



Welcome
to this webinar for nurses planned by the
**WNA COVID-19 Wisconsin Nursing
Organizational Affiliates**



Members of the WNA COVID Organizational Affiliates

- ▶ American Holistic Nurses Association - Southeastern WI/ Northeastern IL Area Chapter (AHNA)
- ▶ Administrators of Nursing Education in Wisconsin (ANEW)
- ▶ Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
- ▶ National Association of Hispanic Nurses - Greater Milwaukee Chapter (NAHN-GMC)
- ▶ Wisconsin Association of School Nurses (WASN)
- ▶ Wisconsin Center for Nursing (WCN)
- ▶ Wisconsin Directors of Nursing Council (WDONC)
- ▶ WI Chapter-International Association of Forensic Nurses (WI-IAFN)
- ▶ Wisconsin Society of Perianesthesia Nurses (WiSPAN)
- ▶ Wisconsin Nurses Association (WNA)
- ▶ Wisconsin Occupational Health (WOH)
- ▶ Wisconsin Organization of Nurse Leaders (WONL)

CE credit for this Webinar

- ▶ 1.25 contact hours available
- ▶ Complete the online evaluation by Tuesday, May 25, 2021
- ▶ See the email with instructions for joining the webinar for a link to the evaluation, or go to <https://www.wisconsinnurses.org/webinar-resiliency-eval/>

Promoting Nurse Resiliency During COVID-19 Through Formulation and Customer Discovery of a Nurse Resiliency Toolkit

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Today's Objectives

- Introduce our project and its origination
- Define/describe 'resiliency'
- Discuss significance of resiliency in nursing
- Describe project design
- Discuss common findings/themes found from the:
 - Literature
 - WNA surveys
 - Interviews
- Discuss recommendations for practice

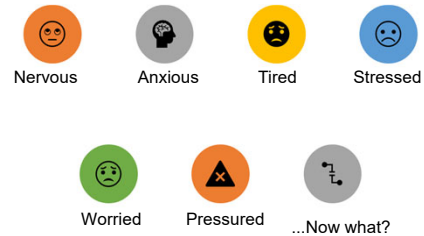
Purpose of the Project

- Create a toolkit that provides resources and strategies for bedside nurses, nurse leaders, and organizations to promote resiliency for both themselves and their staff.

Background

- The WNA COVID-19 Organizational Affiliate was initiated as a network for Wisconsin's nursing associations to determine if there were opportunities to work collectively in supporting the needs of Wisconsin's nurses during the COVID-19 pandemic.
- The WNA COVID-19 Organizational Affiliate requested assistance in their investigation of nurse resiliency during the COVID-19 pandemic.
- Resiliency was identified as the most prevalent concern among all Wisconsin nursing associations.

How we felt as frontline nurses and graduate students...



Definition of Resiliency

- **Resiliency** is “the ability to face adverse situations, remain focused, and continue to be optimistic”
• (Kester & Wei, 2018, p.42)

Significance of Resiliency in Nursing

- **Resilience** has been shown to be a **protective factor** against the development of secondary traumatic stress and burnout in healthcare workers (Vagni et al., 2020)
- At least **64%** of nurses have faced some form of acute stress disorder due to the pandemic, predisposing them to post-traumatic stress disorder (PTSD) later in life (Shahrour & Dardas, 2020)
- Out of the 50,062 nurse respondents on the Wisconsin 2018 Workforce Survey, 20.6% (n= 10,320) of nurses reported intent to leave direct patient care within the next five years (Zahner et al., 2019)

Project Objectives:

- 1. Analyze Existing Literature**
Analyze and synthesize the existing evidence from the literature surrounding nursing resilience and its effect on nurses during the COVID-19 pandemic
- 2. Compile themes from existing surveys**
Compile themes regarding working during COVID-19, reported by Wisconsin nurses through surveys disseminated by the WNA
- 3. Talk to the nurses!**
Interview Wisconsin nurses in real time to discover what's really going on at the bedside and beyond
- 4. Create a prototype**
Create a nursing resiliency toolkit based on evidence found in the literature, surveys, and interviews

