Series: Mitigating Burnout and Maintaining Provider Satisfaction During Vaccination Rollouts

Strategies to Support Provider Satisfaction Among Nurses in the Pandemic Workplace April 7, 2021



## **National Nurse-Led Care Consortium**

# The National Nurse-Led Care Consortium (NNCC) is a membership organization that supports nurse-led care and nurses at the front lines of care.

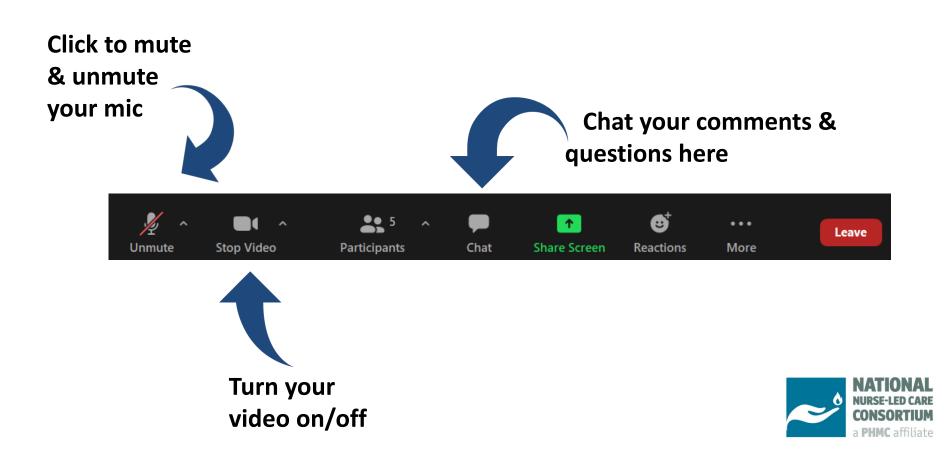
NNCC provides expertise to support comprehensive, communitybased primary care.

- Policy research and advocacy
- Technical assistance and support
- Direct, nurse-led healthcare services



## Housekeeping





## **Learning Objectives**

- 1. Identify potential causes of burnout among the nursing workforce, particularly as a result of COVID-19
- 2. Learn about challenges and successes from a nurse-led health center in Philadelphia
- 3. Describe strategies to mitigate burnout among nurses and other staff



## What is Burnout?

"....a reduction in nurses' energy that manifests in emotional exhaustion, lack of motivation, and feelings of frustration [that] may lead to reductions in work efficacy."

- Mudallal et al



## **Burnout in Nursing**





https://sites.google.com/site/nursingburnoutprevention/impact-of-stress-and-burnout

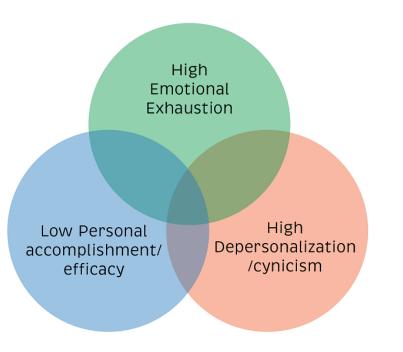
## Chat Prompt #1

## Have you noticed a difference in burnout between nursing staff and other health center staff?



## **Assessing for Burnout**

- Staff satisfaction surveys
- Analysis of turnover rates
- Exit interviews
- Evidence-based tools
  - Maslach Burnout Inventory
  - Well-Being Index







#### Have you done a formal assessment to measure burnout?

- Yes
- No
- Not sure



## Forthcoming ACU + NNCC Whitepaper

- Focuses on the experience of nurse practitioners
- Based on interviews with focus groups
  - 5 NP clinicians
  - 4 administrators (three of whom are NPs)
- Includes considerations and findings from peer-reviewed literature



## Findings: What Causes Burnout among NPs?

- Feeling overwhelmed and underprepared
- No ability to "turn off" at the end of the day
- Self-perceived skill level
- Lack of support

"Seeing a patient with high blood pressure in a regular primary care office might be a 10- or 15-minute visit; however, my patient is going to have high blood pressure and diabetes and congestive heart failure and their thyroid is going to be out of whack and they're on suboxone... but we are expected to produce at the same level as a peer working at a commercial entity, so that is draining."



## Chat Prompt #2

## Do these causes of burnout resonate with your health center? How does this compare with causes of burnout among RNs/other nursing staff?



