

Targeted Nursing Education to Improve Professional Fulfillment, Wellness, and Quality of Life in a Pediatric Cardiac Unit

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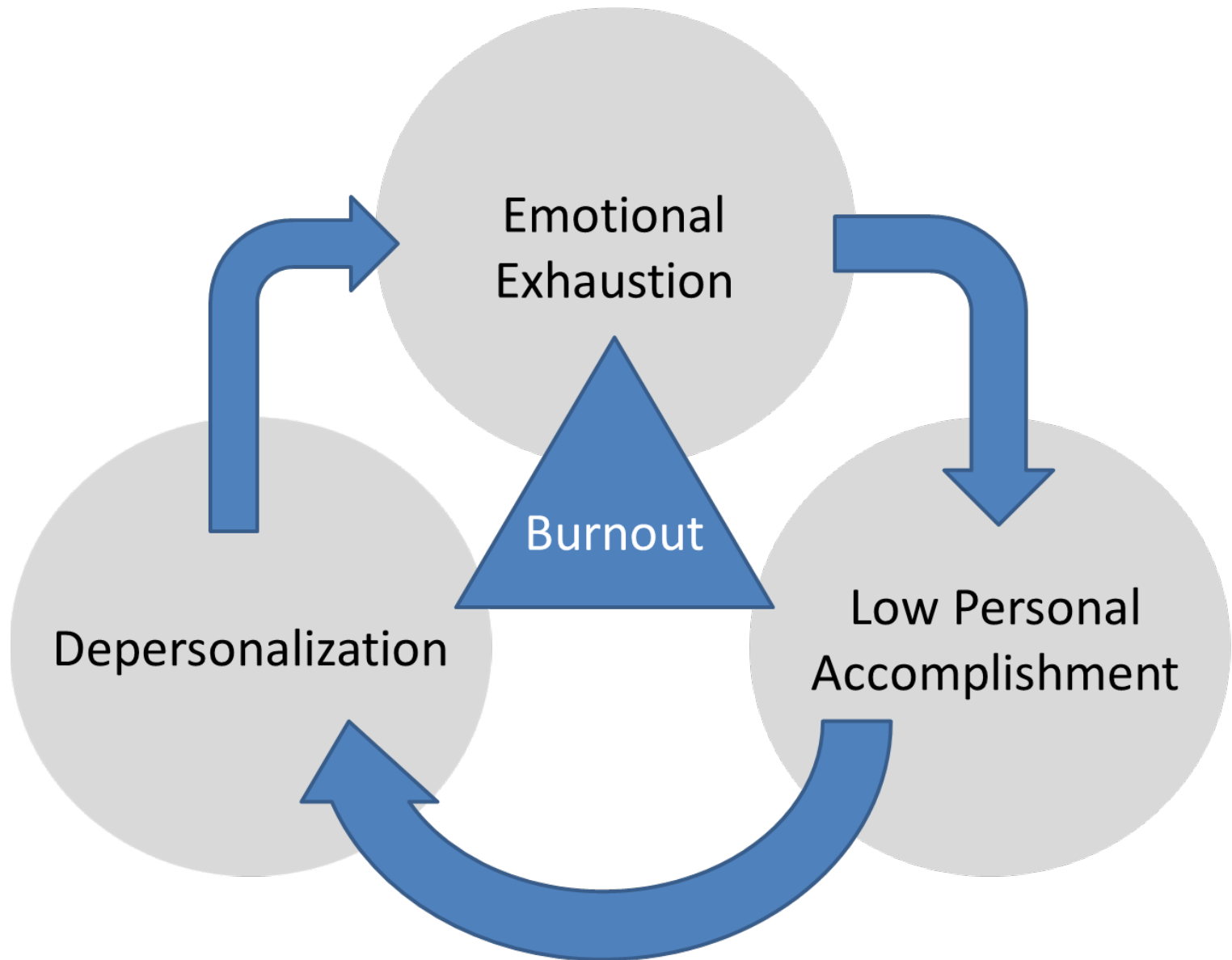