Literature Synthesis

- Nursing Concerns and Strategies
- Nurse Leadership Implications and Strategies
- Organizational Implications and Strategies

Top Nursing Concerns

1. Anxiety
2. Fear of contracting COVID-19 and spreading the virus to family at home
3. Depression
4. Lack of PPE and supplies
5. Fatigue and sleep-related disturbances

• (Chen et al., 2020; Gao et al., 2020; Labrague et al., 2020; Liu et al., 2020; Luceno-Moreno et al., 2020; Spoorthy et al., 2020; Tan et al., 2020; Tu et al., 2020; Vagni et al., 2020; Zhang et al., 2020)

Nurse-Specific Strategies

1. Increased support from family and friends outside of the hospital environment
2. Meditation and reflection
3. Self-Care
4. Team-based patient care consisting of newer nurses being paired with more experienced nurses and delegating tasks based on the nurse's strength in specific skills

• (Chen et al., 2020; Duncan, 2020; Gao et al., 2020; Heath et al., 2020; Labrague et al., 2020; Lin et al., 2020; Liu et al., 2020; Martland et al., 2020; Spoorthy et al., 2020)

Strategies for Nurse Leaders

1. Facilitation of access to mental health channels for nurses
2. Flexibility with scheduling
3. Decreased shift lengths to promote safer staffing
4. Transparent, effective, and strong communication
5. Meaningful recognition of staff

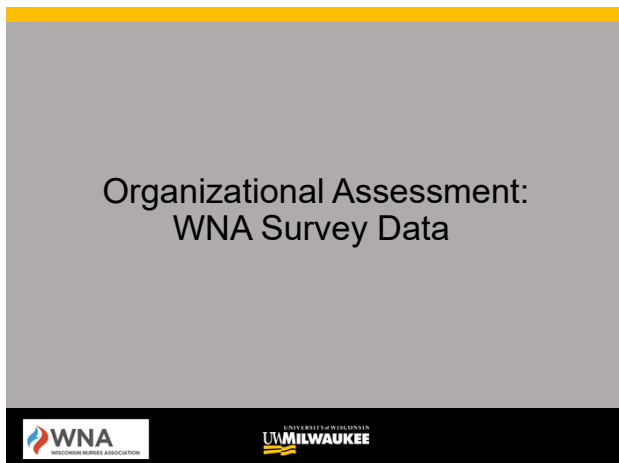
• (Chen et al., 2020; Duncan, 2020; Gao et al., 2020; Heath et al., 2020; Lin et al., 2020; Liu et al., 2020; Martland et al., 2020; Tan et al., 2020; Zhan et al., 2020)

Organizational Strategies

1. Psychological First Aid
2. Psychosocial Pandemic Committee
3. Battle Buddies

• All have been utilized in other high-stress settings (ex. U.S. Military) and can be revised to meet the needs of a variety of populations, including nurses working with COVID-19

• (Heath et al., 2020)



April 2020: WNA Initial Pandemic Survey

- WNA disseminated a survey in April of 2020 via Survey Monkey to 3,000 WNA members across the state in response to the COVID-19 pandemic entering the United States in early March of 2020
- The survey results validated the overall need for support and mental health outlets
- This provided justification to the WNA COVID-19 Organizational Affiliate that the topic of nurse resiliency was to be a priority for the group

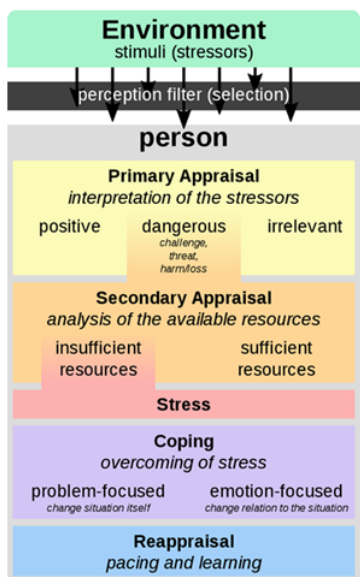
May 2020: WNA Nurse Resilience Post-Webinar Evaluation

