

# Promoting Resilience in Staff affected by COVID-19 within an Inpatient Setting

Presented by

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# Disclosures

No disclosures included.

# Introduction

- ❖ Healthcare workers are often affected by various stressors within their work environment.
- ❖ Stressors may originate from either physical, emotional, or even psychological roots which could lead to overt psychosocial symptoms (Morimoto et al., 2015).
- ❖ The increase in various deadly pandemics, in recent years, has psychologically impacted healthcare workers causing stress, uncertainty, and fear of the unknown (Tsamakis et al., 2020).
- ❖ The coronavirus disease (COVID-19) is an infectious disease that can cause mild to severe respiratory illnesses and is transmitted via droplets by coughing or sneezing.
- ❖ Stress from the pandemic called for accessibility and prompt availability of physical, mental, and emotional support/services.

# Introduction Cont...

- ❖ Increased efforts were needed to help build and promote resilience.
- ❖ **Resilience** refers to the ability to recover from adversities and difficult challenges that occur in our lives (Hurley, 2019).
- ❖ Resilient people are more capable of managing stress, coping, adapting to change, and are more likely to function well amidst stressful situations or crises (Hurley, 2019).
- ❖ Healthcare leaders and organizations are encouraged to address sources of anxieties (Shanafelt et al., 2020).
- ❖ Frontline healthcare workers voiced their need to be heard, protected, prepared, supported, and cared for during the pandemic (Shanafelt et al., 2020).

# Background and Significance

- ❖ Pandemics can lead to increased physical, psychological, and emotional distress in healthcare workers which is often evident by burnout and compassion fatigue.
- ❖ These problems may lead to health issues, negatively affect the quality of care, and/or eventually result in safety concerns for both frontline workers and the patients they care for.
- ❖ Efforts must be made to prevent and/or treat emotional distress or burnout and to reduce or eliminate detrimental outcomes (Lyndon, 2015).
- ❖ Protecting the staff's emotional and psychological health through resilience-building tactics is extremely imperative.
- ❖ Decreasing anxiety and stress may result in the promotion of staff well-being, stress management, and the ability to overcome trauma (American Nurses Foundation, 2020).

# Objectives

1. Identify Resilience-building tactics and practical tools to help promote optimism, mindfulness practices, and self-compassion in healthcare workers on the frontline of the pandemic.
2. Identify opportunities to aid in the reduction of work-related anxiety and stress in COVID-19 affected staff within the inpatient setting.

# Project Design

- ❖ This was a pilot project that integrated a quality improvement, evidence-based practice approach.
- ❖ This project implemented resilience-building tactics/interventions which included Oasis Rooms for staff working on the frontline of the COVID-19 pandemic and in high-stressed areas.
- ❖ This project aimed to promote resilience in these staff by allowing them to de-stress, relax, and remain present within the moment.

# Data Collection Tools/Instruments

- ❖ Pre and post-implementation 26-item Self-Compassion-Scale (SSC) which is a self-measured questionnaire that evaluates self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification of one's self (Neff et al., 2020).
- ❖ Development of a mindfulness practice tool (R.A.P. Tool). The R.A.P. Tool had evidence-based mindfulness and self-compassion exercises and it is a mnemonic-acronym for Reset, Affirm, and Pursue.
- ❖ End-of-Project 9-item evaluation form to determine the effectiveness of the interventions.

# R.A.P. Tool

## Let's R.A.P (Reset, Affirm, and Pursue)

~ A Mindfulness Practice tool~

As we go throughout each day, we must be *mindful* of our feelings and emotions. Mindfulness is defined as being present in the moment (Headspace, 2020). It brings awareness to our feelings, thoughts, and sensations, and it teaches us how to acknowledge/accept them (Headspace, 2020). Practicing mindfulness can help us to counter negative thoughts with positive thinking, can help us to remain optimistic, and can evoke positive emotions which are critical for building resilience. Mindfulness practices are evidence-based and many studies have shown their effectiveness with proven results.