All Collaborators Have
No Relevant Disclosures to Report

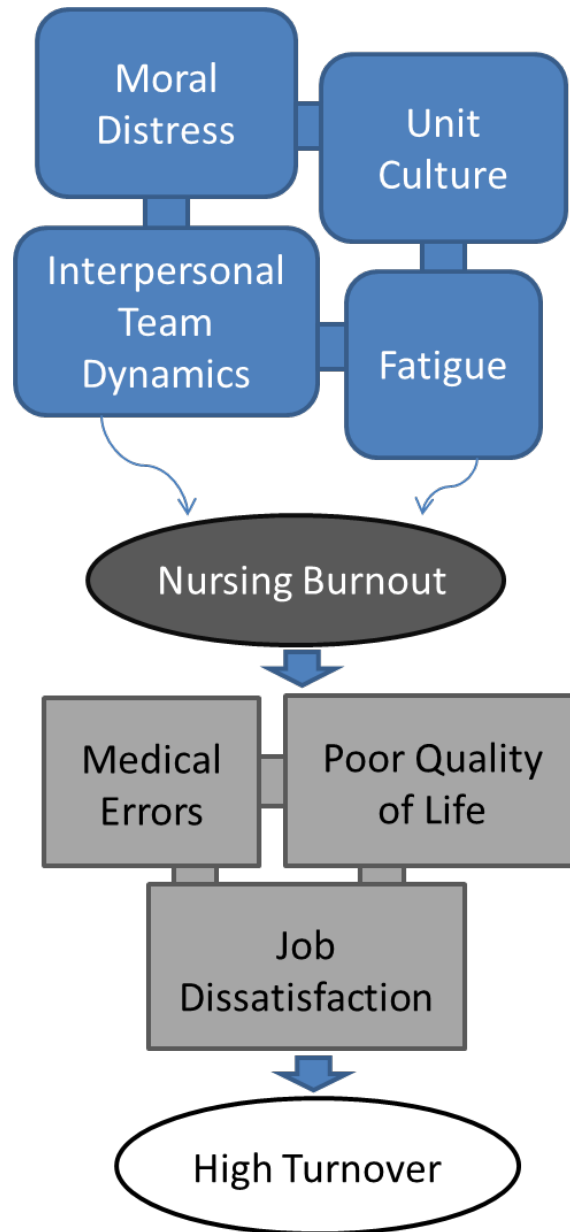
Background

- **“Burnout is a syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment that can occur among individuals who do ‘people work’ of some kind”** (Maslach & Jackson, 1986, p. 99).
- **“Burnout is a psychological syndrome that occurs in response to chronic emotional and interpersonal stressors at work. It can lead to emotional instability, difficulties to commit, a feeling of failure, and an urge to leave one’s job”** (Merlani et al., 2011, p. 1140).



