

A Qualitative Study on Resilience in Healthcare Teams

and its Impact on Patient Safety During the COVID-19 Pandemic in the United States

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No Conflicts of Interest

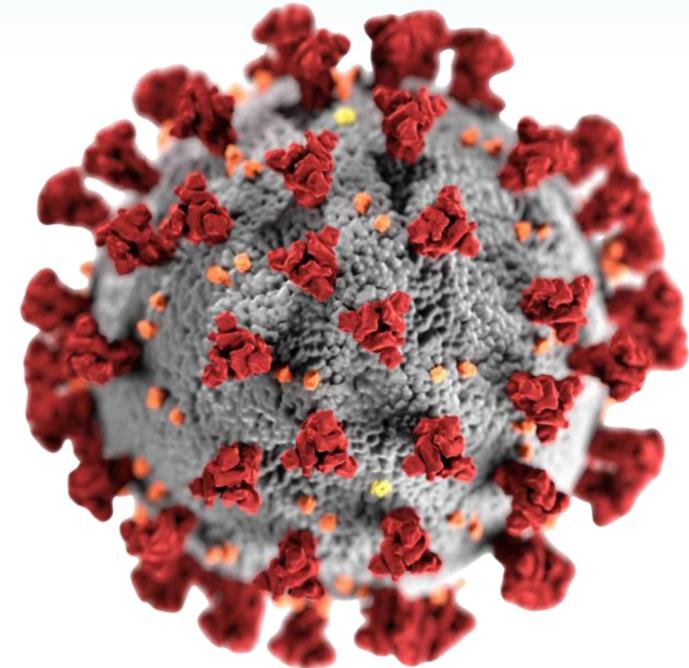


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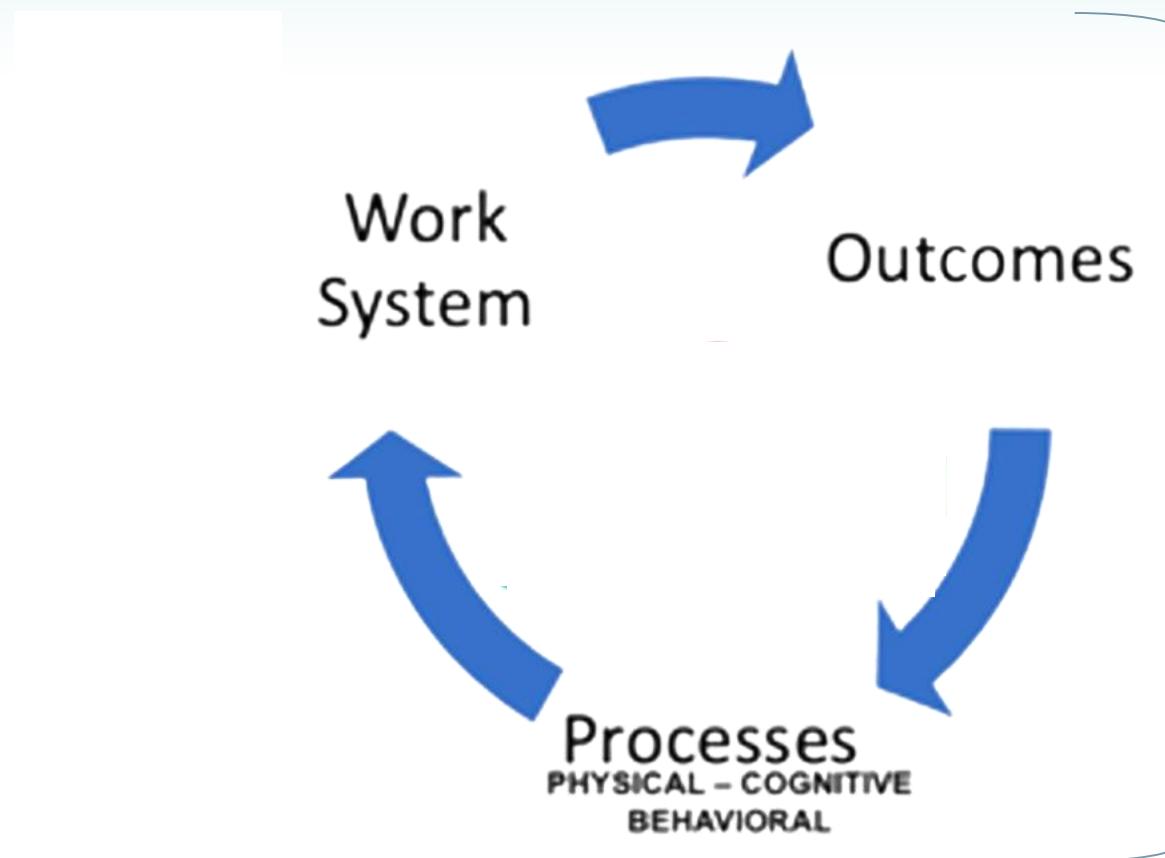


