Dedicated Staff Advocates Increase Staff Resiliency

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Disclosures

Statement of Disclosure: No conflicts of interest have been identified with anyone involved or presenting this learning activity

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Salem Hospital

- 644 Bed Magnet Designated Hospital
- Level II Trauma Center
- Busiest ED in OR (300 patients per day)
- Over 5,200 Employees
- Serves patients in Marion, Polk, Benton, Lincoln and Yamhill Counties

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Background

- Nearly half of all healthcare workers meet criteria for burnout. There is a direct relationship between the health of the work environment and patient outcomes.[1]
- **Evidence shows that 85% of staff have at least one of the three classic symptoms of burnout:**
  - Exhaustion
  - Depersonalization
  - Reduced personal accomplishment
- Burnout and problems with work-life balance are socially contagious, meaning healthy and unhealthy behaviors influence unit and organizational culture.[2]

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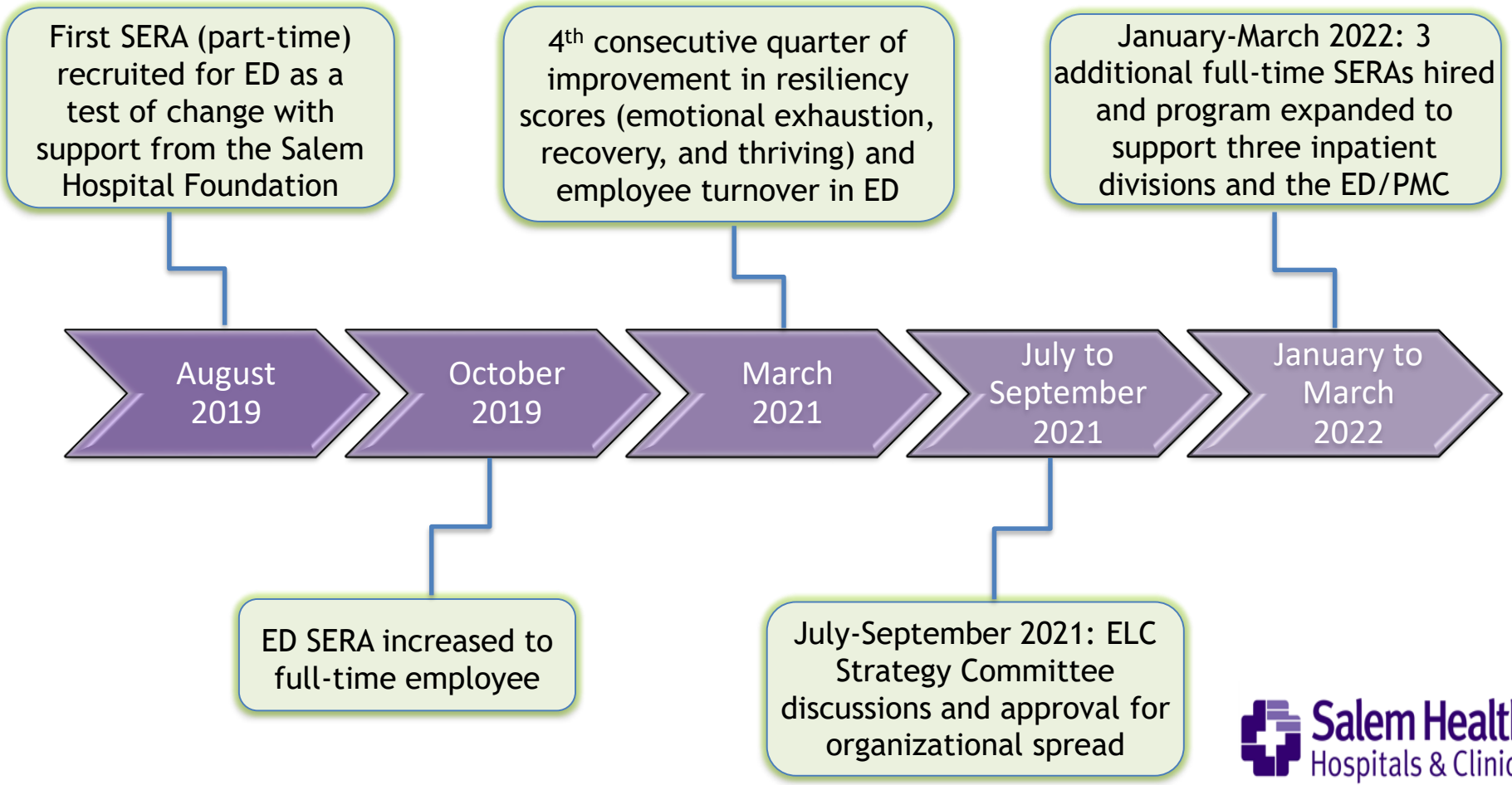

