

Building Resiliency: The Power of Stress First Aid



Jennifer Amato, BSN, RN, MEDSURG-BC , Amanda Pierce, RN, Deirdre Smith, MSN,RN, CMSRN, Dominique Waddel, BSN ,RN, MEDSURG-BC

INTRODUCTION

Background:

Nurses are at increased risk of burnout, compassion fatigue, and PTSD which contributes to decreased job satisfaction, disengagement, anxiety, irritability, and sleep disturbances. Factors contributing to emotionally taxing patients have fueled burnout, compassion fatigue and for many professional nurses, choosing to leave the profession. In 2024, several of our new to practice RNs choose to leave our hospital due to the stress of patient care. We identified decreased staff engagement, increased staff turnover, and frequent callouts on our unit. This negatively affected our teamwork and increased the stress on the unit. We searched for strategies to implement to support and build our team.

Purpose:

Stress First Aid (SFA) is a peer-driven, evidence-based framework developed for high-stress professions, adapted by ANA for nursing. It provides tools to identify stress responses early.

- The goal is to develop awareness in our staff to recognize and address stressors and reactions in themselves and their peers. Decreasing stress responses by building resiliency allows nurses to develop improved coping techniques.

Framework: Iowa EBP Model

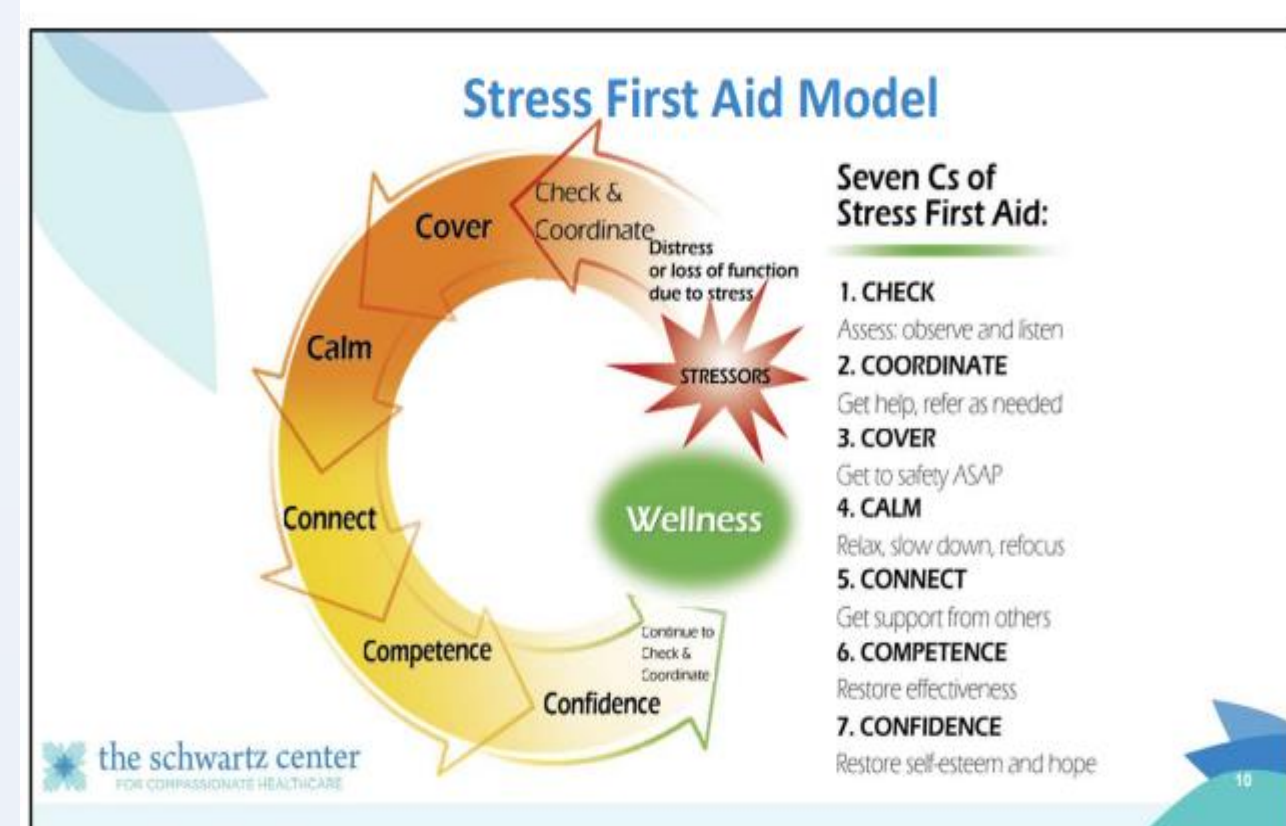
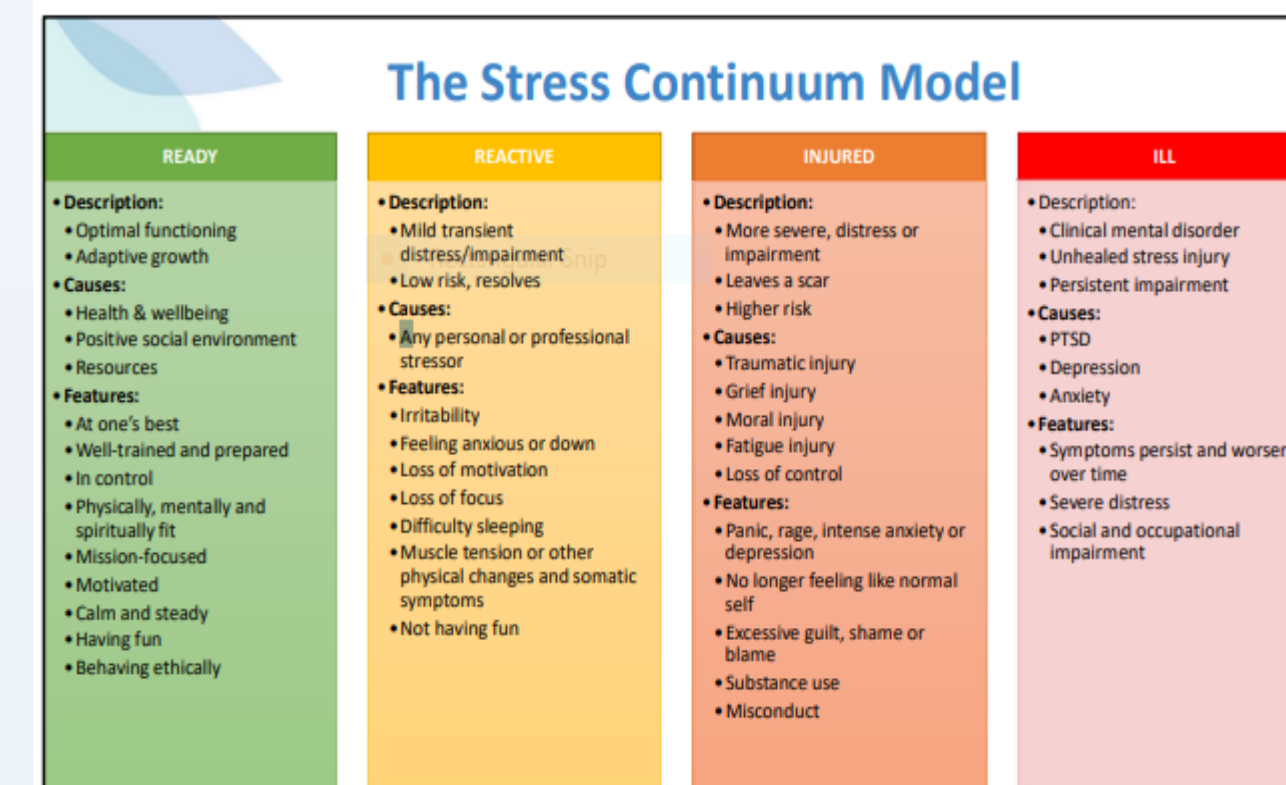
Objectives of Poster:

- Identify the effects of stress injury on staff members and utilize the techniques for well-being
- Describe tools available for staff to recognize stress responses in themselves and others as well as tools to decrease stress injury.

METHODS

Intervention/Process:

- Voluntary survey of clinical staff using Perceived Stress Scale to determine stress levels.
- Setting was a 50 bed Medical-Surgical / Organ Transplant Unit.
- Prior to implementation there were frequent staff callouts and decreased team engagement.
- Multi-method approach: SFA education provided at staff meetings, shared governance, and morning huddles. SFA bulletin board created, VLS SFA class schedule posted in break room.
- Resources provided on unit include refuel cart, tactile stickers using box breathing techniques, staff recognition, monthly newsletter, and team building activities.
- Utilized the stress continuum model and 7C's stress first aid model to implement peer to peer support.