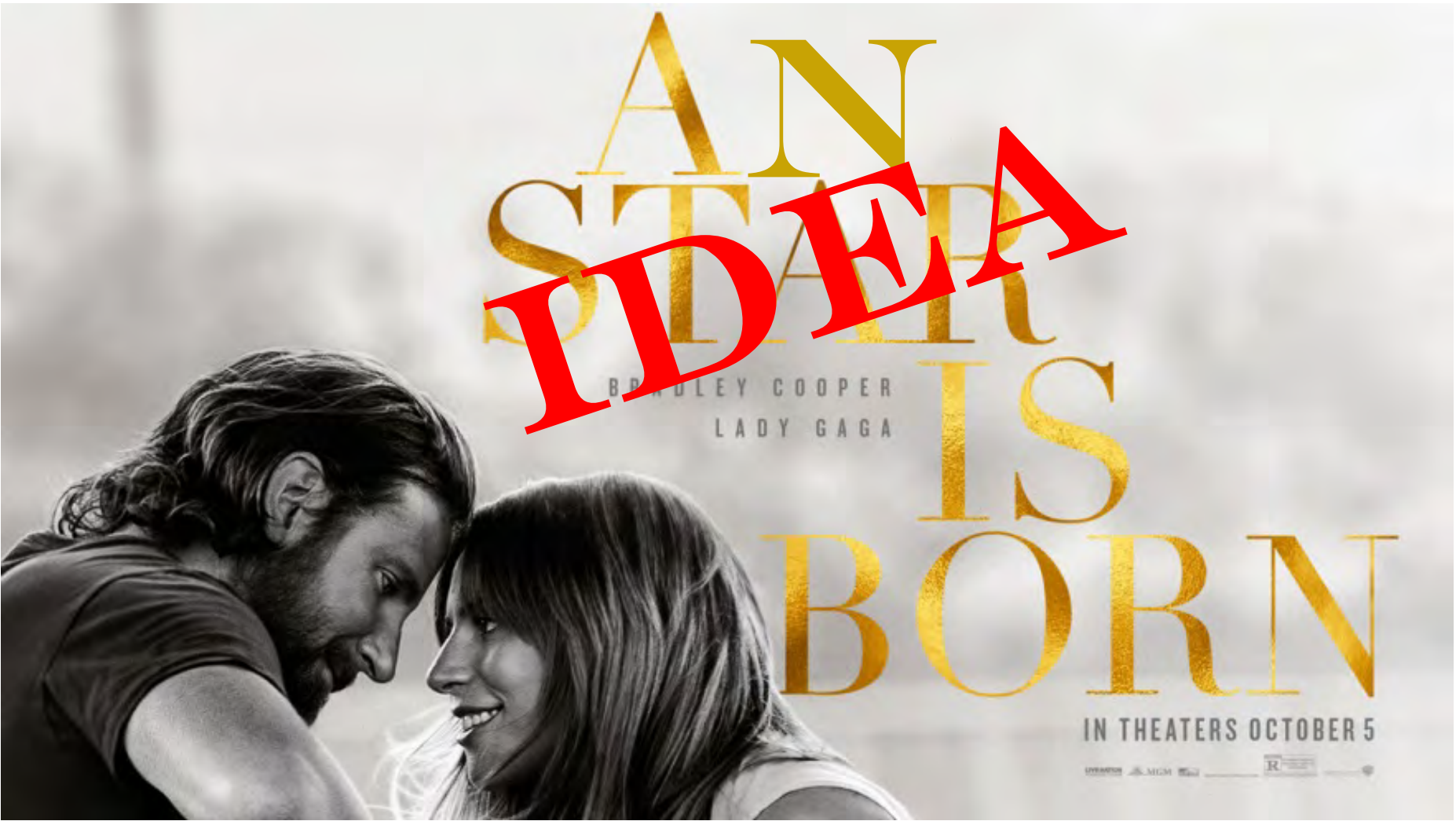
Background

- **“In pediatric practice, pediatric intensive care units are environments with high occupational stress. The highly technological work environment, the demands of aggressive procedures and the uncertainty inherent in the prognoses result in high psychological pressure for professionals”** (Passos dos Santos, Garros, Carnevale, 2018, p. 226).
- **“Moral distress is an emotional and psychological response to morally challenging dilemmas. Moral distress is experienced frequently by nurses in the intensive care unit and can result in emotional anguish, work dissatisfaction, poor patient outcomes, and high levels of nurse turnover”** (Chiafery, Hopkins, Norton, Shaw, 2018, p. 217).
- **“In nursing practice, burnout may be the result of various forms of distress”** (Asayesh, Mosavi, Abdi, Masoud, Jodaki, 2018, p. 1)



