

Mitigating Nurse Practitioner Burnout Through Peer Support

NICOLE HUTCHESON, MSN, RN, APRN, NNP-BC, CPNP-PC

JENNIFER NIEMAN, MSN, RN, APRN, NNP-BC

Disclosures

Requirements for Successful Completion (to receive the 0.5 contact hour(s) for this activity):

- The participant will:
 - Attend the live virtual event
 - Sign the attendance sheet
 - Complete the evaluation form
- Provider Approval Statement:
- *Children's Mercy Kansas is approved with distinction as a provider of nursing continuing professional development by the Midwest Multistate Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.*
- Conflict of Interest:
- No conflicts of interest have been identified for the planners or presenters of this activity.

Objectives

- What is burnout and how does it affect APPs
- Literature Review
- Why is peer support needed
- NNP Lotus (Peer Support) Program

What is Burnout?

- Psychological syndrome from unmanaged work-related stressors
- Cardinal symptoms
 - Exhaustion, depersonalization, lack of efficacy
- Linked to adverse patient outcomes
 - Increased rates of infection, medical errors, providers displaying less empathy, decreased patient satisfaction



Second Victim

- Health care provider involved in an adverse patient event, medical error and/or patient-related injury who becomes traumatized by the event
- Estimated that 50% of health care providers experience second victim phenomenon during their career
- May suffer from shame, fear, guilt, feelings of failure, decreased confidence in role, depression, sleep disturbances, anxiety, PTSD, and/or suicidal ideation

Trauma Informed Care

- Psychological trauma that overwhelms the ability to cope
- Working with traumatized patients and families can take an emotional toll
- *Secondary traumatic stress* is a common occupational hazard
- Symptoms mimic those of PTSD
 - Hopelessness, anger, cynicism, sleeplessness, fear, chronic exhaustion, physical ailments, minimizing, guilt, inability to listen, avoidance, and/or hypervigilance

Roles and Responsibilities of APPs



**AUTONOMOUS
PATIENT CARE**



**ORDER AND
INTERPRET
DIAGNOSTIC TESTS:
LAB WORK, X-RAYS**



**PREFORM MEDICAL
PROCEDURES**



**COLLABORATE WITH
MULTIDISCIPLINARY
CARE TEAMS**



**PATIENT
EDUCATION**



**MANAGING
PATIENT'S
OVERALL CARE**



**ADDITIONAL ROLES:
RESEARCHERS,
MENTORS,
EDUCATORS, AND
ADMINISTRATORS**



Peer Support Program Development

Needs Assessment

- Sentinel events without beneficial/time sensitive debriefing
- NNP may assume "team leader" role
- No debriefing tools for chronic stress events
- EAP not always seen as helpful
- No forum for individual peer support
- Stigma regarding mental/emotional support

Literature Review

- Peer Support Program at Brigham and Women's Hospital (Shapiro & Galowitz, 2016)
- RISE Programme at Johns Hopkins Hospital (Connors et al., 2016)
- You Matter Program at Nationwide Children's Hospital (Liao et al., 2017)
- Clinician Peer Support Program at Barnes-Jewish Hospital, affiliated with St. Louis Children's Hospital (Lane et al., 2018)
- Caregiver Support Team at the University of California San Diego Health (Zerbi et al., 2019)

Survey Results

> 50% feel job stress

> 60% feel symptoms of burnout

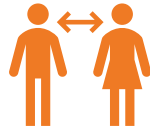
> 35% feel burnout due
to secondary trauma

30% felt under supported by peers

85% would participate in peer support



Timely



**1:1 support from
peer**



Confidential



**Emotional healing
and wellness**



**Resilience, coping,
self-care strategies**



**Increased
connection to
peers**



**Decreased
symptoms of
burnout**

Program Goals

Branding

- The Lotus flower embodies the mantra "**Grow Through What You Go Through**"
- Peer Supporters identified with Lotus badge sticker



Program Overview

Referral when traumatic events, chronic stress, or burnout

Paired with a trained peer supporter

Timely 1:1 active listening sessions

Helps reflect after an acute event or with chronic stress

Safety/screening for further services

What is Reflective Listening?

- Not “fixing” the problem
- Attention to the content and feeling expressed in another persons' communication
- Truly hearing and understanding
- Letting the other person know they are heard and understood
- Utilizes empathy
- Confidentiality strictly maintained

Qualities of a Peer Supporter



EMPATHETIC



TRUSTWORTHY



APPROACHABLE



**PEER
NOMINATED**



**GOOD
STANDING**

Additional Offerings

**Teams
Page**

Monthly topics,
announcements

**Group
Reflection
Sessions**

Open forum,
community
care

**Social
Events**

Family and
kid friendly

Mentoring

Informal,
optional

References

- ▶ Center for Professionalism and Peer Support at Brigham and Women's Hospital. (2013). Peer support. https://www.brighamandwomens.org/assets/bwh/medical-professionals/center-for-professionalism-and-peer-support/pdfs/peer_support_overview_and_faq.pdf
- ▶ Edrees, H., Connors, C., Paine, L., Norvell, M., Taylor, H., & Wu, A. W. (2016). Implementing the RISE second victim support programme at the Johns Hopkins Hospital: A case study. *BMJ Open*, 6, e011708. <https://doi.org/10.1136/bmjopen-2016-011708>
- ▶ Graham, P., Zerbi, G., Norcross, W., Montross-Thomas, L., Lobbestael, L., & Davidson, J. (2019). Testing of a caregiver support team. *Explore*, 15(1), 19-26. <https://doi.org/10.1016/j.explore.2018.07.004>
- ▶ Hu, Y. Y., Fix, M. L., Hevelone, N. D., Lipsitz, S. R., Greenberg, C. C., Weissman, J. S., Shapiro, J. (2012). Physicians' needs in coping with emotional stressors: The case for peer support. *Archives of Surgery*, 147(3), 212-217. <https://doi.org/10.1001/archsurg.2011.312>
- ▶ Lane, M. A., Newman, B. M., Taylor M. Z., O'Neill, M., Ghetti, C., Woltman, R. M., Waterman, A. D. (2018). Supporting clinicians after adverse events: Development of a clinician peer support program. *Journal of Patient Safety*, 14(3), e56-e60.
- ▶ Merandi, J., Liao, N., Lewe, D., Morvay, S., Stewart, B., Catt, C., & Scott, S. (2017). Deployment of a second victim peer support program: A replication study. *Pediatric Quality and Safety*, 4(2), e31-38. <https://doi.org/10.1097/pq9.0000000000000031>
- ▶ Peers for Progress. (2012). Peer support in health and health care: A guide to program development and management. http://peersforprogress.org/wp-content/uploads/2012/07/20120706_pfp_guide_for_pdmgmt_june_2012.pdf
- ▶ Shapiro, J., & Galowitz, P. (2016). Peer support for clinicians: A programmatic approach. *Academic Medicine*, 91(9), 1200-1204. <https://doi.org/10.1097/ACM.0000000000001297>
- ▶ Tawfik, D. S., Phibbs, C. S., Sexton, J. B., Kan, P., Sharek, P. J., Nisbet, C.C., Rigdon, J., Trockel, M., and Profit, J., (2017). Factors associated with provider burnout in the NICU. *Pediatrics*, 139(5), e20164134. <https://doi.org/10.1542/peds.2016-4134>
- ▶ Wu, A. W. (2000). Medical error: The second victim: The doctor who makes the mistake needs help too. *British Medical Journal*, 320(7237), 726-727. <https://doi.org/10.1136/bmj.320.7237.726>



Questions? Comments?
NNPPeerSupport@cmh.edu