Lending an Ear, Changing a Life:
The UIHC Debriefing Program

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Objectives

- Participants will be able to define/describe impact of stress on workers in healthcare.
- Participants will be able to discuss the principles and applications of Response, Resiliency Resources, (RRR) intervention and the outcomes of the project.
- Participants will be able to understand the importance of building key relationships and identify allies with in their organization to partner with for research.

10 Humorous Ways to Tell You are Burned Out...

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10. You're so tired, you now answer the phone with "Go Away"

9. Your friends call to ask how you've been, and you immediately scream, "Stop asking me all these questions!"

8. Your garbage can is your "IN" box.

7. You wake up to discover your house is on fire, but you go back to sleep because you just don't care.

6. You discover a 40 hour week a vacation.

10 Humorous Ways to Tell You are Burned Out...

UNIVERSITY OF IOWA HEALTH CARE

5. Visions of the upcoming weekend help you make it through Monday.

4. You don't set your alarm anymore because you know your pager will go off before your alarm does.

3. You leave for a party and instinctively bring your ID badge.

2. Your Day Timer/Work Planner exploded a week ago.

1. You think about how relaxing it would be if you were in jail right now.

www.nursinghumor.com

Normal ~~Common~~ Stressors in Healthcare

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- Inadequate staffing levels
- Long work hours
- Shift work
- Role ambiguity
- Exposure to infectious and hazardous substances
- Time pressure
- Lack of social support at work (especially from supervisors and higher management)
- Sleep deprivation
- Career development issues
- Dealing with difficult or seriously ill patients
- Challenging families of patients

"Exposure to Stress – Occupational Hazards in Hospitals" DHHS (NIOSH) Publication No. 2008–136, July 2008

Challenging Event

- Unanticipated Death
- Death of a Child
- Death of a Long Term Patient
- Multiple Patient Deaths
- Violent Patient/Family
- Death of a Young Adult
- Traumatic Death
- Medical Error
- Mass Casualty Incident
- Abuse Related Injury/Death

Some Figures

- Job stress is estimated to cost employers over $300 billion annually in the United States according to the American Institute of Stress. ("Job Stress." http://www.stress.org/job.htm)
- 69 percent of health care workers report being stressed in their job, 17 percent report being highly stressed. *(CareerBuilder's Survey 2014)*
- 25 percent of health care workers plan leave their job in the next year. *(CareerBuilder's Survey 2014)*

The cost of nurse turnover can have a huge impact on a hospital's profit margin. According to the 2016 National Healthcare Retention & RN Staffing Report, the average cost of turnover a nurse ranges from $37,700 to $58,400. Hospitals can lose $5.2 million to $8.1 million annually.

Nursing Solutions, Inc.: 2016 National Healthcare Retention & RN Staffing Report. (2016, March).

"Until recently, estimates for the prevalence of burnout ranged from 10%–70% among nurses and 30%–50% among physicians, nurse practitioners, and physician assistants. In late 2015, a study conducted by the Mayo Clinic, in partnership with the American Medical Association, found that more than half of American physicians now have at least one sign of burnout, a 9% increase from the group's prior results in a study conducted 3 years earlier."

