Resilience and Professional Quality of Life: Critical Attributes for Military Healthcare Providers

Colleen A Leners, DNP, FNP-BC, APRN
Navy Medical Center San Diego
Ramona Sowers, DNP, FNP-BC, APRN
Durham VA Medical Center
YouTUBE VIDEO

• MASH: Hawkeye talking to Sidney
• http://youtu.be/sYjy7uUn7fc
Outline

• Problem
• Purpose/ Framework
• Significance
• Definitions
• Methods/Instruments
• Results
• SO WHAT !!!
Department of Defense (DOD) healthcare spending has increased 167% since 2001, impacting the bottom line of defense spending.

Ten years of war and multiple deployments have increased the number of physical and mental injuries to American military personnel, including military healthcare professionals.

The cost of education and training for the thousands of military healthcare providers needed to meet the demands of the increasing patient population is not readily available (Government Accountability Office, 2009).
The purpose of this study is to describe the relationship between resilience and professional quality of life among military health care providers.
PTSD-related suicides claimed 1,734 more military personnel in ONE YEAR than the Afghanistan and Iraq wars have in 12 years.
Theoretical Framework

- Polk evaluated resilience as a middle range theory for nursing.
- Viewed resilience as the ability to transform disaster into a growth experience and to move forward.
- Pattern recognition of resilience would allow nursing leaders to recognize the value of assessing and strengthening natural resilience.
- Utilize these recurring patterns; Dispositional, Relational, Situational, and Philosophical to understand overall health.
Significance of the Study

• Cost of Training impacts the DoD in the current health care crisis.
• The early identification of factors that contribute to resilience and health professionals’ quality of life will impact the future of DoD education programs.
• This information will assist with recruitment and retention of trained professionals.
RQ1. What is the relationship between resilience and professional quality of life among military health-care providers?

Additional analyses of resilience and professional quality of life will be examined between health care providers who have been deployed versus non-deployed.
Resilience


Professional Quality of Life

Strengths, Limitations and Gaps in the Literature

- Researchers have examined the effects of resilience and professional Quality of Life in different populations including military providers.

- The limitation in the literature is that the relationship between resilience and professional quality of life has not been examined.

- This study examined the relationship between resilience and professional quality of life.
Definitions of Resilience

- Theoretical: “taxonomy of responses based on dispositional, relational, situational and philosophical patterns across the lifespan” Polk (1997)
- Operational: The total score on the resilience scale completed by the participants. (Wagnild resilience scale)
Definitions of Professional Quality of Life

• Theoretical: (Figley and Stamm 1995, 2002)
  – Compassion satisfaction (the pleasure you derive from doing your work well).
  – Burnout (Hopelessness, difficulties of doing your work or doing your job effectively).
  – Compassion fatigue (your work related stressors and secondary exposure to extremely stressful events).

• Operational:
  This will the total score on the Professional Quality of Life sub scales for the health professionals participating in the study
Methods

- **Design:** quantitative, descriptive, correlational study
- **Data Collection:** Surveys online
- **Setting:** Conducted at the 2011 convention of the American Military Surgeons of the United States (AMSUS) in San Antonio Texas.
- **Sample:** Convenience sample of approximately 2500-3500 Military Providers attend AMSUS every year
  - (Physician, Advanced Practice Nurse, and BSN)
Methods

• Inclusion Criteria: minimum education of a Bachelors degree in health care related field. Must be an active duty or reserve officer of the armed forces.

• Exclusion Criteria: all enlisted personnel even with a Bachelors degree in health related field.
Instruments

- Demographic Data Sheet: Age, Gender, ethnicity, years of experience: as officer and health care provider, if deployed, where, Branch of service, expect to retire, Any resilience training in the past and was it helpful?

- Resilience Scale (Wagnild and Young 1993)
  - 25 scale items 7 point likert scale Cronbach’s alpha 0.91
    - Self reliance
    - Meaning
    - Equanimity
    - Perseverance
    - Existential Aloneness

- Professional Quality of Life (Figley and Stamm 1995) revised (Stamm 2002)
  - 30 items 5 question likert scale
    - Compassion satisfaction Cronbach Alpha 0.87
    - Burnout Cronbach Alpha 0.72
    - Compassion Fatigue/ secondary trauma Cronbach Alpha 0.80
# Demographics

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
<th>Age range</th>
<th>Percentage</th>
<th>Marital Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>73.2</td>
<td>23-39</td>
<td>29.1</td>
<td>Married</td>
<td>74.4</td>
</tr>
<tr>
<td>Asian</td>
<td>11.9</td>
<td>40-55</td>
<td>57.1</td>
<td>Divorced</td>
<td>11.9</td>
</tr>
<tr>
<td>Hispanic</td>
<td>6.0</td>
<td>55-66</td>
<td>13.6</td>
<td>Never married</td>
<td>11.3</td>
</tr>
<tr>
<td>Black</td>
<td>3.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>1.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiple races</td>
<td>2.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian</td>
<td>1.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Demographics

