  - Include yourself and team
  - Check on each other
  - Call someone

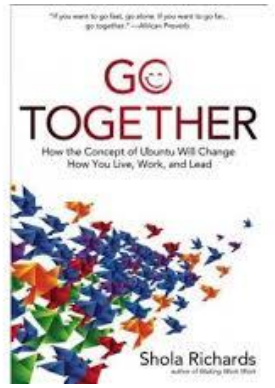












Additional Resources

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Questions

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