- The Organizational Affiliate offered a free webinar to WNA members on nurse resiliency in May 2020
- The webinar presented topics that included: habits for highly resilient people, coping tips, resiliency strategies, and personal protective strategies (WNA, 2020b)
- Three themes were extracted from the participant responses:
 1. Focusing on ways to stay positive
 2. Taking time for self-care
 3. Utilizing different communication methods to share feelings and/or information

Summer 2020: WNA PPE Survey

- PPE Supply
- PPE Accessibility and Availability
- Availability of N95 masks
- Re-use of N95's
- Safety of PPE

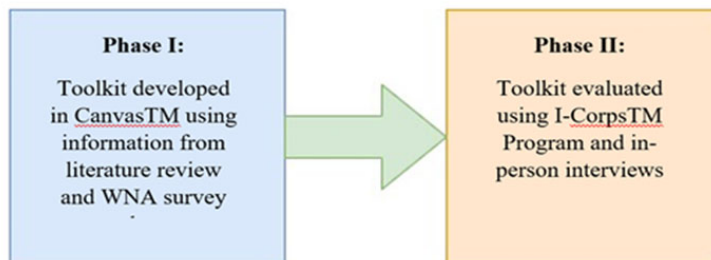
Theoretical Framework



The **Lazarus Stress, Coping, and Adaption Theory**, also referred to as the Transactional Theory of Stress and Coping, encompasses the psychological response to stressful situations, cognitive appraisal (primary, secondary, reappraisal), problem-focused and emotion-focused coping, and adaptation (McEwen & Wills, 2014).

Project Design

- Continuous quality improvement project
- Divided into two phases



Phase I: Toolkit Development



- Toolkit definition: **“the packaging of multiple resources that codify explicit knowledge, such as templates, pocket cards, guidelines, algorithms, summaries, and that are geared to knowledge sharing, educate, and/or facilitate behavior change”** (Barac et al., 2014)
- Toolkit development was done using both quantitative and qualitative evidence from the literature review and data provided by the WNA COVID-19 Organizational Affiliate
- We used Canvas as our platform for initial toolkit prototype

<ul style="list-style-type: none"> • Nursing Concerns & Strategies
Mental Health
<ul style="list-style-type: none"> • WHO Mental Health Support During COVID-19 • WHO MHPSS COVID-19 Toolkit
<ul style="list-style-type: none"> • Crisis Hotlines • Podcasts
Fear of Contracting/Spreading
<ul style="list-style-type: none"> • Infection Prevention Resources • Resources
Personal Protective Equipment
<ul style="list-style-type: none"> • Resources
Resiliency Strategies
<ul style="list-style-type: none"> • Evidence

▼ Nursing Leadership Implications & Strategies
🔗 AONL COVID-19 Resources
Leadership Quality
📄 Evidence-Based Strategies
Scheduling/Shift work
📄 Evidence-Based Recommendations

▼ Organizational Implications & Strategies
🔗 Strategies to Manage Pscyh Distress in Healthcare Workers during COVID-19
Mental Health Programs
📄 Psychological First Aid
📄 Psychosocial Pandemic Committee
📄 Battle Buddies

▼ Discussion Forums
Topic Discussions
Nursing Specialty Discussions
Empowerment and Support Group Discussions
Networking
w/ Coworkers & Nurses
w/ Nursing Leadership

Phase II: Toolkit Evaluation

- We wanted to determine that - **'Is a nurse resiliency toolkit perceived as a useful resource to help Wisconsin frontline nurses and nurse leaders identify and implement resilience strategies during the COVID-19 pandemic?'**
- We wanted to explore challenges and needs of nurses during COVID19 and their perception about the toolkit.
- Phone/video interviews were conducted with nurse leaders and bedside nurses to answer the questions through the Innovation Corps program.