## **Reducing Burnout among Novice NPs**

- Consider the feasibility of a paid nurse residency program
- Start new nurse practitioners with a smaller case load and gradually build up as they gain experience
- Provide a mentor to serve as a direct resource for support and guidance
- Build in structured time with senior clinicians overseeing their work for consultations



## **Reducing Burnout among Seasoned NPs**

- Clarify nurse practitioner and other care team roles and responsibilities when new staff members are onboarded
- Consider the level of clinical support needed to allow nurse practitioners to reduce administrative work and allow more time spent with patients
- Include nurse practitioners in organizational decisions that impact health care delivery
- Regularly share patient satisfaction and clinical outcomes metrics and recognize high performance



## **Reducing Burnout among Senior Nurse Leaders**

- Create smaller spans of control so that nurse leaders are not overwhelmed
- Set boundaries around expectations for when nurse leaders should be available off hours
- Initiate peer coverage so leaders can be off technology after work hours
- Help nurse leaders manage internal and external advisory committee responsibilities by implementing term limits
- Ensure that salaries are comparable to other leaders in the organization



## Nursing during the COVID-19 Pandemic

- The pandemic has exacerbated existing issues
- Specific issues since the onset of COVID-19 include unsupportive workplaces, fear of bringing the disease home, and overwhelming stress
- COVID-19 testing was first, now vaccine rollout







# What has been the biggest cause of burnout among your nursing staff during COVID-19?

- Additional work hours
- Stress/exhaustion
- Not enough emotional support
- Unclear roles/responsibilities
- Other (share in chat)



### **Notes from the Field**

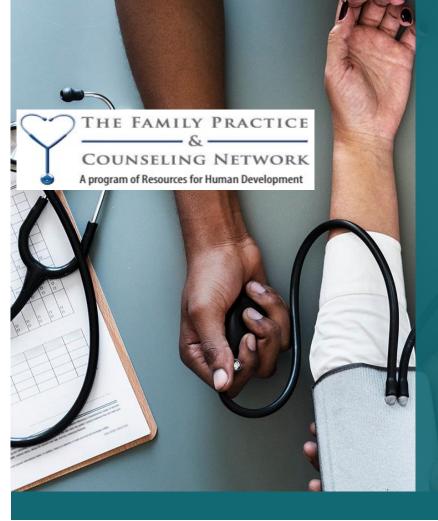


#### Dr. Mary Thornton-Bowmer DNP, MSN, CRNP, FNP-BC

Lead Nurse Practitioner/Primary Care Coordinator The Stephen & Sandra Sheller 11th Street Family Health Services of Drexel University Family Practice & Counseling Network



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**Drexe** UNIVERSITY

Nurse-Led Federally Qualified Health Center Overview

**Family Practice &** Counseling **Network in** partnership with **Stephen & Sandra** Sheller 11<sup>th</sup> Street **Family Health Services of Drexel** University

**Nurse Practitioner** -Donna Torrisi, MSN, CRNP Public Health Nurse-Dr. Patricia Gerrity, RN, PhD, FAAN 2 Nurses with the same vision Ensure the unrecognized, undervalued population in the city of Philadelphia living in public housing are treated equitable with dignity & respect and have access to quality healthcare. Quality Healthcare is a right, not a privilege!

COUNSELING NETWORK

## **Patient Population**



 Network provides services for more than 22,000 patients annually and is a certified patientcentered medical home



 11th Street target populationresidents of four public housing developments in the 11th Street corridor

THE FAMILY PRACTICE



FT NP, Primary Care Providers-6 FT RNs-2 Certified Medical Assistants-7 FT Psych NP-1 Pediatric BHC-1 Adult BHC-1 Addictions Counselor-1



**m** 

Practice Manager-1 Patient Service Representatives-3 Nutritionist, Social Worker, Community Health Worker, Medical Records Clerk, Care Coordinator, Americorp, Drexel Co-op Nursing Student, Attorney (2 days/week)

## Providers / Staff

THE FAMILY PRACTICE

#### Challenges During COVID-19 Pandemic



#### SELF-CARE

Less time, less opportunity, less focus



#### TEAM COHESION

Working remote, alternating shifts, lack of team building and social gatherings

#### I FEEL LIKE I'M ALREADY TIRED TOMORROW



COMPASSION FATIGUE

No end in sight, essential workers, change in access to support staff for immediate assistance



FRUSTATION

Staff, patients, virtual visits



MORALE

Low morale, mood changes

THE FAMILY PRACTICE

- Well-orchestrated process-organized, same page, processes in place
- > Trust in leadership
- > Supportive staff/co-workers
- Bringing in support: Hire additional staff/bringing staff in from other sites
- > Recognition
- Acknowledge staff accomplishments big or small, Sharing performance results/celebrating success, compensation
- Kind words
- Allow staff to be a part of decision making-daily or weekly team huddles
- > Flexibility to work from home
- Self care

## Recommendations for Solutions





## ThankYou

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https://www.fpcn.com/ %

## Key Takeaways

- Enhance crisis communication
  - Listen reflectively
  - Be open and honest
- Achieve a clear vision and values
  - Encourage staff participation in decision making
  - Help nurses see the bigger picture
- Support the team emotionally
  - Acknowledge shared distress
  - Affirm suffering
  - Help the team cope





# **Final Questions**





## Thank You!

# Thank you!

Learn about more FREE continuing education opportunties by subscribing to our email newsletter.

#### NurseLedCare.org



Emily Kane Program Manager <u>ekane@phmc.org</u>

## Join us for the last session of the series!

#### April 21, 2021, 12 PM ET

Evolving Care Team Models in the Context of the Pandemic and Strategies to Assess Provider Satisfaction





inspiring primary care innovation