Background

- Unprecedented events
- Pre-existing provider burnout
- Pre-Covid Patient safety concerns



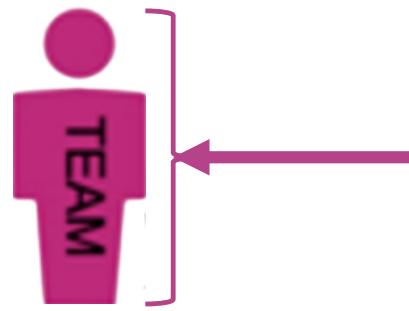
Origin of the Adapted Model



Systems Engineering Initiative for Patient Safety Version 1.0^{10,11}

- Interactions
- Safety Performance

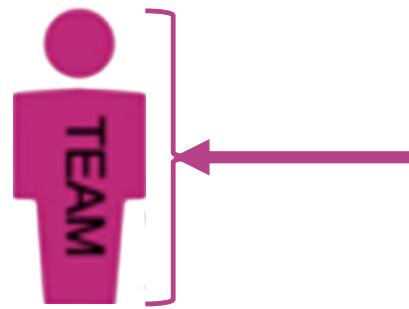
Origin of The Adapted Model



Advanced Team Decision Making Model ⁹

- Team Identity
- Team Cognition
- Team Competencies
- Team Metacognition

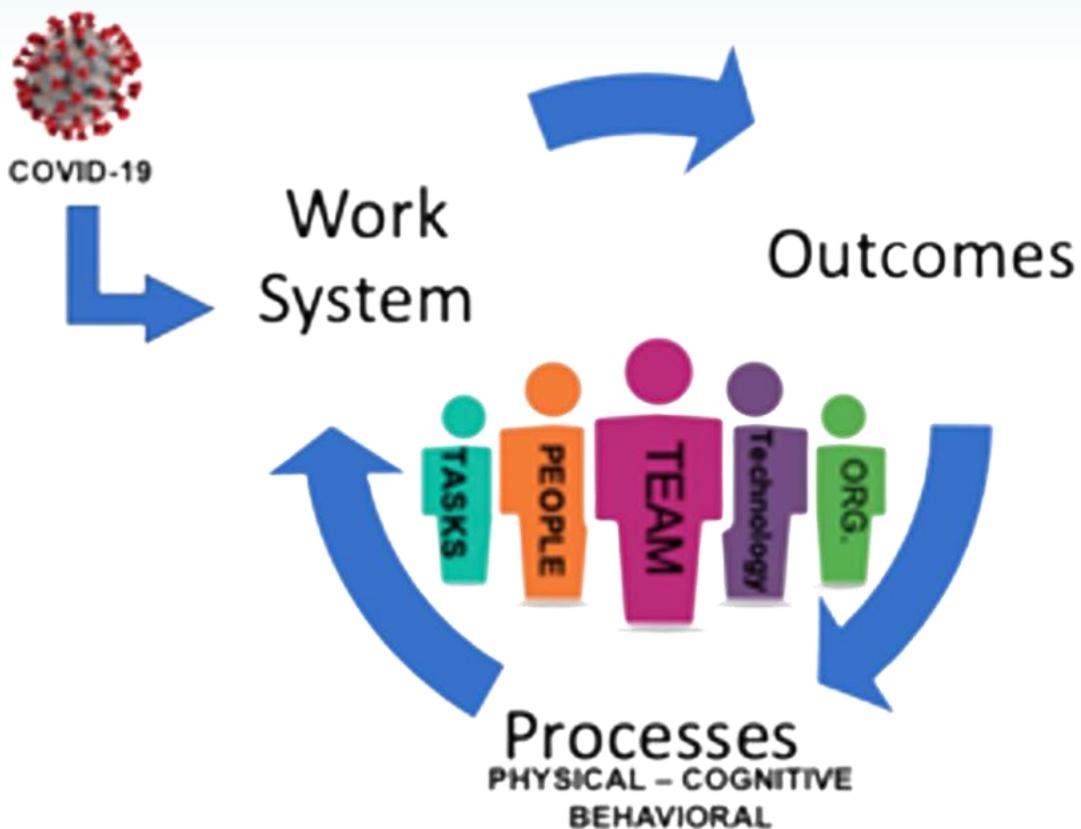
Origin of The Adapted Model



SINGULAR COGNIZANT ENTITY



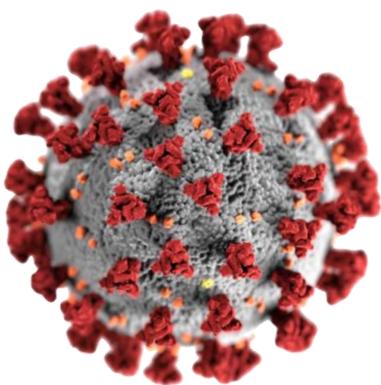