The R.A.P Tool is developed with the intent of providing quick mindfulness techniques/exercises that can be utilized to help reduce stress and anxiety, promote optimism, and create a positive shift in our outlook.

### R.A.P Goals:

- a. **Reset** your mind, body, and spirit to a neutral or positive zone by engaging in a 4-7-8 diaphragmatic breathing exercise.
- b. Make positive **A**ffirmations and conscious decisions that will help you overcome negative thoughts, diminish stress, and build resilience.
- c. Make a conscious decision to **P**ursue or carry out your purpose, plan, or course of action by adjusting, adapting, and functioning despite the challenges or adversities you may face.

### 4-7-8 Breath Exercise (Council of Residency Directors in Emergency Medicine, n.d.):

1. Exhale completely through your mouth, making a 'whoosh' sound.
2. Close your mouth and take a slow, deep breath (Slowly inhale through your nostrils, mentally counting to 4).
3. Hold that breath for 7 seconds.
4. Then, slowly exhale making a 'whoosh' sound, for 8 seconds (exhale through your mouth, counting to 8). This concludes 1 breath. Take a total of 5 deep breaths.

### Minding Your S.E.N.S.E.S Exercise:

1. Pay attention to your **S**ight. What do you see?
2. Pay attention to your **E**ars. What do you hear?
3. Pay attention to your **N**ose. What do you smell?
4. Pay attention to your **S**kin/Sensation. What do you feel or what can you touch?
5. Pay attention to your **E**motions. How are you feeling? What are your thoughts? Accept your emotions or thoughts without judging yourself.
6. Actively/consciously **S**hift negative thoughts/emotions to a more positive perspective.

# R.A.P. Tool

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## Positive Affirmation Exercise:

1. I will never quit.
2. I believe I am capable.
3. I will overcome all odds.
4. I am strong and courageous.
5. I am committed to my purpose.
6. I choose to find joy in *this* moment, in *any* moment, and in *every* moment.

**Self-Compassion Break Exercise:** This is an exercise adapted from Dr. Kristin Neff's *Self-Compassion Practices* which research has shown is useful in promoting acceptance, kindness, and care toward ourselves (Neff, n.d.).

1. Think of a situation that may be causing you stress, bring it to your attention, and acknowledge any emotional discomfort you may have. Then, repeat these phrases:
  - a. "This is a moment of stress... but... I am not alone" (Neff, n.d.).
2. Next, directly place your hands over your heart, focus on the warmth and feel of your hands on your chest, and repeat these phrases:
  - a. "May I be kind to myself... and... May I give myself the compassion that I need" (Neff, n.d.).

**\*These practices can be utilized at any given time and/or multiple times throughout the day\***

## References

Council of Residency Directors in Emergency Medicine. (n.d.). 4 -7- 8 Breath Relaxation

Exercise. Retrieved from:

<https://www.cordem.org/globalassets/files/academic-assembly/2017-aa/handouts/day-three/e/biofeedback-exercises-for-stress-2---fernances-j.pdf>

Headspace. (2020). What is mindfulness? Retrieved from:

<https://www.headspace.com/mindfulness>

Neff, K. (n.d.). Exercise 2: Self-Compassion Break. Retrieved from:

<https://self-compassion.org/exercise-2-self-compassion-break/>

# Project Plan (Implementation Process)

## Pre-implementation:

- Notification about the project (unit directors, at pre/post shift huddles, email, flyers).
- Project information sheet and consent sent via DocuSign (an electronic document platform).

## Implementation:

- Participants drew random assigned numbers; no personal identifiers were used.
- Pre-test sent via SurveyMonkey
- Participants were asked to utilize the Oasis Room and R.A.P Tool at least twice per week for at least 15 minutes, over a 4-week period.