The Innovation Corps (I-Corps™) Program

Setting & Sample

- 23 bedside nurses
- 17 nurse leaders



The setting for this project took place virtually.



We recruited participants by online networking and by gathering referrals during interviews.

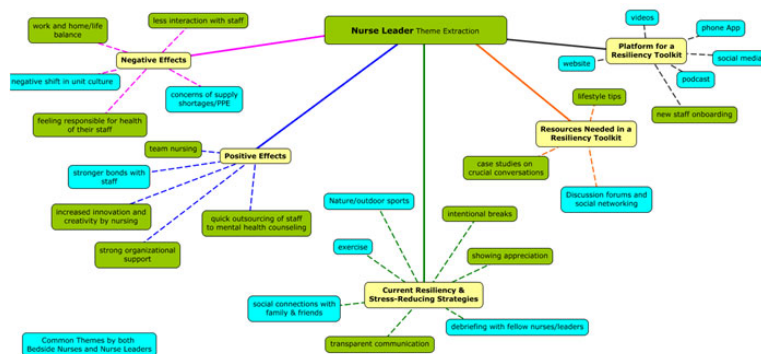
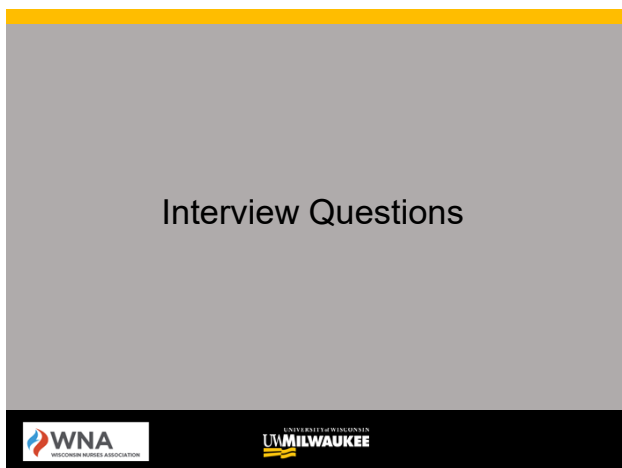
Interview Questions

1. What are some negative effects you have experienced due to working with COVID patients?
2. What are some positive effects you have experienced due to working with COVID patients?
3. What are some current strategies you have implemented to promote personal resiliency and reduce stress during COVID?
4. Do you feel that information and/or resources on nurse resiliency during COVID-19 in the form of a toolkit is useful?
5. What types of resources would you like to have in a resiliency toolkit?
6. What platform would be best for disseminating the resiliency toolkit?

Usefulness of the Toolkit

Do you feel that information and/or resources on nurse resiliency during COVID-19 in the form of a toolkit is useful?

- 39 participants (97.5%) responded “yes”
- Of these 39 participants, 100% of nurse leaders (n=17) and 96% (n=22) of bedside nurses gave a “yes” response
- Only one bedside nurse responded as “not sure”



Negative effects of working with COVID-19 patients

Nurse Leaders

- Difficulty in balancing work/home life when children no longer had daycare or in-person school
- Negative shift in culture
- Felt responsible for the health of their employees
- Concern over PPE and supply quantity
- Less interaction with staff
- Overwhelmed with constant changes

Bedside Nurses

- Burnout
- Feelings of stress
- Lacked information on COVID-19 best practices
- Lack of PPE
- Poor leadership response to COVID-19, more specifically, there was confusion from leadership in the beginning of the pandemic
- Lack of assistance for breaks/staffing
- Fearful patients
- Insufficient staffing
- Not feeling valued
- Fear of exposure
- Leadership was not present on the unit or for staff, or that they hid away in their office

Negative effects of working with COVID-19 patients (continued)

Nurse Leaders

Bedside Nurses

- Providers refusing to go into rooms in the beginning of the pandemic, contributing to feelings of lack in support
- Negative unit culture, increased strain and tension between providers and nurses
- Difficulty separating home and work-life
- Unsafe emergency training of new staff for high-risk procedures like ECMO (extracorporeal membrane oxygenation)
- PTO (paid time off) and vacation times canceled by management
- High turnover on unit
- New nurses had more difficulty with coping,
- Patients angrier and more volatile towards nursing staff