Healthcare Team Resilience Model



Methodology

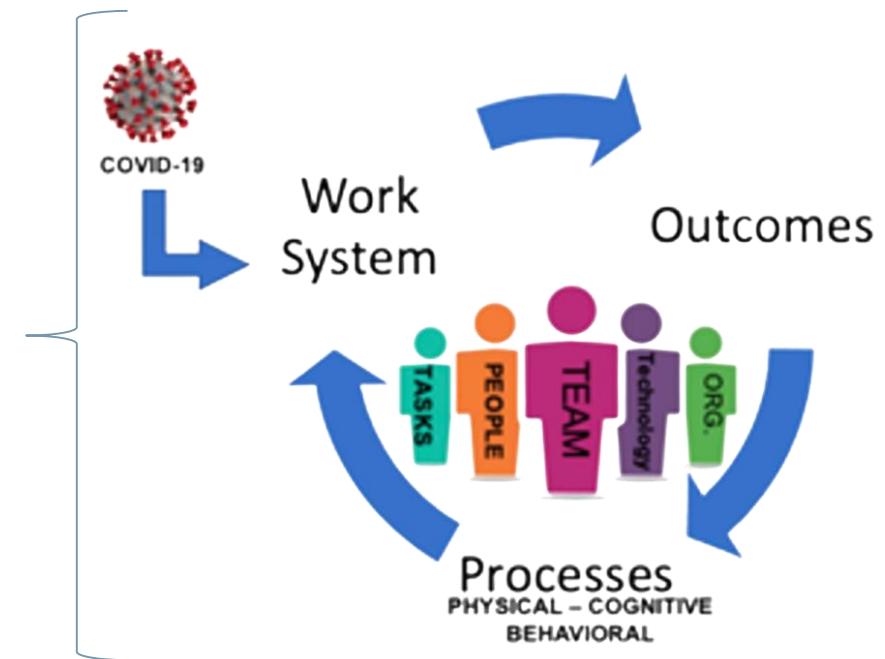
- Qualitative Descriptive
- Purposive Sampling
- Semi-structured Interviews

Environmental service staff
Nurses
Nurse anesthesiologists
Patient technologists
Physicians (Anesthesiologists, Surgeons)
Proceduralists
Senior Leadership
Support personnel



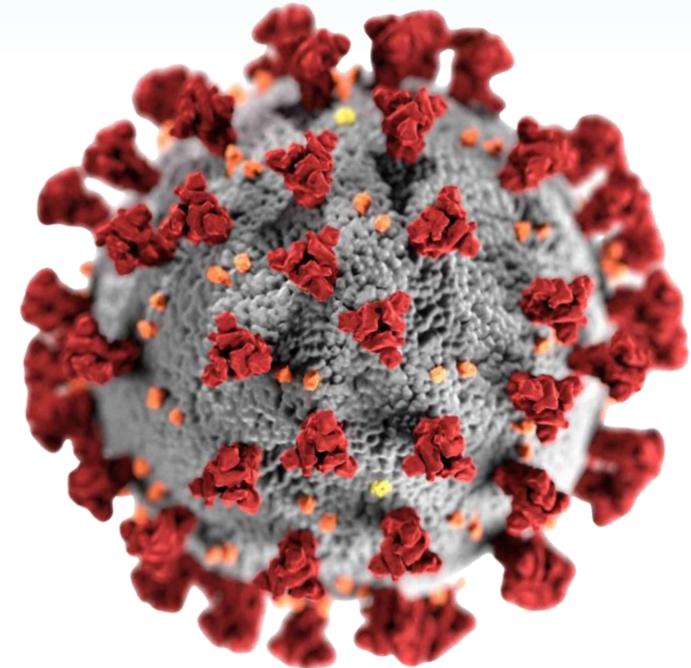
Methodology

- Qualitative Descriptive
- Purposive Sampling
- Semi-structured Interviews



Methodology

- Video recorded and transcribed
- Reflexive journal & audit trail
- Research Mentor