## Post-Implementation:

- Post-test and evaluation forms were distributed via SurveyMonkey.
- Collection of post-test and feedback forms by DNP student.
- Data was entered into an Excel spreadsheet and into Statistical Package for Social Science (SPSS), where results were analyzed for clinical findings and outcomes.

# Project Plan (Outcomes Measured)

- ❖ The data was analyzed by comparing pre and post data findings.
- ❖ Descriptive statistics such as frequencies, efficiency, effectiveness, and satisfaction were used to summarize the data using a Wilcoxon Matched-Pairs test from the IBM SPSS Software.
- ❖ The end-of-project feedback form evaluated the effectiveness of the Oasis Room and the R.A.P tool in decreasing anxiety/stress, increasing mindfulness, and/or increasing gratitude/optimism.
- ❖ Inferences were drawn from the qualitative or quantitative data for clinical significance.

# Results

## ❖ Quantitative Data Analysis of Self-Compassion Scale:

- The Self-Compassion Scale is a five-point (1- almost never; 2 ;3;4;5- almost always) 26-item self-rated survey that was used to compare pre and post-intervention data.
- The SCS survey evaluates the care and kindness that is shown toward oneself, especially during failure, stressful or painful situations (Neff, 2003). Higher scores typically correspond with greater self-compassion.
- Thirty-four (n=34) participants were recruited for the project; however, only eleven (n=11) participants responded to the pre-intervention survey.
- Only seven (n=7) participants responded to the post-intervention survey (63.6% response rate).

# Results Cont...

- ❖ The scores that are between **1.0 - 2.49** are considered **low**, scores that are between **2.5 - 3.5** are considered **moderate**, and scores that are between **3.51 - 5.0** are considered **higher** scores.
- ❖ As shown on the **pre-intervention scores**, **five** out of eleven participants (45.4%) had a low self-compassion score, **two** out of eleven participants (18.2%) had a medium score, and **four** out of eleven participants (36.4%) had a high score.
- ❖ On the **post-intervention scores** there were no low scores among the participants. Comparative individual scores showed that **two** out of the seven participants (28.6%) had a medium score and **five** out of seven participants (71.4%) had a high score.
- ❖ **Three** respondents (0, 0.3, and 0.4) showed a low to high score improvement, **one** respondent (11074) showed a low to medium score improvement, **one** respondent (0.1) maintained a consistent medium score, and **two** respondents (11033 and 11078) had constantly high scores on both the pre and post surveys, as demonstrated in Figure 2.

Figure 1. *Pre-Intervention* Total Self-Compassion Scores



Figure 2. *Post-Intervention* Total Self-Compassion Scores



# Results Cont...

- ❖ Data analyzed using the Wilcoxon Matched-Pairs Signed Rank Test due to small sample size.
- ❖ As shown in Figures 3 and 4, there was a statistically significant difference between the pre-intervention and post-intervention total self-compassion scores.
- ❖ The p-value = 0.43, which is smaller than the significant level (0.50). This finding rejects the null hypothesis.

Figure 3. Wilcoxon Matched-Pairs Signed Rank Test Summary

Total N	7
Test Statistic	15.000
Standard Error	3.708
Standardized Test Statistic	2.023
Asymptotic Sig.(2-sided test)	.043

Figure 4. Hypothesis Test Summary

	Null Hypothesis	Test	Sig. <sup>a,b</sup>	Decision
1	The median of differences between Pre-intervention Scores and Post-intervention Scores equals 0.	Related-Samples Wilcoxon Signed Rank Test	.043	Reject the null hypothesis.

a. The significance level is .050.  
b. Asymptotic significance is displayed.

# Results Cont...

Figure 5. End-of-Project Evaluation Form (Question 4)

Q4. How helpful was the Oasis Room and the R.A.P Tool in reducing your stress and/or anxiety level?

