Nurse Resiliency in Pediatric and PICU Nurses.

Ashley Divincenzo BSN, RN
Stephanie Pinter BSN, RN
Alexis Gilmore BSN, RN
Kendra Wetherhold BSN, RN

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Ashley Divincenzo BSN, RN, Stephanie Pinter BSN, RN, Alexis Gilmore BSN, RN, Kendra Wetherhold, BSN, RN
Lehigh Valley Health Network, Allentown, Pennsylvania

BACKGROUND
- Nurses are experiencing emotional stress and burnout.
- LVHN does not have a method of identifying if nurses are resilient.
- Current LVHN resources: Employee Assistance Program, debriefing, chaplains, journaling, self-care promotion.
- Pediatric nurses deal with distressing situations such as:
  - Trauma
  - New terminal diagnoses
  - Codes
  - Deaths
  - Difficult situations

PICO QUESTION
- For nurses on the Pediatric Intensive Care Unit (PICU) and Pediatric unit involved in distressing situations, does the use of a resiliency tool compared with no resiliency tool reduce clinical staff burnout?

EVIDENCE
- Stress exposure correlated with lower compassion satisfaction and increased burnout.
- Moral distress leads to nursing shortages.
- Bereavement debriefing sessions found to be meaningful.
- Focus on self-care led to decreased staff turnover.
- Nurse’s experience following patient death.
- Nurses felt a lack of preparedness for the feelings experienced following death.
- Traumatic patient events effect on nurses.
- PTSD, Anxiety, Nightmares.
- Findings demonstrate a lack of support and education for nurses related to traumatic events, death, and grief.
- Studies showed that to improve resiliency and coping, more resources for nurses need to be available.

METHODS
- Pre Assessment - Professional Quality of Life (POQOL) Scale distributed to 12 RNs on PICU and 20 on the Pediatric unit.
- Implementation - Chaplain attends PICU and Pediatric staff meetings and provides information/activities to nurses to build resiliency.
- Post Assessment - POQOL Scale distributed to 15 nurses on the Pediatric unit for post-assessment outcome.
  - Note: PICU RNs not resurveyed

RESULTS

BARRIERS
- Barriers to study include: limited amount of nurses who participated in surveys, pastoral care missing two Pediatric staff meetings, and staff experiencing several events that may have impacted the post-surveys.

NEXT STEPS
- Pastoral care will attend Pediatric monthly meetings to present exercises on mindfulness and continue to come to PICU monthly staff meetings.
- Staff will be reminded at each staff meeting of other resources provided by the hospital to prevent burnout.

CONCLUSIONS
- Traumatic events and stress lead to nurse burnout and prevent the development of resiliency in nurses.
- Nurse resiliency tools are needed on LVHN Pediatric and PICU units to lessen nurse burnout.
- Lower burnout rates, lower stress rates d/t traumatic events, and higher compassion satisfaction on the Pediatric unit was noted with interventions.

REFERENCES

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