Not on My Watch: First, Care for Self!

June Marshall, DNP, RN, NEA-BC
AWHONN Oklahoma Section Conference
April 4-5, 2019
Objectives

- Explain the role of self care in disaster preparedness.
- Describe the effects of incivility on work environments.
- Identify strategies for building personal & team resilience.
Historical Perspectives: How We Got Here

- Personal beliefs and values - spiritual influences
- Theoretical frameworks in Nursing relationship-based care models
Patients Come Second (Spiegelman & Berrett, 2013)

- Taking the best care of patients & producing excellent outcomes cannot be accomplished without engaged employees.
- Caring for patients first requires caring for employees.
Realities of Working in Healthcare

- Rewarding and challenging
- Stressful
- Difficulty achieving/sustaining healthy life/work balance
- Changing economic times
- Scarce resources
- Increased workplace violence
Stress in Healthcare Environments

- Secondary/vicarious trauma
- Burnout
- Compassion fatigue

(David & Naturale, 2012)
Defining Self-care

- Maintaining physical, emotional, & spiritual health in times of stress
- Assessing personal skills
  - self-recognition
  - self-awareness
  - self-regulation
  - self-control

(David & Naturale, 2012)
Self-care Strategies

- Physical health - healthy eating, drinking enough fluids, regular exercise, & plenty of sleep
- Deep breathing, meditation, mindfulness, humor
- Spending time with social support network - friends, family

(David & Naturale, 2012)
Civility in Current Work Environments

- Creating cultures of civility and respect
- RWJF ENF Action Learning Team (Adeniran, Bolick, Cuming, Edmonson, Kahn, Lawson, White)
- Defining & recognizing incivility
- Understanding the impact
- Zero tolerance cultures - say “NO” to bullying
- The road to workplace civility
Identifying & Eliminating Disrespectful Behaviors

- Harassment
- Passive-aggressiveness
- Teasing
- Gossiping
- Purposely withholding information

- Overruling decisions without a rationale
- Sabotaging team efforts
- Demeaning others
- Verbal intimidation
- Eye rolling
Bullying leads to erosion of professional competence as well as increased sickness, absenteeism, and employee attrition. Commitment to work quality and patient satisfaction declines. (Hutchinson et al., 2010b; Johnson, 2009; Chipps & McRury, 2012; Porath & Pearson, 2013)

Bullying victims may suffer stress-related health problems, such as nausea, headache, insomnia, anxiety, depression, weight changes, and alcohol and drug abuse. (Townsend, 2012)

Those who survive bullying early in their careers tend to carry their learned behaviors with them. They accept the bully culture as part of the job and eventually may choose to bully others. (Townsend, 2012)
Incivility Impact: Personal & Workplace

- Personal - physical & psychological manifestations
- Effect on patients & team members - intimidation, self doubt
- Cost to organizations - absenteeism, turnover, impact on individuals, teams & patients
Professional Standards

- The Joint Commission standards addressing hostile behavior in the workplace went into effect in 2008. These standards required healthcare institutions to have codes of conduct, mechanisms to encourage staff to report disruptive behavior, and a process for disciplining offenders who exhibit hostile behavior (The Joint Commission, 2008).

- In 2015, the ANA published a position statement on incivility, bullying, and workplace violence with recommendations for the entire interprofessional team - staff and employer (ANA, 2015).
Resources & Toolkit

www.stopbullyingtoolkit.org
www.stopbullingtoolkit.com

- Incivility and bullying inhibits building and sustaining a culture of respect. It is detrimental to optimal patient outcomes.

- Healthcare leaders in both medical center and professional schools must identify, intervene, and prevent workplace bullying

- We all must learn the skill to address incivility in the workplace; it needs to be built into every curriculum and every orientation
Resilience

- Ability to rebound from adversity/stress

  *Resilience is a process of adapting to adversity that can be developed and learned* (McCallister & Lowe, 2011).

- Cumulative effects of stress can lead to burnout and have harmful impact on physical and mental health (Foster, Roche, Delgado, Cuzzillo, Giandinoto, & Furness, 2019).

- Relationships between resilience, safety and practice quality (Braithwaite et al., 2015)
Evidence-based Strategies: Building Resilience (Foster, Roche, Delgado, Cuzzillo, Giandinoto, & Furness, 2019)

- Peer support networks
- Capitalize on strengths
- Emotional intelligence/building empathy
- Resilience education
- Safety initiatives
- Self-care
- Culture of staff well-being
- Reflective practice
- Recruitment/retention strategies
Strategies for Building Resilience

Organization Case Study

- Critical Incident Stress Management (Mitchell & Everly,
- SelfCare for HealthCare (Thieman,
- Reflective Practice Communities (AONE
Courage & Renewal

- Connecting “Soul & Role” - vocational calling
- Authenticity
- “Circles of Trust”
Critical Incident Stress Management
(Mitchell & Everly, 2017)

- Method of assisting individuals and groups of first responders to process the impact of traumatic events
- Uses specific strategies such as debriefings
- Normalizes the event
- Uses a model of peer support
- Requires education & training

https://icisf.org
SelfCare for HealthCare™ (Thieman, 2012)

- Guidebook with practical strategies in 12 lessons for improving mind, body, spirit health
- Structured program can be implemented formally in organizations
- Utilizes unit champions and a formal structure for completing year-long curriculum & exercises

www.selfcareforhealthcare.com/
Reflective Practice Communities (Edmonson, McGough, Phillips, Blaine, Scholl, Mackoff, 2017)

- AONE Nurse Manager Competencies
- Reflective learning model
- Community of practice
- Self-sustaining model for ongoing leadership development
What does incivility, resilience, and self-care have to do with disaster preparation?
DON'T LET DISASTER DEFINE YOU.

www.texasnurses.org/c4c

Free videos and resources for nurses in disaster areas

TEXAS NURSES ASSOCIATION

SPECIAL THANKS TO JOHNSON & JOHNSON
Healthy Work Environments

- Healthy individuals
- Healthy teams
- Healthy organizations
- Healthy communities

www.theamericannurse.org
Call to ACTION!

► Are you prepared?
► What will you commit to do to create:
  > a **healthier** YOU,
  > a culture of **civility**, and
  > **resilience**?!
Call to ACTION!

It begins with **YOU**!
Do what you can with what you have where you are.

Theodore Roosevelt

You have everything you need to do all you can with what you have where you are.

Margaret Wheatley
Contact Information

June Marshall, DNP, RN, NEA-BC

june.marshall@sbcglobal.net
Comments & Questions
References


References


References

References