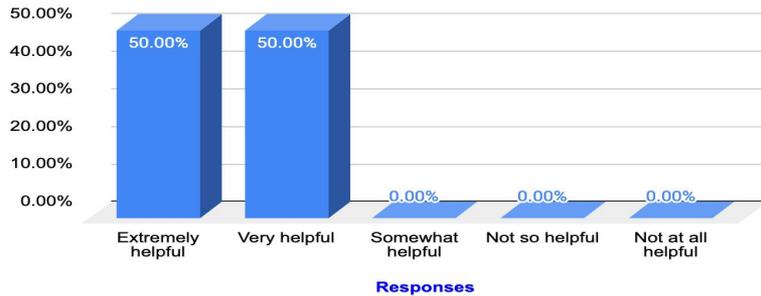


Figure 7. End-of-Project Evaluation Form (Question 6)

Q6. How likely are you to continue the use of the Oasis Room?

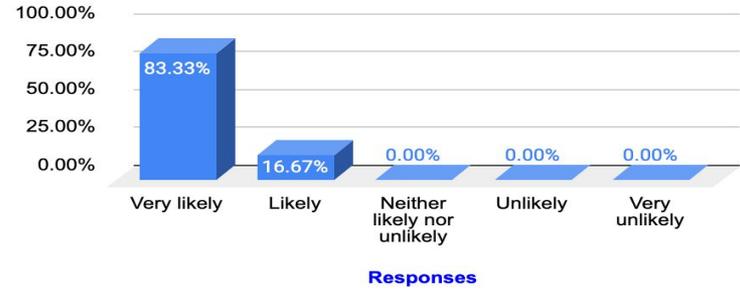


Figure 6. End-of-Project Evaluation Form (Question 5)

Q5. How helpful was the Oasis Room and the R.A.P Tool in increasing your optimism and/or feeling of gratitude?

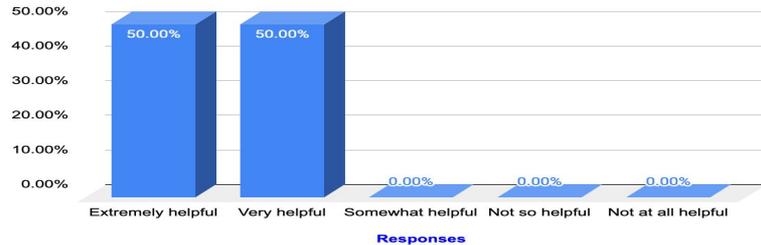
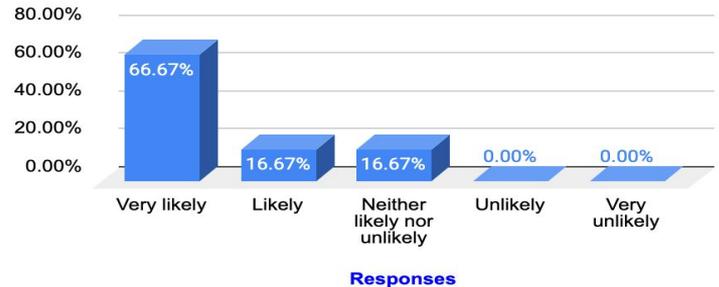


Figure 8. End-of-Project Evaluation Form (Question 7)

Q7. How likely are you to continue the use of the R.A.P Tool?



# Summary of Findings and Outcomes

- ❖ **Project Objective 1.** Decreasing work-related anxiety and stress in COVID-19 affected staff by providing a comfort/de-stress room.
  - Participants were satisfied with the look and feel of the Oasis Rooms, found them helpful, will continue their use, and will recommend them to others.
  - These results affirm that the Oasis Rooms met this goal and the results from the evaluation form reflected this conclusion.
- ❖ **Project Objective 2.** Formulating and distributing practical tools that will help to promote optimism, mindfulness practices, and self-compassion exercises for frontline workers.
  - This objective was achieved with the development of the R.A.P. Tool and was evident in the results from the end-of-project evaluation form.
- ❖ The Oasis Rooms and R.A.P. Tool positively affected self-compassion practices in the healthcare staff, who participated in the project.
- ❖ Self-compassion and resilience works hand-in-hand as both contribute to well-being.
- ❖ There was a statistical increase and difference in the pre and post-scores which supports the notion that resilience-building tactics or interventions, such as Oasis Rooms and the R.A.P. Tool, can satisfactorily affects workplace resilience.

