

Once Again, Vanderbilt NICU in Nashville Leads the Way in Nurses' Emotional Support

Angel Ewing
Brian S. Carter

The year was 1994. A nurse named Andrew Todd in the Vanderbilt University Medical Center NICU was looking for information on why he felt so overwhelmed while caring for dying babies. He found nothing. At that time, nurses in the NICU did not really talk about using, removing, or withholding life support to each other. Todd, without formal research training, decided to study his peers and ask them to talk about their fears, their heartaches, and their despair when caring for babies who were dying. With support from Vanderbilt ethicist Richard Zaner, PhD, Todd wrote a groundbreaking book called *Journey of the Heart: Stories of grief as told by nurses in the NICU*. Published in 1995 by the Vanderbilt University Press, this text, no longer in print, was the first to openly display the feelings of nurses caring for children for whom technological support might be futile. Todd paved the way for others to question the goals, successes, and failures of neonatal medicine. It is uncertain whether any formal change took place for the nurses at Vanderbilt after Todd's book. It seems he was a man before his time.

Fast forward to 2004. Nurse Angel Ewing, Case Manager for the same Vanderbilt NICU, sees the need to support nurses who may be experiencing moral distress. And Vanderbilt is now home of Dr. Brian Carter, neonatologist and ethicist known for his work in perinatal ethics and palliative care. Together Ewing and Carter, neither of whom have ever met Andrew Todd, created an ongoing program to provide ethical and emotional support to those working in the NICU. Ewing and Carter describe their program here.

Partners in Caring: A Collaborative Staff Support Program

In the high-energy environment of the neonatal intensive care unit (NICU), repeated loss, varying levels of competencies, and challenges to nurses' personal values, faith, and experiences all contribute to increased risks for stress, anxiety, apathy, and burnout. As health care institutions nationwide struggle with recruitment and retention issues, attention is being given to the impact of the caregiving environment on its workforce. Wellness programs encompassing staff support are becoming essential components of

health care organizations (*Wall Street Journal*, 2003). A recent study relates how compassion fatigue occurs in nurses working with children having chronic conditions (Maytum, Heiman, & Garwick, 2004). *Partners in Caring* is a collaborative staff support program developed in the NICU at Vanderbilt Children's Hospital as a means to mitigate potentially negative outcomes of workplace stress to staff, patients and families.

In an informal survey, NICU staff members identified sources of workplace stress, their preferred methods for dealing with stress, and suggestions for employer-based assistance. Based on these responses, and in recognition of techniques described as appreciative inquiry (Hammond, 1998), the *Partners in Caring* program defined two primary focus areas: staff support and motivational activities. Motivational activities included events often used to enhance self-esteem and team [unit] cohesion (see Sidebar). The goal of this part of the program is self-evident: to allow for celebration in the midst of a potentially distressing environment.

The second goal was to give support to staff members by providing education and resources to help them examine some of the emotionally demanding experiences encountered in an intensive care unit. A series of facilitated discussion groups, led by professionals with expertise on the chosen topic, was constructed. Sessions were held on the unit to provide accessibility, and session times were varied to allow for differing work schedules. Staff nurses, leadership, case managers, clinical nurse specialists, other staff members, and physicians attended these sessions. Development and coordination of the program, speaker's fees, and supplies were all donated.

One of the "major stressors" identified by staff was dealing with grief, loss, and bereavement. The experience of grief in the NICU can be complex. Glaser and Strauss (1964) describe a concept of distinct categories of loss: work loss, which is anticipated, and consequently more easily adjusted to as part of his or her job, and personal loss, which arises from the formation of a personal attachment. This attachment, recognized or not, comes when the caregiver develops an awareness of the infant or family on a personal level, or when the infant has an extended hospitalization – allowing for the nurse to also come to "know" the infant more intimately. The potential for experiencing a patient's death more intensely as a personal loss is great, but because it still results from the work routine it may not be fully acknowledged, and may remain unresolved (Albert, 2001). Kenneth Doka (1989) defines the result of this unacknowledged, personal, work-place loss as *disenfranchised grief*: "grief that is experienced when a loss is not openly acknowledged, socially sanctioned, or publicly shared."

Recognizing that many times loss in the NICU is not talked about, or shared, and that unresolved grief can have deleterious affects, the first series chosen for the *Partners in Caring* program was entitled "Grief and Loss in the Workplace." This session was not only to provide a forum for discussion of experiences of loss, but also to provide

Angel Ewing, RN, MSN, is Case Manager, Department of Case Management, Vanderbilt Children's Hospital, Nashville, TN.

Brian S. Carter, MD, FAAP, is Neonatologist, Department of Pediatrics, Division of Neonatology Vanderbilt University Medical Center, Nashville, TN.