Data Analysis



Quantitative Results

Participant Demographics

| | |
|-----------------------------|--|
| Informant's Age | M 46.9 SD (14.1) |
| Years of Experience in Role | M 11.5 SD (9.8) |
| Professional Role | N=22 Registered Nurses 10 Nurse Anesthesiologists 4 Physicians (Emergency Room, Anesthesiologist) 3 Administrative assistant 1 Senior Leadership (CEO, Director, Manager) 4 |



Qualitative Results Specific to Patient Safety

Themes

Challenges from Safety Initiatives

Working in A Pressure Cooker

Prior Experience Matters

Communication



Challenges from Safety Initiatives

EXEMPLARS

"We didn't have enough protective gear." (CEO)

"They all stood on the outside and looked through an intercom and we stood in our little bubble behind glass like animals at the zoo." (RN)

"We were always unprotected...going like literally in the front lines to do things...and then also the concern about, well, are we going to continue to be paid like so the threat of job security and then also just mental well-being...I mean, it was a stressful time." (Nurse Anesthesiologist)

The [physical] exam step got less thorough, I would say, because those disposable stethoscopes are terrible, And then, I feel like **we were a lot less likely to reassess patients** because it meant, donning and doffing and donning and doffing every time we went in." (Physician)



Working in A Pressure Cooker

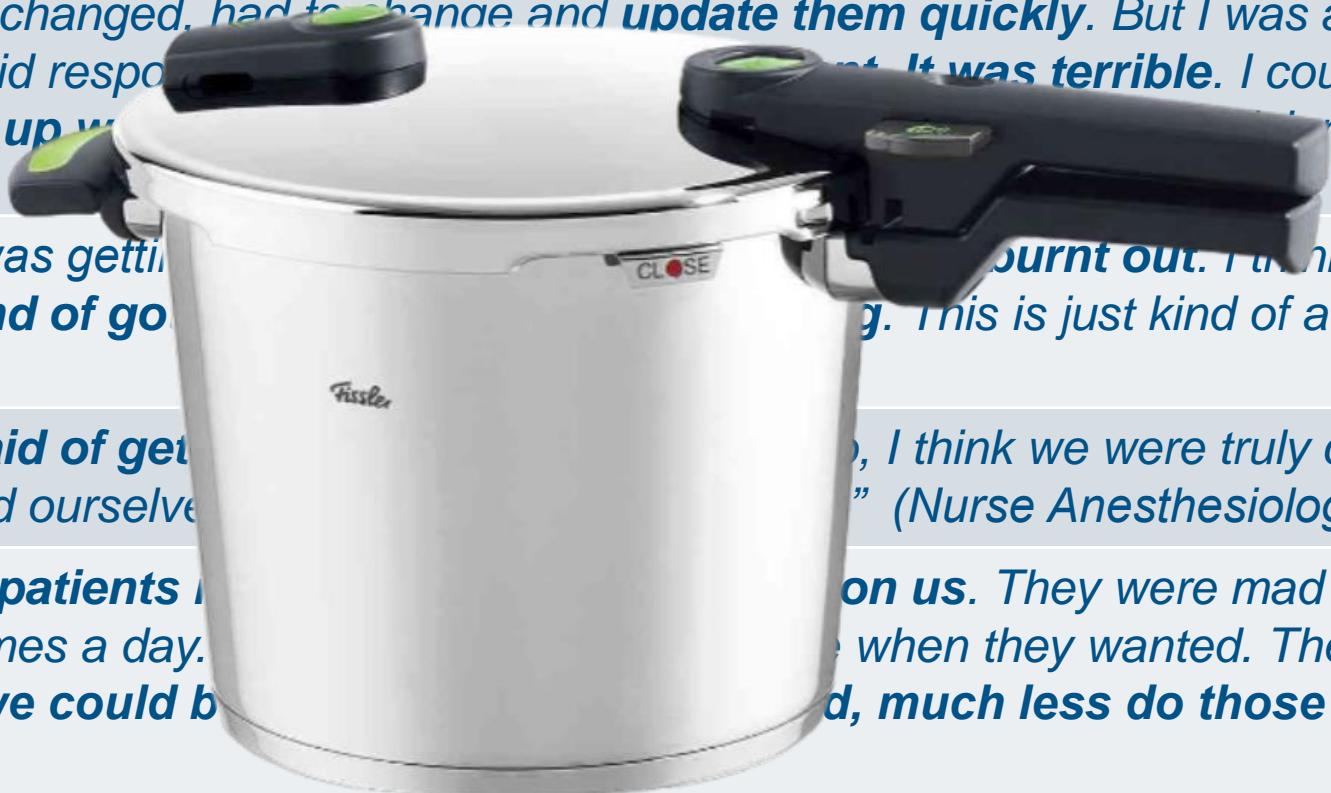
EXEMPLARS

Whenever things changed, had to change and update them quickly. But I was also in charge of our covid response. It was just a lot. It was terrible. I couldn't sleep at night. I'd wake up with a start. (RN)

"Everybody just was getting burnt out. I think that, you know, we just kind of got used to it. This is just kind of a normal thing." (RN)

"We were all afraid of getting sick. We were afraid for each other and ourselves."

"Sometimes the patients I worked with would call us and talk to them 15 times a day. They didn't understand that we could be busy. We just had to listen to them. I mean, they just wanted to talk to us. They just wanted to be heard when they wanted. They didn't understand that we had to do other things, much less do those things."



Working in A Pressure Cooker

EXEMPLARS

Whenever things changed, had to change and update them quickly. But I was also in charge of our covid response. So, I mean, it was constant. It was terrible. I couldn't sleep at night. I'd wake up worried that I had forgotten to change a protocol (Physician)

"Everybody just was getting really tired. I think everybody was burnt out. I think that, you know, we just kind of got used to all these people dying. This is just kind of a normal thing." (RN)