# Implications

- ❖ **Practice.** This QI project is transferable; a larger sample size may yield even greater results. Additional Oasis Rooms were requested throughout the hospital as a result of the effectiveness of this pilot QI project.
- ❖ **Future Research.** There are many opportunities for future research projects or initiatives regarding resilience-building, compassion, and the overall well-being of healthcare staff, in the post-pandemic era.
- ❖ **Nursing.** The implementation of resilience-building tactics and interventions, such as the Oasis Room and R.A.P. Tool, has provided nurses the opportunity to care for themselves and be equipped with the necessary tools to withstand their daily work-related demands.

# Value/impact

- ❖ This project affirms that resilience-building tactics and interventions, within an acute care setting, can positively affect the overall well-being of healthcare staff who are working on the frontline of the COVID-19 pandemic.
- ❖ The Oasis Rooms and R.A.P. Tool produced valuable results in promoting self-care, gratitude, self-compassion, optimism, mindfulness, and resilience while decreasing anxiety and stress in frontline healthcare staff.
- ❖ Similarly, the Oasis Rooms and the R.A.P. Tool contributed to the overall well-being of the staff.
- ❖ I believe the impact from this project has far-reaching implications that could potentially transform the healthcare field and transcend other organizations from a local, national, or universal perspective.

# Oasis Room Pictures #1 (6-West)

Before



After

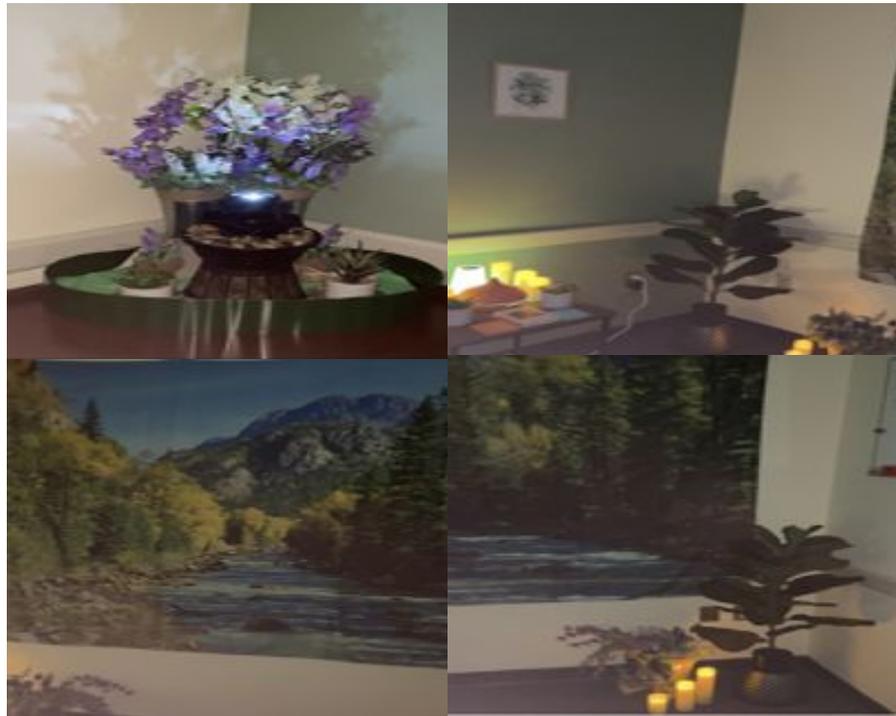


# Oasis Room Pictures #2 (SICU)

Before



After



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