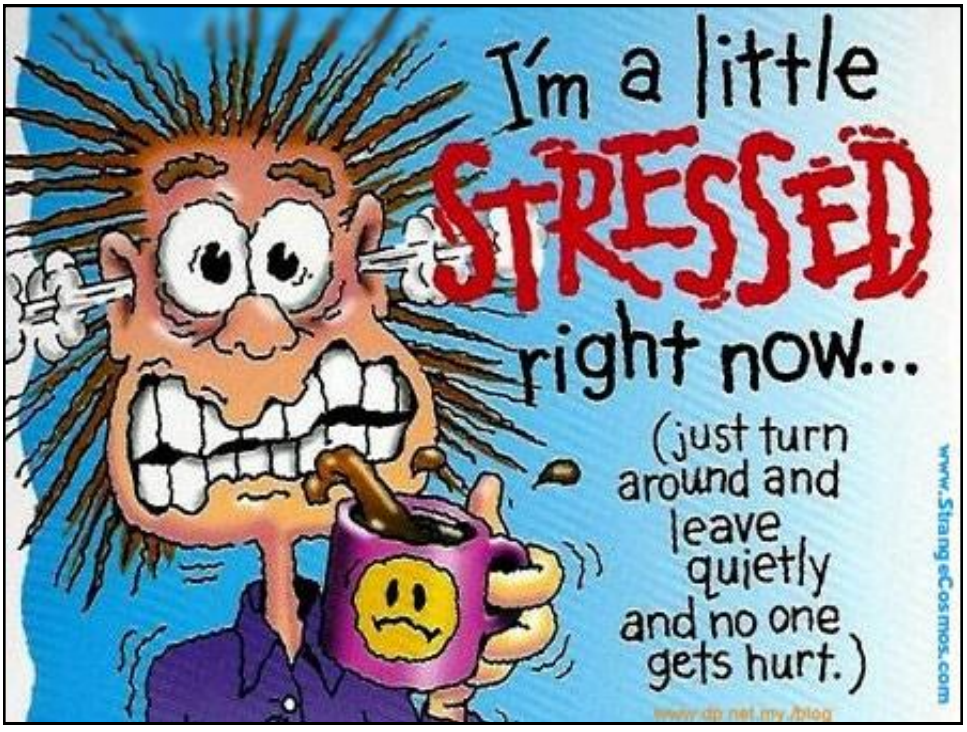
Shanafelt TD ; Hasan O ; Dyrbye LN; et al. Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. Mayo Clin Proc; 90: 1600-1613

Potential Individual Impact

- Psychological (irritability, job dissatisfaction, depression)
- Behavioral (sleep problems, absenteeism, substance abuse)
- Physical (headache, upset stomach, changes in blood pressure)
- Damaged relationships
- Leave chosen career field

Small Group Discussion

- What are the “normal” occupational stressors you experience in your role?
- How is occupational stress manifest in your organization?



So now what? I need a debriefing?

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It is an emotionally supportive intervention to aid staff after a critical incident or a series of stressful events on their unit..

.. in which co-workers or fellow staff members are facilitated to talk with each other about “what happened”..

.. and to confidentially discuss thoughts, feelings, and reactions about an event.

Goals

- Normalize stress reactions
- Provide emotional support
- Pathway to additional support

What a debriefing is not?

- This is not a therapy session
- This intervention is not designed to prevent serious complications like PTSD
- Not meant to be a critiques of the event
- We are not here to judge others actions/feelings
- This is not an operational/administrative lifeline for resources

History of Debriefing Team

Past

Present

Future

Mission Statement

- To provide emotional support to staff who have had a work related experience that might challenge their capacity to cope.

What happens at a debriefing?

- Two UIHC Debriefing Team members facilitate the conversation in a selected environment
- The duration depends on the flow of conversation [but is typically less than an hour]
- The facilitators may identify symptomatic participants who might benefit from individual follow-up with the EAP
- The debriefing is then itself, debriefed [reviewed]
- The encounter is archived – the content of the conversations is ***not*** recorded or minuted

Current Structure

- Interdisciplinary team
  - Chaplains, SW, Nurse Ethicist, Drs. EAP
  - Clinical and Administrative Team

- UIHC structure

Workflow

- Identified Need
- Contact Coordinator
- Facilitators
- Intervention
- Documentation
- Facilitators Debrief

Vital Statistics

- 2015 = 206 staff
- 2016 = 284
- 2017 =30

Presentations

- Management, NM Council, Professional Practice, Ethics, Emergency Management, Hospital Advisory Committee

Small Group Discussion

- What interventions or supports does your organization offer to reduce occupational stress or provided support following a challenging event?
- Who is responsible for providing support in your organization?

Is there a model of debriefing or support of healthcare staff?

The Experts

Dr. Ramirez is an Associate Professor in Department of Environmental Health Sciences at the University of Minnesota and visiting Associate Professor at the University of Iowa (UI) College of Public Health. She received her MPH and PhD in Epidemiology from the University of California at Los Angeles School of Public Health.