Voices of the Nurse

• Negative effects of working with COVID-19 patients:

“...the way leadership and my hospital reacted to it [COVID-19] in the beginning... telling us **not to talk publicly** about our experiences. That was something that myself and a lot of the nurses and the doctors were very upset about... **we felt silenced, we felt muzzled...** it's like, ‘we need to talk about this, this is serious, this is scary’. And people need to understand how serious and scary this is, or they're not going to take it seriously.” (BN2)

“Our bandwidth for **allowing and accepting human suffering** has kind of gone to a point of no return... Just because we can, doesn't mean we should.” (BN7)

“There's no amount of money that would really compensate for what we're doing. Sometimes it's like **we don't even know what we're asking for.**” (BN21)

Voices of the Nurse Leader

• Positive effects of working with COVID-19 patients:

“**Innovation** from nurses during COVID has been amazing.” (NL10)

“I think the focus on COVID kind of **drove us together as a system.**” (NL12)

“COVID has kind of made us think how we could be **more proactive** with the team and really **give people the forum to interact and discuss** and talk about what's going on with them in more of a proactive way.” (NL15)

“I honestly think we've done a great job in general with having things available for resiliency. **Resources have definitely been made available.**” (NL8)

Voices of the Nurse Leader

• Negative effects of working with COVID-19 patients:

“I actually had to go to my doctor, and I was put on **anxiety medication**. I was having a lot of **trouble with sleeping...** I run, I take the dogs for a walk, spend time with family, but that wasn't cutting it anymore. So, I had to get some sort of pharmacological intervention.” (NL2)

“I've never seen as much death in the last year, and not even the **quantity of death, but how people are dying, watching someone die alone.**” (NL3)

“We were all just **overwhelmed** really, because you didn't realize **changes were being made daily**. Our routines were changing daily. You'd tell the staff one thing, then change it, and you'd kind of feel **frustrated too.**” (NL6)

Positive effects nurses and nurse leaders experienced when working with COVID patients

Nurse Leaders

- Stronger bond with staff
- Increased innovation, creativity, and use of technology by nurses
- Structured and strong support from their organization
- Quick ability to refer staff in need of mental health counseling to an EAP (Employee Assistance Program)
- A “team nursing” atmosphere

Bedside Nurses

- Provided a new challenge and opportunity for learning
- Teamwork
- Emotional strength, better coping, and courage
- Stronger social bonds with other staff
- Acquired new skills quickly
- More flexible scheduling during the COVID-19 pandemic

Voices of the Nurse

• Positive effects of working with COVID-19 patients:

“**Staff to staff support** significantly improved.” (BN23)

“I really valued the **teamwork** of my unit and my coworkers, because we had to **adapt** really quickly.” (BN4)

“Management has helped to redirect staff when the political climate/COVID frustrations were heightened; **they had a strong presence on the unit...**” (BN7)

“It has helped my nursing practice because it gave me the opportunity to **learn new ways to care for patients and challenge myself.**” (BN8)

Personal resiliency strategies and stress reducing strategies used

Nurse Leaders

- Staying socially connected with friends/family through virtual social hours, social media, video chat, and phone calls
- Exercise
- Intentional breaks
- Debriefing with fellow leaders
- Spending time in nature and in outdoor sports to maintain personal resilience
- Showing appreciation
- Transparent communication

Bedside Nurses

- Exercise
- Time off work
- Time with family
- Time in nature and getting fresh air
- Cooking and baking
- Having a spouse/partner to talk with at home
- Pregnancy served as a positive distraction and was something to look forward to
- Functional/resource nurse to assist with proning patients and breaking staff
- Utilization of 'Zen Dens' or relaxation areas
- Debriefing/hanging-out with other nurse friends
- Gardening
- Spirituality/religious studies

Voices of the Nurse Leader

•Current strategies used to maintain personal resilience:

"Stretch breaks or mindful moments." (NL16)

"It always helps to have a candy dish... in my office for the staff to come in and talk and vent." (NL17)

"Recognizing that we're in a moment of history, and that this is something that we're going to talk about for a very long time." (NL13)

"I think having that open and transparent communication with the team was really, really helpful..." (NL15)

Voices of the Nurse

•Current strategies used to maintain personal resilience:

"...learn how to advocate for yourself and not being afraid to say, 'this patient assignment is unsafe, I don't feel comfortable, I won't be taking this.'" (BN13)

"Encouraging words from the community handed out intermittently during the shift." (BN10)

"When COVID hit, I think a lot of people's natural ways that they were coping with stress wasn't an option anymore." (BN15)

Resources needed in a toolkit

Nurse Leaders

- Social networking and discussion forums
- Case studies for leaders on how to role-play crucial conversations
- Receiving helpful tips from a dietician, yoga instructor, or exercise physiologist

Bedside Nurses

- Counseling services
- Discussion panel/support group as a resource
- Support hotline (both suicidal and non-suicidal)
- Coping skills education
- Chaplain support
- Resources for nurse leaders to help support their staff
- Resources on self-advocacy, empowerment, and moral distress

Voice of the Nurse Leader

•Types of resources preferred in a toolkit:

"There should be a lot more support that's given to the nurses and physicians. And as far as free counseling opportunities... to make something that is convenient, it's onsite, and it's free, and it supports the staff, I think that would help immensely." (NL5)

"How do you help them build resiliency while you're trying to build it into yourself? I think what you have shown there [in the toolkit] could be really, really helpful." (NL1)

Voice of the Nurse

•Types of resources preferred in a toolkit:

"... maybe taking a quiz or something to see if you're struggling with resiliency would be helpful." (BN16)

"Speak to nursing students who are coming into this profession, so they know how to deal with stressors, such as caring for COVID patients. We need to give them the tools to succeed and not burn out in the first few years." (BN18)

"I think just maybe focusing a lot more on ... Post-traumatic stress from the COVID pandemic... Because I know people are going to be coming out with that [PTSD]. And I think just signs and symptoms of what [PTSD] looks like on a person? Maybe a staff person ... who's super ... distressed? And you can visually see it." (BN17)

Preferred Toolkit Platform

Nurse Leaders

- Podcast
- Phone application
- Onboarding class
- Social media site
- Videos
- Website

Bedside Nurses

- Podcast
- Social media site
- Website
- Discussion groups
- In-person orientation class/nurse residency
- Phone application
- Video logs
- Multi-modal resource
- Education modules

Voice of the Nurse

•Preferred platform for toolkit delivery:

“Not mandatory education. Too redundant and often feel like I’m not processing information.” (BN19)

“Target new nurses.” (BN20)

Voice of the Nurse Leader

•Preferred platform for toolkit delivery:

*“I think the biggest thing is you’ve got to **keep it simple.**” (NL7)*

*“Anything you do that is **multi-platform** is better, remember, we have four generations right now in the workforce.” (NL8)*

*“I would say the average years of experience here is probably 25 to 30 years by generation. **The way we learn, the way we want our information, is entirely different.**” (NL10)*

Recommendations for Practice

- Creation of a resiliency toolkit is just one of many supportive strategies that can help nurses and nurse leaders remain resilient through a time of crisis.
- A resiliency toolkit in the form of podcasting would be most beneficial based on our findings from this small quality improvement project.
- We recommend further research in this area take place, including revision and re-implementation of the toolkit in podcast format to a larger group of stakeholders.

A Special Thank you!

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Dr. Kayt Havens, MD

And the whole I-Corps™ Program team!



Thank you!

“It is with our commitment to nursing that this information further contributes towards the evidence and resources within nursing and adds opportunity for new developments in the standardization of resiliency within the profession.”

Questions?



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Nurse Resiliency Toolkit

- Nurse Resilience Project (instructure.com)
<https://uws-ce.instructure.com/courses/12722~2893>