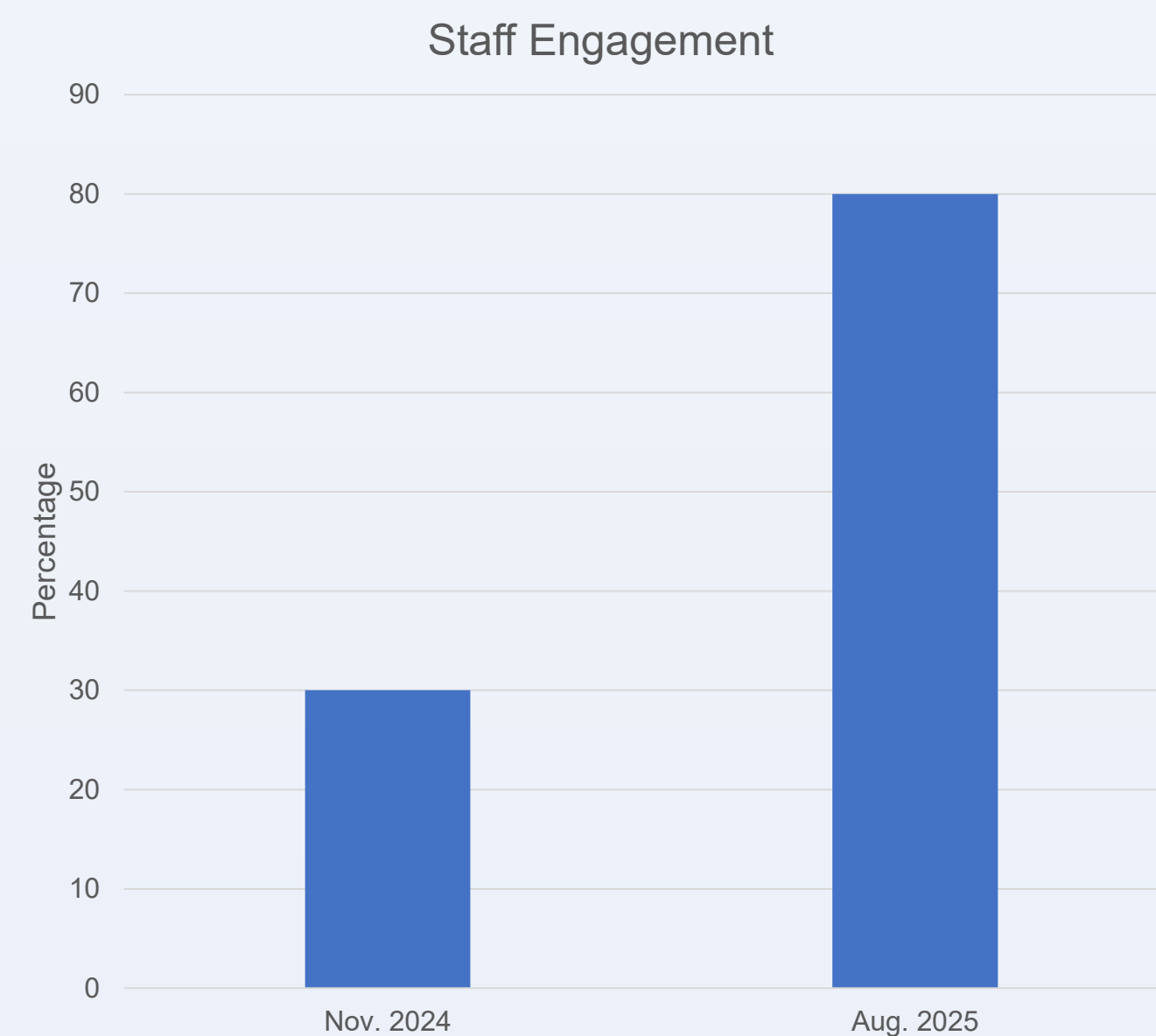
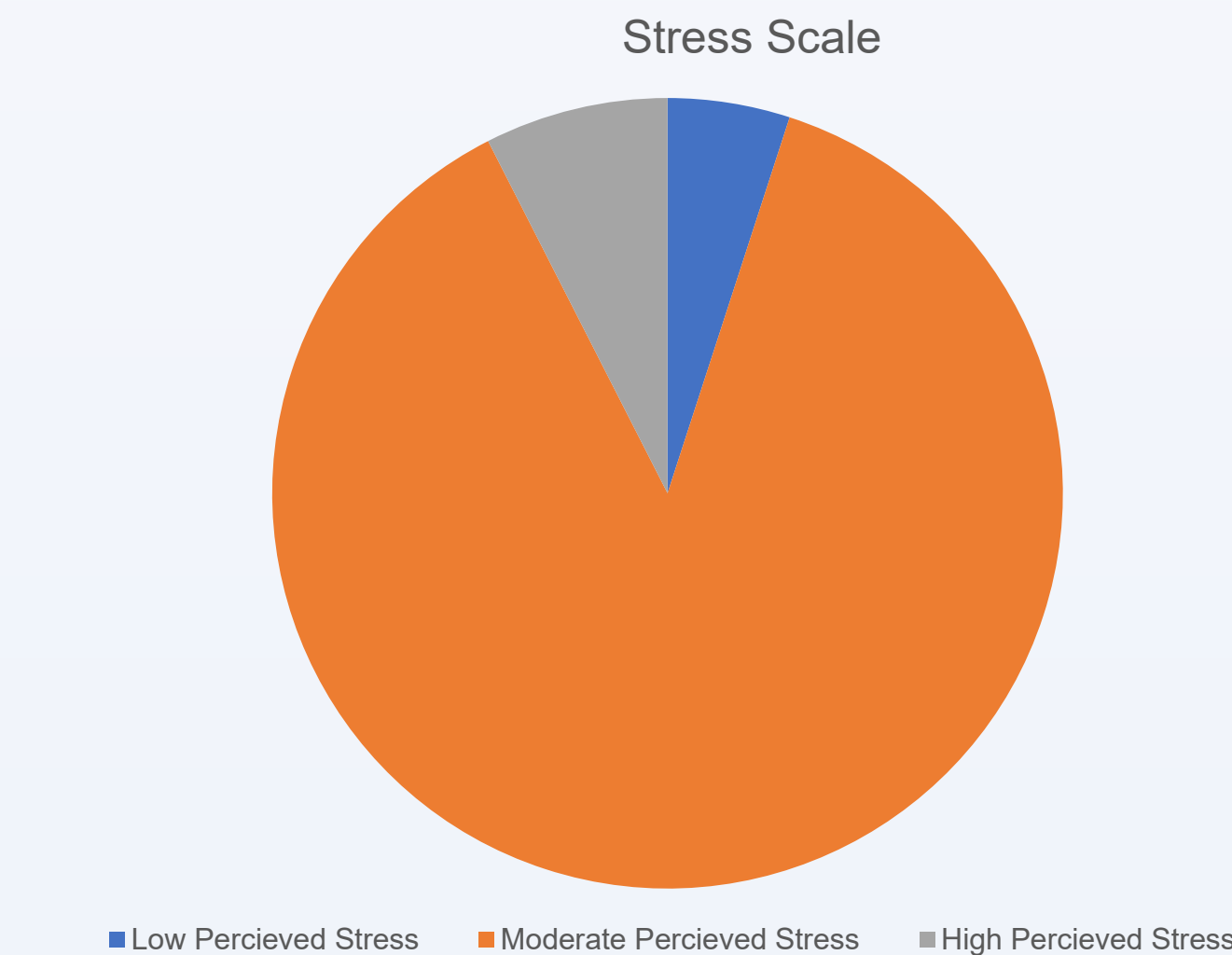


Key Findings: RESULTS

Perceived Stress scale results were indicative of moderate stress levels.

Focus on peer support utilizing the 7C's. Increased verbalization by staff of stressors at work led to assignment rotations while providing care to emotionally taxing patients.

A review of patient to staff ratios with patients requiring multiple transfusions in one shift. Increased awareness of mental health and well-being resources posted on the unit for all staff. Peer to peer support check-in and support offered by colleagues was well received by the staff. Staff engagement increased by fifty percent.



CONCLUSIONS

Reduction in staff call outs. Staff engagement improved. Frequent check-ins with staff continue to address concerns and remediate issues contributing to stressors. Staff report feeling empowered to request an assignment change when a patient interaction becomes unmanageable, unsafe, or potentially compromises quality of care. Future plans include commitment to providing stress reduction resources, facilitate team building activities, and recognizing stress reactions in peers. Focus on "Growing the Green" resilient behavior techniques. SFA may increase staff well being and satisfaction.

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