The Experts

Dr. Kenardy is a Professor in clinical psychology and Deputy Director of the Centre for National Research on Disability and Rehabilitation Medicine. He has particular interests in anxiety and stress in relation to physical illness and injury, and traumatic stress and disorder, and the promotion of recovery in adults and children.

Healthcare Model

- The challenge is there an off the shelf model for healthcare in existence? The answer from the experts – not really.
- Many models CISD/CISM, Psychological First Aid, Skills for Psychological Recovery, and many other models that have been studied that have mixed reviews, little research to substantiate, or require participants to attend multiple sessions.

Opportunity

The Real Requirements in Healthcare

- Single Intervention
- Single Intervention
- Single Intervention
- Confidential
- Links to further care and resources
- Helpful not harmful

R3 : Response, Resilience, Resources

Goal:
Normalize, Explore, Resource

Normalize stress responses
Explore resiliency and coping
Resource and link to further skills and care

Your Brain on Stress and Anxiety

Response

Time of intervention: 48-96 hours following the event.

This allows for natural remission to happen, facilitate, and reinforce self-efficacy. Interventions early may interfere with this, however too late after the event and the potential support provided by a group may be lost.

Introductions - Facilitators and participants introduce themselves.

1. Provide education about common stress responses to an event.

The goal is to normalize the stress responses to the given event and to help the person frame their own reactions and experiences in an adaptive way. Stress is common following critical incidents and in most cases self-limiting and experienced to varying degrees by each individuals. It is important to emphasis that these stress responses are normal responses to an abnormal event with a clear expectation of coping and recovery/resilience.

Response

2. Are these responses reflective of what you experienced?

Provides opportunity to discuss particular stress responses without having to go into every detail about the critical incident. Disclosure on a thematic level focused on normal stress responses lessen the risk of vicarious traumatization by hearing another person's distressing account or experience of the event. Reducing the implicit demand for emotional disclosure lessens the potential to generate a less than positive perception of the person which may have implications outside of the group.

3. Have you experienced responses that have stronger than others or stuck with you?

Response

The focus is to address, deescalate, and normalize stress responses to the situation and not the details of the events itself. The reasons to not focus on the event are:

1. To avoid possible vicarious traumatization by hearing another person's distressing account.
2. Allows for natural remission to take place and high stress levels to dissipate.

"Confronting trauma memories during the acute period following an event may maintain or increase the initial anxiety reaction and hinder processing. Like Horowitz (1983, 1986) and Brewin et al. (1996), Shalev (2000) also recognizes the importance of the period immediately following trauma during which arousal and distress continue to operate and memories of events are consolidated. Shalev proposes that prolonging high levels of distress and arousal during this period is pathogenic, serving to exacerbate trauma memories and potentially creating a 'catastrophic memory' for the event. Accordingly, the focus in the immediate aftermath of trauma should be on the reduction of these pathogenic elements (Shalev, 2000)." (Mackay 2015)

Resiliency

What are things you have done to help you cope with what you have experienced?

Focus on current coping and resiliency skills that are being used by members of the group. This reinforces coping skills present and also encourages others to draw on skills discussed with in the group. Creating and encouraging mutual support and connectedness through the sharing of skills and ideas.

Identify healthy coping techniques.

Encourage and reinforce healthy coping skills shared in the group.

- *Hobbies*
- *Exercise – Walks, running, biking, yoga,*
- *Diet*
- *Sleep*
- *Humor*
- *Intellectual – What feeds your mind? Books, art, music, etc*
- *Journaling*
- *Relaxation – Meditation, nature walks, etc.*

Resiliency

Who have you or will you connect with for support?

Explore and identify support systems both at work and outside of work. Encourage the use of identified support systems especially after experiencing a challenging event. Encourage mutual support within the group.