"We were all afraid of getting sick and dying. I really do, I think we were truly concerned for each other and ourselves...you're afraid for your life." (Nurse Anesthesiologist)

"Sometimes the patients in the family were very hard on us. They were mad we couldn't talk to them 15 times a day...we couldn't always face time when they wanted. They didn't understand that we could barely get their [the patient's] meds passed, much less do those things." (RN)



Prior Experience Matters

EXEMPLARS

*"I think they just didn't really know what to do with us. So **they'd float us**. I'd float to the ICU ,med surg and a cardiac floor, and we just acted as resource nurses, not really anything too crazy...besides the just kind of **the uncomfortableness**, because I've never been a floor nurse before." (RN)*

*"I walked into the room, and **she [the deployed nurse] had a pressure bag hooked up to CRRT trying to force blood through a Clotted filter.**" (RN)*

*"The donning and doffing protocols, people **some people would follow**...and then other times, I'd get called to a unit and I'd say, 'where's your checklist?' And they're like, 'Oh, we do this all day. **we don't need a checklist.**' And that kind of like **made me feel uncomfortable.**" (Physician)*



Communication

EXEMPLARS

*“As far as protocols that we had to follow on the floor, honestly, **we were just sent out without any real information** as to how we should handle things.” (RN)*

*“That [crisis] coupled with a lack of people, plus a lack of leadership, availability, plus a lack of communication, like all of that combined, I feel like just **allowed for holes and gaps to happen.**” (Nurse Anesthesiologist)*

*“She [the patient] was bleeding and by that time [I was aware and contacted the physician] It [hematoma] was the size of a grapefruit. Long story short, she was thirty-three years old. **She was mother of four. She died....** That attending said in the M&M [morbidity and mortality report] that I did not give enough emphasis via my pages and conversations for him to feel like he needed to come to the bedside.” (RN)*





Implications & Recommendations

Discussion of Implications

Team Composition

Communication of Information & feedback loops

Alignment of available resources human, infrastructural



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CONCEPT ANALYSIS

NURSING AN INDEPENDENT VOICE FOR NURSING
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A systematic concept analysis of healthcare team resilience in times of pandemic disasters

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THANK YOU - TACK - BEDANKT



Protocol

A Qualitative Protocol to Examine Resilience Culture in Healthcare Teams during COVID-19

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