Acute Cardiac Unit Rady Children's Hospital San Diego





A STAR IS BORN

BRADLEY COOPER
LADY GAGA

IDEA

IN THEATERS OCTOBER 5

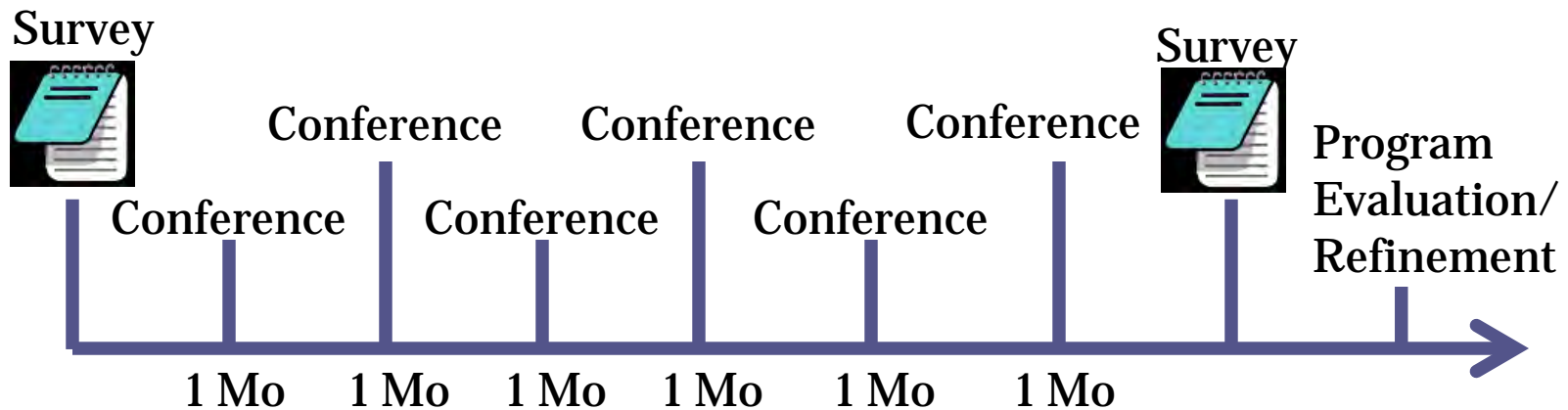
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Aims

- **Implement a targeted nursing led educational program to review challenging patient cases in the ACU with the nursing staff**
- **Evaluate prevalence of nursing burnout in the ACU before and after implementation of this program**

Methods

- Creation of structured educational conference
- Development of electronic survey instrument
- Pre- and Post- Implementation Assessment
- Conference refinement/program evaluation



Introduction of patient case, reason patient selected for review

Thought process behind provider decisions that the bedside nursing team may not be aware of

Any ethical concerns raised by the case

Review of patient's cardiac anatomy and physiology, especially if complex

Additional input from medical and/or surgical team

Open forum discussion: clinical course, social situation, decisions made, and complications

Review patient's clinical course, any interventions or surgeries received, and any complications

Discuss any confounding social aspects of the case

Closing statements, lessons learned from the case review



Stanford Professional Fulfillment Index

How true do you feel the following statements are about you at work during the past two weeks?

I feel happy at work ^

- Not at all true
- Somewhat true
- Moderately true
- Very true
- Completely true

I feel worthwhile at work v

My work is satisfying to me v

I feel in control when dealing with difficult problems at work v

My work is meaningful to me v

I'm contributing professionally (e.g. patient care, teaching, research, leadership) in the ways I value most v

To what degree have you experienced the following? During the past two weeks I have felt...

Not at all Very little Moderately A lot Extremely

A sense of dread when I think about work I have to do

Physically exhausted at work

Lacking in enthusiasm at work

Emotionally exhausted at work



Stanford Professional Fulfillment Index

During the past month, have you felt ethical distress while caring for your patients?

Strongly - I have had frequent and/or near-constant distress

Somewhat - I have felt ethical distress

Maybe - There are times when I felt that I might begin to experience ethical distress

Not really - I have not really felt ethical distress

Not at all - I definitely have not felt any ethical distress

I have a good understanding of the reasons behind clinical decisions made for my patients.

Strongly agree - I usually understand the rationale for clinical decisions

Agree - More often than not, I understand the rationale for clinical decisions

Maybe - There are times that I understand the rationale and there are equally as many times that I don't

Disagree - More often than not, I do not understand the rationale for clinical decisions

Strongly disagree - I usually do not understand the rationale for clinical decisions

I feel that there is adequate communication among team members.

Absolutely, Most of the time there is great communication between all team members

Usually, with some exceptions, there is adequate communication

Somewhat, there is sometimes good communication and sometimes not

Not really, with some exceptions, there is inadequate communication

Definitely not, Most of the time there is poor communication between all team members

Conclusions

- Developed a novel targeted, nursing-led educational program
- To improve communication, understanding of complex patients, and reduce burnout and moral distress among bedside nurses in a dedicated cardiac unit
- Next steps include analysis of interval change in nursing burnout and distress, iterative program improvement, & implementation in other programs

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Thank You!

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**The Entire Cardiac Team at Rady Children's
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Questions?

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