Resources

Bounceback Smartphone App

This app was created by researchers at the University of Queensland, Australia. *Bounceback provides coping skills via a smartphone at that can be used at anytime.*

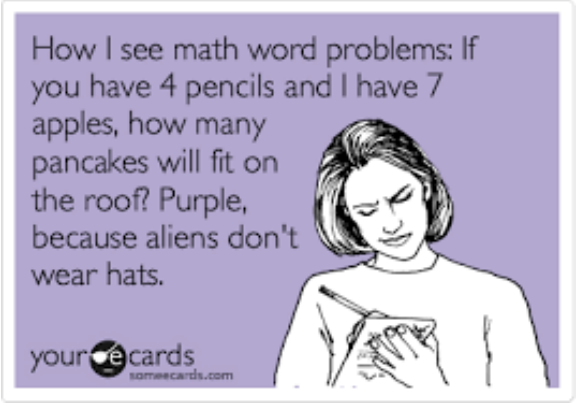
Provide information regarding the Mindfulness-Based Stress Reduction program at UIHC.

Further encouragement to build resiliency skills through programs currently available to staff.

Provide information about Employee Assistance Program – for continued individual consultation and support.

Encouragement to connect with EAP for individuals who need additional support in coping with the challenging event.

Get a Grant and Do Research



Lessons Learned

- Partner with experts
  - Drs. Ramirez and Kenardy
    - Combined over 50 million dollars in research grants and contracts
    - Published over 200 peer reviewed research articles
    - Dr. Kenardy is one of the top 50 researchers in traumatic stress worldwide
  - Mallory Bolenbaugh – "The Amazing" Research Assistant
    - IRB
    - Coordination of the study
    - Website and Online Recruitment
    - Keeper of the Chaos

Lessons Learned

- **Research takes a lot of time to get off the ground**
  - IRB
  - Measurements – using well validated
  - Revisions and adjustments
- **Expect resistance – It's something new**
  - Online Recruitment
  - Within the institution
  - FLSA – HR records
- **Keep pressing forward**
  - There will be bumps

The Study

What is the purpose of the study?

The purpose of this study is to examine the effectiveness of two interventions, Response, Resiliency & Resources and Critical Incident Stress Debriefing, in reducing stress among healthcare workers at UIHC. Because stress in the workplace can adversely impact the professional and personal life of healthcare workers, this research is important in learning how to help healthcare workers respond to occupational stress.

The Interventions

Critical Incident Stress Debriefing (CISD)

- Critical Incident Stress Debriefing (CISD) has been the default in healthcare.
- A structured group story-telling process combined with practical information to normalize group member reactions to a critical incident and facilitate their recovery.
- Not intended to be a stand alone intervention
- Research is mixed

Response, Resilience, Resources (R^3)

- New model designed for healthcare.
- R^3 is a form of psychological first aid to provide support following stressful work event.
- A facilitated group process that seeks to normalize stress responses, explore resiliency and coping, resource and link to further skills and care.
- Single intervention and link to higher level of care if needed.

The Study

How it study works.

A debriefing is requested because of a stressful occupational event. Participation in the study is not required to take part in the debriefing. The is a voluntary study examining the effectiveness of two programs designed to reduce stress in healthcare workers following a stressful occupational event. The two interventions are randomized.

Participation in this study involves attending a group meeting with the clinical unit co-workers that will be led by a member of the UIHC Debriefing Team, and completing three surveys, a baseline before the group meeting, at six weeks, and three months following the meeting. Compensation of $25 for each completed survey is offered. Surveys are to be completed outside of work.

The Study

- Overview of design.
  - Small scale group-randomized controlled trial to compare the effectiveness of the two approaches. (24-40 groups)
  - Participants will complete surveys at baseline, six weeks, and three months post-intervention, we will collect self-reported measures of work-related stress, post-traumatic stress symptoms, anxiety, depression, coping, and quality of life.

Measures

- Posttraumatic Diagnostic Scale (Foa, et al. 1997)
- Depression Anxiety Stress Scales (DASS) (Lovibond & Lovibond, 1995)
- Health professionals stress inventory (Eels, 1994)
- Brief Resilience Scale. (Smith et al., 2008)
- Brief Cope. (Carver, 1997)
- Behavioral Responses to the Incident. (Laposa, 2003)
- Professional Quality of Life Scale (PROQOL). (Stamm BH, 2009-2012)

Present Day

- It's Early
  - First Intervention – December 22, 2016
  - To date there 8 interventions
- Bumps Early On
  - Recruitment and survey changes
  - IRB approval for every change

Questions

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