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Partners in Caring NICU Nursing Staff Motivational Activities

Peer bonding and recognition

Secret Pals

- peer bonding
- friendship & similar interests

Sunshine Awards

- peers nominate recipients for performance awards
- going above and beyond

Monthly celebrations of birthdays & anniversaries

Food and decorations provided by the NICU nurse manager

Staff nurses coordinate activities and nominate peers for awards

clarification and guidance regarding the awareness and resolution of the grief accompanying these losses. The first session in the series was "Disenfranchised Grief". This session was led by a PhD candidate who had a great deal of familiarity with Kenneth Doka's writings. She helped to clarify the concept of disenfranchised grief and initiated attendees' discussions of their grief experiences in the NICU.

One nurse relates her story following a "routine" loss - going home after work and noting that she "felt very little, just tired". She recalls, "When the alarm rang for me to get ready for my next shift, I felt as though I had been beaten with a stick from head to toe. My body was stiff, my muscles were sore, and I was physically exhausted. I called in 'sick,' went in to make dinner, and sat down on the floor and sobbed. I couldn't stop. I cried for several minutes, seemingly without any control over it, and then marveled at what had just happened. I realized that it wasn't about this one sweet baby girl. It was all of those children I'd laid my hands on and lost, and put my feelings away before I could feel them."

Experiences in the NICU can become threatening to the caregiver on a number of levels. Often, a sense of meaninglessness, and the awareness of seeming injustice and inequity, can become a spiritual burden to the caregiver. Cynda Rushton (2004) describes this as a threat to an individual's "spiritual integrity," which can ultimately lead to a crisis of faith. Session 2, "A Spiritual Perspective on Loss" was designed to address this threat and was facilitated by the children's hospital chaplain. The discussion involved a theological perspective on suffering and loss, personal experiences and the meaning assigned to them by attendees. A litany was read and prayer shared by all who attended.

Stress and anger management theories and techniques were addressed in Session 3, "How to Help Yourself and Others - Tools for Coping." This session was facilitated by a clinical psychologist. It was designed to give practical advice and coping strategies to encourage staff to acknowledge their responsibility in managing their stress, and give them tools with which to do so. The principal approach shared was that of cognitive theory.

The care of critically ill infants requires the integration of the values, beliefs and practices of the various professionals involved in the infant's care, with the family's, and extended family members', beliefs, values, and dreams for their child. Often, this may result in conflict, miscommunication, or a mismatch of care giving goals: one person's notion of "best interests" versus another's. This struggle presents itself as an ethical dilemma and its effect, if not addressed, can polarize caregivers, and family, obstructing the provision of ethical, or "good" care. While there is often the feeling that

something is wrong, staff members may be conflicted about how to identify the exact problem and what to do about it. A neonatologist, trained in ethics, facilitated discussions involving ethical issues in the NICU in Session 4, "Ethics for Breakfast." This session was presented over a series of 3 days and explored the recognition of an ethical dilemma, communication, and decision-making surrounding the care of a sick child, and team responsibilities and opportunities for addressing ethical dilemmas.

Session 5, facilitated by a nursing professor, was called, "Things I Wish I'd Learned in Nursing School" and discussed issues of attachment and professionalism, recognizing that self-awareness is the first step in developing and maintaining a professional practice. It was acknowledged that it is often the same character trait that compels a person to service that may make them vulnerable to the stressors inherent in serving others. Recognizing limitations, defining boundaries, and dealing with personal challenges is an essential component of practice that often is not sufficiently addressed in academic programs. This session helped attendees explore the integration of these considerations into their real-world practice in the NICU

Future Goals

Future goals for the *Partners in Caring* program include the formation of Nurse Wellness Teams. These teams will consist of unit leadership, representatives from the Employee Assistance Program, and other staff members who will provide additional one-on-one support to team members that are involved with the care of complex patient situations. A quarterly Ethics Roundtable remains in place and the staff have requested that some sessions be repeated (e.g. Grief and Loss, and Identifying/Dealing with Stress, Compassion Fatigue and Burnout). Plans are also in progress for a new series of support groups focused on the topic of "Why We're Here," emphasizing the positive aspects of providing family-focused care.

This program remains a work in progress. Formal outcomes and evaluations are forthcoming, but preliminary feedback suggests that staff are finding the sessions to be helpful, interesting and of value. Two examples from staff feedback speak to this value, "...One of the biggest obstacles of nursing is not allowing ourselves to grieve and supporting one another as well as recognizing our dysfunctional methods of dealing with the feelings we keep burying," "I will be glad to help... to promote communication.... it is critical for our health and well being. It's odd... it's our job to take care of others and yet we have such a hard time taking care of ourselves."

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