Crisis Intervention Training with a Twist:
National Staff Training to Develop Self-Care Skills & Integrate Chaos Theory for Safer Work Environments

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Learning Objectives
As a result of participating in this session, the participant will be able to cite examples of the gaps in knowledge and practice that identify PTSD as a vocational hazard for nurses.

1. Identification of the myth that verbal, physical or emotional abuse towards nurses in the workplace is "just part of the job."

2. Discuss & review studies/research literature regarding types of violence nurses experience on the job.

3. Develop creative educational strategies to provide staff development on Watson's theory of caring, self-care skills for nurses, PTSD assessments and chaos theory.
Stability is a vision from nursing's past. Chaos theory is the new Normal

- Increased workload & Complexity of care
- Short hospital stays
- Staffing shortages
- Post traumatic stress
- Compassion fatigue
  (Beck, 2011)

Barriers to Critical Thinking
- Technology/Security issues with Electronic Medical Record
- Staffing issues— float/traveler RN's
- High, risk acutely ill or aggressive patients
- Physical/verbal abuse directed toward staff (from patient or peer)
  (Aiken et al, 2010)

National Policy Educational Objectives

1. Self-Care Skills based in Watson’s Caring Theory
2. Benner’s Novice to Expert Nurse theory/application
3. Crisis Management Skills
4. Chaos Theory as the new standard in healthcare
5. Mandated national staff development programs

The Joint Commission’s National Institute of Occupational Environmental Health

- Joint Commission highlights horizontal violence in hospital settings
- “All Healthcare workers, especially emergency and psychiatric care experience work-related assaults. Nurses have the highest rate of victimization in the healthcare industry
Registered Nurse Safe Staffing Act of 2013: H.R. 1831

- "(3) Health care worker fatigue has been ID'ed as a major pt safety hazard, and appropriate staffing policies and practices are indicated as an effective strategy to reduce health care worker fatigue and to protect pts. A national survey of RN's found that 72 % experience acute or chronic effects of stress and overwork.

- (8) A 2012 study of Penn. hospitals shows that by reducing RN burnout, which is attributed in part to poor nurse staffing, those hospitals could prevent an estimated 4,160 infections with savings of $41,000,000.

- (9) When hospitals employ insufficient numbers of nursing staff, RN's are being required to perform professional services under conditions that do not support quality health care or a healthful work environment for RN's.

Preparation of curriculum design and development

- American Nursing Association
- The Joint Commission
- American Psychiatric Nurses Association
- National Institute of Occupational & Environmental Health
- Robert Wood Johnson Foundation

Tipping the Legislative Balance Towards RN Care

- Legislative Action is driven by finances as basic national incentives
- Utilization of Worker's Compensation Data
- Relationship of staff burnout to patient safety and quality of care
- Collective action of ANA/APNA lobbyist approach with proposed solution
- Proposed grant/research partnership with SAMSHA or NIMH
Personal Self-Care
and
Organizational Strategies for Resiliency

- Adaptability
- Sense of Humor
- De-Briefing after Critical events
- Pairing staff for mentoring/coaching
- Cognitive Reframing to enhance optimistic rather than negative self-talk
- Use resilience and PTSD assessment scale tools

Shirley, M.R. (2012, p.553)

Magnet Hospitals Improving Outcomes (it's not enough to get our ducks in a row)

- Better work environments
- Improved nurse job satisfaction
- Less nurse burnout
- Shared governance structure
- Transformational leadership concepts


Nursing Practice Application for Crisis Management and Self-Care

- Differing views among co-workers
- Relationship with one’s manager
- Physical and physiological reactions to work
- Patient relationships
- Health-work environments
- Cultural diversity (Pipe, 2008)
Creative Educational Strategies

- Integrate chaos theory as the new norm of healthcare
- Dialogue in the community
- Integrate crisis management skills in healthcare systems
- Design innovative nursing practices using Benner's model for clinical wisdom
- Translate evidence into practice via nursing and transformational leadership models
- Integrate Watson's caring leadership models into healthcare organizations

References


Images are from ClipArt on Microsoft powerpoint, except slide 3, RN image is Julia Dwan Mendenhall Schmidt, presenter's mother.

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Somehow the hanging indents did not show up. Check to see the parts of book references that should be in italics. Titles of books should not have all words capitalized. The rest of the references look good.

lois, 10/24/2012
References


- Shirley, M. B. (2012). How resilient are your team members? Journal of Nursing Administration, 42(12), 551-553. DOI:10.1097/NNA.0b013e318274b4d6


RATIONAL: Quantum leadership embraces the idea of vulnerability as being an asset in the new leadership paradigm. This is counterintuitive to most nurses. The concept of resilience which entails a dynamic process with vulnerability at one end and the ability to bounce back (resiliency) at the other end is more approachable. Studies have shown resilience can add protective factors of self-efficacy, adaptability and a sense of humor which can assist a nurse to recover and thrive in spite of adversity (Shirley, 2012, p.551).

Openness to change and personal reliance enhance individual employees readiness for organizational change. Persons with high resilience are more able to change without experiencing trauma. In order to develop personal resilience it is necessary to have educational programs for nurses to learn and enhance their personal resilience. Organizational strategies to assist in the development of resilience could include:

1. De-briefing after critical events to create learning from past difficult experiences
2. Cognitive reframing coaching to assist nurses to enhance optimistic self talk rather than negative self talk
3. Pairing of nurses with high personal resilience with others whom need to build upon this skill (Shirley, 2012, p.553).