ENHANCING A CULTURE OF SAFETY: PEER-TO-PEER SUPPORT TO IMPROVE HEALTH & WELLBEING OF NURSES

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About MMC

- 637 Bed Tertiary Care Teaching Hospital
- Level 1 Trauma Program
- *U.S. News & World Report* “One of America’s Best Hospitals” #1 Hospital in Maine
- Awaiting 3rd Magnet® Designation
Objectives

- Describe second victim syndrome and effects on patient safety and caregiver stress
- Describe how to develop and implement a peer support program
- Identify the benefits of a peer support program
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

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Why?

- Work overload
- Time pressure
- Lack of social support
- Exposure to infectious disease
- Needle stick injuries
- Exposure to work related violence or threats
- Role ambiguity
- Dealing with difficult or seriously ill patients

...and then something happens

_NIOSH Exposure to Stress_
Second Victim Syndrome

“Virtually every practitioner knows the sickening realization of making a bad mistake. You feel singled out and exposed—seized by the instinct to see if anyone has noticed. You agonize about what to do, whether to tell anyone, what to say. Later, the event replays itself over and over in your mind. You question your competence but fear being discovered. You know you should confess, but dread the prospect of potential punishment and of the patient's anger. You may become overly attentive to the patient or family, lamenting the failure to do so earlier and, if you haven't told them, wondering if they know.”

Albert Wu
Second Victim

“a health care provider involved in an unanticipated adverse patient event, medical error, and/or patient related injury who becomes victimized in the sense that the provider is traumatized by the event”

Susan Scott
Common Symptoms: Physical

- Uncontrolled crying or shaking
- Increased blood pressure
- Extreme fatigue/exhaustion
- Abdominal discomfort
- Sleep disturbances
- Nausea, vomiting & diarrhea
- Muscle tension
- Headaches
Common Symptoms: Psychosocial

- Extreme guilt, grief
- Repetitive, intrusive memories
- Difficulty concentrating
- Loss of confident, self doubt
- Return to work anxiety
- Excessive excitability
- Frustration, anger, depression
- Second guessing career
- Fear of damage to the professional life
- Avoidance of patient care areas
Nurse's suicide highlights twin tragedies of medical errors

Kimberly Hiatt killed herself after overdosing a baby, revealing the anguish of caregivers who make mistakes.
Suffering in Silence

- Human errors, deaths, complications, and complaints will occur with some regularity
- May have a devastating effect
- Our training does not typically prepare us for this
- Compounded by lack of time to process events
- Complex system may contribute to increased frequency of events
How Can We Increase Workplace Wellness & Resilience?

Develop successful Peer-to-Peer support system
Why Formal Support is Needed: Barriers for Individuals to Reach Out on Own

- Stigma
- Culture of endurance
- Licensing fears
- Inadequate workplace support
Formal Programs

- Employee Assistance Program (*not utilized if the individual needs to seek this out*)
- Pastoral Care – Great for group debriefing
- Trauma intervention program (*volunteer*)
- ANA Healthy Nurse Healthy Nation – Self Care
- **Peer-to-Peer Support & Conversation**
Definition & Purpose of Peer Support

Confidential program of **Peers supporting other Peers** who experience distress caused by workplace events:

- To reduce isolation and shame
- To provide a confidential outlet to discuss the event/circumstance and their reaction with someone who “has been there” or who can support them
- Reinforce action steps for improved coping mechanisms, health and resiliency
- Toolkit for additional resources

Peer Support - Valuable

• Standard practice: call to everyone
• Peer Support combats:
  ➢ Culture of invulnerability: human factors
  ➢ Shame and blame
  ➢ Expectation of emotional denial: normalizes wide variety of reactions
  ➢ Solely personal responsibility: systems issues
  ➢ Isolation: community/solidarity
  ➢ “Self care is selfish” – ANA Healthy Nurse/Healthy Nation
Setting Up a Program

• Determine Point Person
• Partner with Risk/Patient Safety and take referrals from others
  ➢ Need a **consistent mechanism for referrals** to identify those who need peer support
  ➢ Cannot rely on individuals to seek out peer support or management team
  ➢ Mechanisms for communication with peer supporters to make calls
• Recruit and train those who are interested and have a passion
• Peer Supports are just that: Peer supports, not psychotherapists
Every good conversation starts with good listening.
Situations Peer Support Offered

- Peer who was a patient had complications during her labor
- Medication Errors
- Assaulted by a patient
- Upset family member reported nurse to “state” facing apprehension and stress
- Peer found by colleagues and started CPR, coworker deceased
- Patient’s condition changed and nurse did not recognized
Outreach - Peer Support Call

- **Contact** *(normalize the call, explain peer support)*
- Invite individual to talk about what happened, how they are feeling
- **Listen**
- **Reflect** – honor emotions, validate, normalize
- **Coping strategies**
- **Closing**
- **Resources/Referrals**
Peer Response – Examples

• It is so great that we have this program. Thank you so much for calling me. I’m really doing fine, but it’s great to know you’re there.

• Very grateful for the support and calls, reinforced that MMC really cares.

• Grateful for the peer support program and the connection made by someone from “outside of work” environment.

• Very grateful for the Peer-to-Peer Support Program. Felt discussing the situation and sharing with another RN who isn’t involved, in a non-judgmental and confidential way, helped her move forward. Would definitely recommend it to others.
Peer Response – Examples

• Expressed appreciation for Program. Thought she had been coping well, until given the opportunity to share with another RN and later said “I guess I really needed that!”

• Thank you so much for calling. I can’t talk right now, but I’ll call you when I can. Just knowing you’re there is great.

• I’m getting lots of support from my manager and peers, so I think I’m all set. But I’ll call you if I need to. It’s so great we have this program.
Pitfalls of Confidential Program

• Avoid getting drawn into commenting on the case

• How much you share about your own experience will depend on your judgment in any given situation

• It's important to set a high bar for breaking confidentiality. Your role is not to judge the person's competence. However, if you think the person is behaving recklessly (i.e., is at risk of harming himself or others) you do have a duty to report.
Pitfalls of Confidential Program

Remember:

- Denial can be a healthy coping mechanism for many people
- **No one should be made to talk about an event.** Let them know that you understand and that you’re available if they change their mind.
Summary

- Offered to everyone – automatic referral but referrals from peers/managers/directors accepted as well
- Need trained staff who can actively listen
- Expanded outside nursing
  - Physicians have program
  - But others need peer support
- Confidential
  - Would love evaluation but since confidential, no evaluation.
- Program is contributing to resilience in employee wellness and KEEPS NURSES WORKING in field!
Questions?

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