<table>
<thead>
<tr>
<th>Rank</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>06 Colonel, Captain</td>
<td>19</td>
<td>11.9</td>
</tr>
<tr>
<td>05 Commander, Lt. Colonel,</td>
<td>56</td>
<td>33.3</td>
</tr>
<tr>
<td>03 Lieutenant, Captain</td>
<td>36</td>
<td>21.4</td>
</tr>
<tr>
<td>02 Lieutenant Junior Grade,</td>
<td>8</td>
<td>4.8</td>
</tr>
<tr>
<td>2nd Lieutenant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01 Ensign, 1st Lieutenant</td>
<td>4</td>
<td>2.4</td>
</tr>
<tr>
<td>Variable</td>
<td>Mean</td>
<td>M</td>
</tr>
<tr>
<td>-------------------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>Resilience</td>
<td>147.93</td>
<td>150.00</td>
</tr>
<tr>
<td>Compassion</td>
<td>41.80</td>
<td>80.00</td>
</tr>
<tr>
<td>Burnout</td>
<td>20.44</td>
<td>20.00</td>
</tr>
<tr>
<td>Secondary Trauma</td>
<td>19.18</td>
<td>18.00</td>
</tr>
</tbody>
</table>
The analysis revealed a correlation coefficient for resilience and burnout of $r = -.37, p = .03$; resilience and secondary trauma or CF, $r = -.03, p = .00$; resilience and compassion satisfaction $r = .45, p = .00$.)
The study showed significance of all variables for deployed providers to Iraq versus those who have not deployed. Resilience $F = 2.73$ $p = .05$, Compassion Satisfaction $F = 4.95$ $p = .01$, Burnout $F = 9.25$ $p = .01$, Secondary Trauma $F = 9.19$ $p = .00$
The correlation between resilience and professional quality of life was significant in all three subgroups, with compassion satisfaction $p=.00$, burnout $p=.03$, and secondary trauma $p=.00$. The additional analysis showed a significant difference in providers deployed to Iraq versus non deployed providers.
SO WHAT !!!!

• HOW DOES THIS EFFECT ME?

• MY PRACTICE?

• WHAT CAN I TAKE HOME FROM THIS STUDY?
Some 2 million American workers are victims of workplace violence each year.

This group includes health-care and social service workers such as visiting nurses, psychiatric evaluators, and probation officers; community workers.
Providers at Risk

- Nurses are three times more likely to experience violence than any other group of professionals, and among health care providers, they suffer the highest rate of physical assault.
- 73% experience occasional violence.
- 80% report witnessing a nursing colleague being victimized from multiple sources.
- Acts of aggression, harassment, and intimidation are experienced by 75% of nurses.
- 80% of nurses experience bullying during their working careers.

(Hutchinson, Wilkes, Jackson, & Vickers, 2010; ENA, 2008; Hader, 2008; Keely, 2002).
RECRUITMENT AND RETENTION OF STAFF

• Frustration, disillusionment, and burnout continue to cause seasoned, valuable nurses to abandon a career, with 14% of nurses reporting horizontal violence as a major factor in their decision to leave the profession

(Roche et al., 2010; Bigony et al., 2009; Stanley, Martin, Michel, Welton, & Nemeth, 2007).
Medical clinic workers struggle with burnout

- Doctors, nurse practitioners and physician assistants at community clinics work long hours, treating multitudes of patients who often have more than one chronic illness.

February 03, 2013 | By Anna Gorman, Los Angeles Times
Compassion Fatigue

• Stress, a widely accepted aspect of the medical profession, it has grave consequences not only for the health care worker, but also for the health care consumer.

• Professionals who are stressed and suffering from job dissatisfaction may have
  – difficulty concentrating
  – experience sleep disturbances
  – physical illnesses, are prone to poor job performance.

• Poor performance by providers can result in life-threatening medical errors.
Financial Impact

- The associated financial implications are staggering when one considers turnover costs as high as $145,000 per nurse, depending on the location and specialty area (Bigony et al., 2009).
- Staff who are exposed to stressful environments take an additional 20 sick days off per year.
- Health care expenses average 50% greater for staff who work in psychologically unhealthy, stressful environments (NIOSH, 1999).
OK—now let's add in an aging population... and expanded insurance coverage...
Barriers to Seeking Care

• Confidentially
• Perceived Weakness
• Time/Money
• Credentialing Issues
Stress Management Education

- Improved immunologic functioning,
- Decreases in depression and anxiety,
- Increased spirituality and empathy,
- Enhanced knowledge of alternative therapies for future referrals.
- Improved knowledge of the effects of stress.
- Greater use of positive coping skills, and the ability to resolve role conflicts.

Resilience Matters

- Resilience is very important to a person's mental and physical health. Resilience protects against (and reverses) depression, anxiety, fear, helplessness.
- It has the potential to reduce the associated physiological effects.
- Being more resilient improves Quality of Life.
Attributes of Resilience

- Resilience is the ability to successfully cope with change or misfortune.
- Resilient individuals regain their balance and keep going, despite adversity and misfortune.
- They find meaning amidst confusion and tumult.
- Resilient persons are self-confident and understand their own strengths and abilities.
- They do not feel a pressure to conform but take pleasure in being unique and will ‘go it alone’ if necessary.
- Resilient individuals have confidence in their ability to persevere because they have done so before anticipate rather than fear change.
Build Resilience

• **Get Connected** - strong positive relationships
• **Make everyday meaningful** - goal setting for a sense of accomplishment
• **Remain Hopeful** - anticipate and accept change
• **Take care of yourself** - both physically and emotionally
• **Be Proactive** - make a plan and take action
• **Say No**
Future research / Screening tools

- The study can be replicated in any healthcare setting where providers are at risk.
- These instruments can be used in any area where high levels of stress and emotional fatigue are prominent such as the ER, OR, ICU, oncology.....etc
- Useful as a screening tool for early recognition of burnout, secondary trauma, low resilience and compassion satisfaction.
“I swear to God, I think they were trying to kill me.”
Questions?
Colleen.Leners@gmail.com

– References available upon request