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Staff Engagement & Resiliency Advocate (SERA) Team

Primary role: serve as a resource, advocate and system of support for staff and providers

- Confidential
- Heavy rounding presence with personal contact and knowledge of workflows
- “Push” support system, not “pull”
- Offers wellness resources and training to staff
- Provides appropriate referrals to counseling and/or EAP services
- Partners with leadership to identify potential needs and opportunities for development

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Metrics Tracked

- Process Metrics:
  - Interaction types
  - Initiation Driver
- Outcome Metrics:
  - Tri-Survey
  - Nurse Turnover

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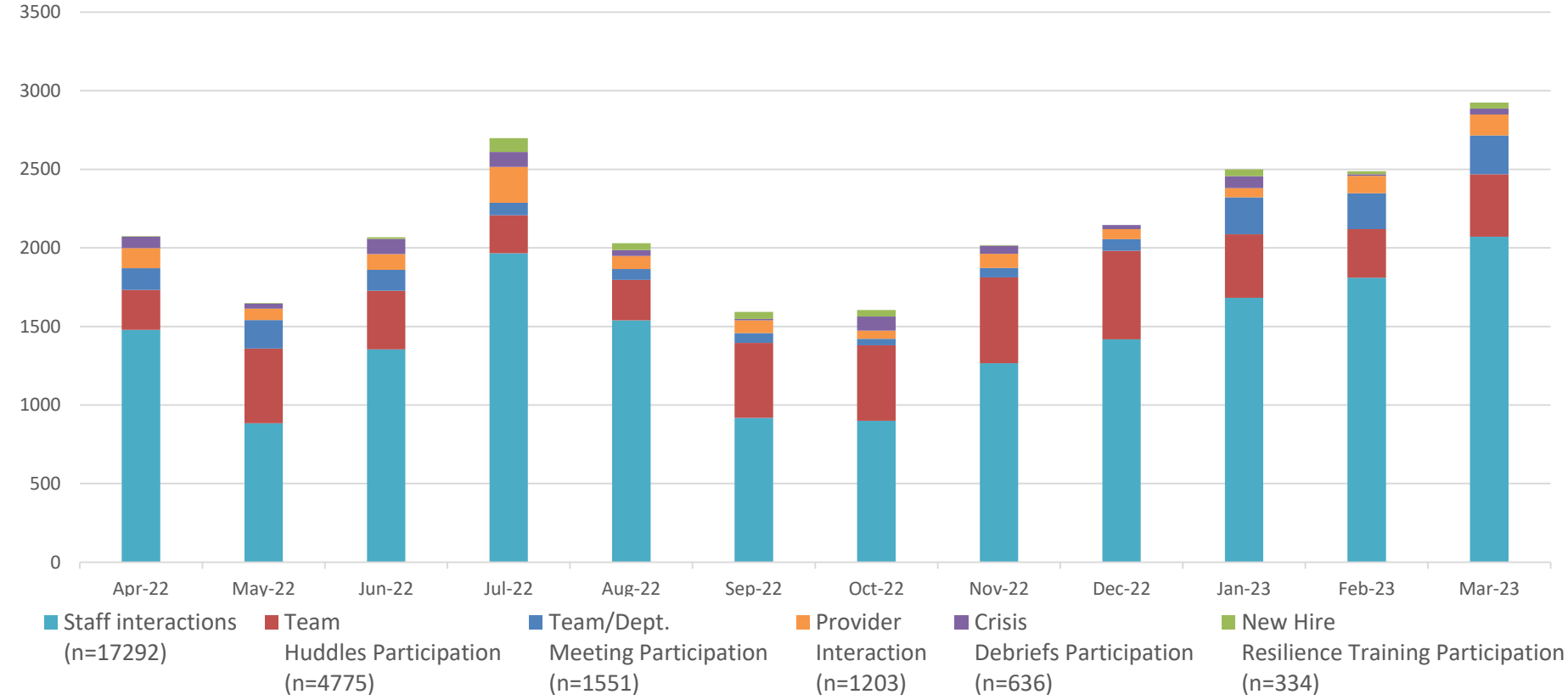
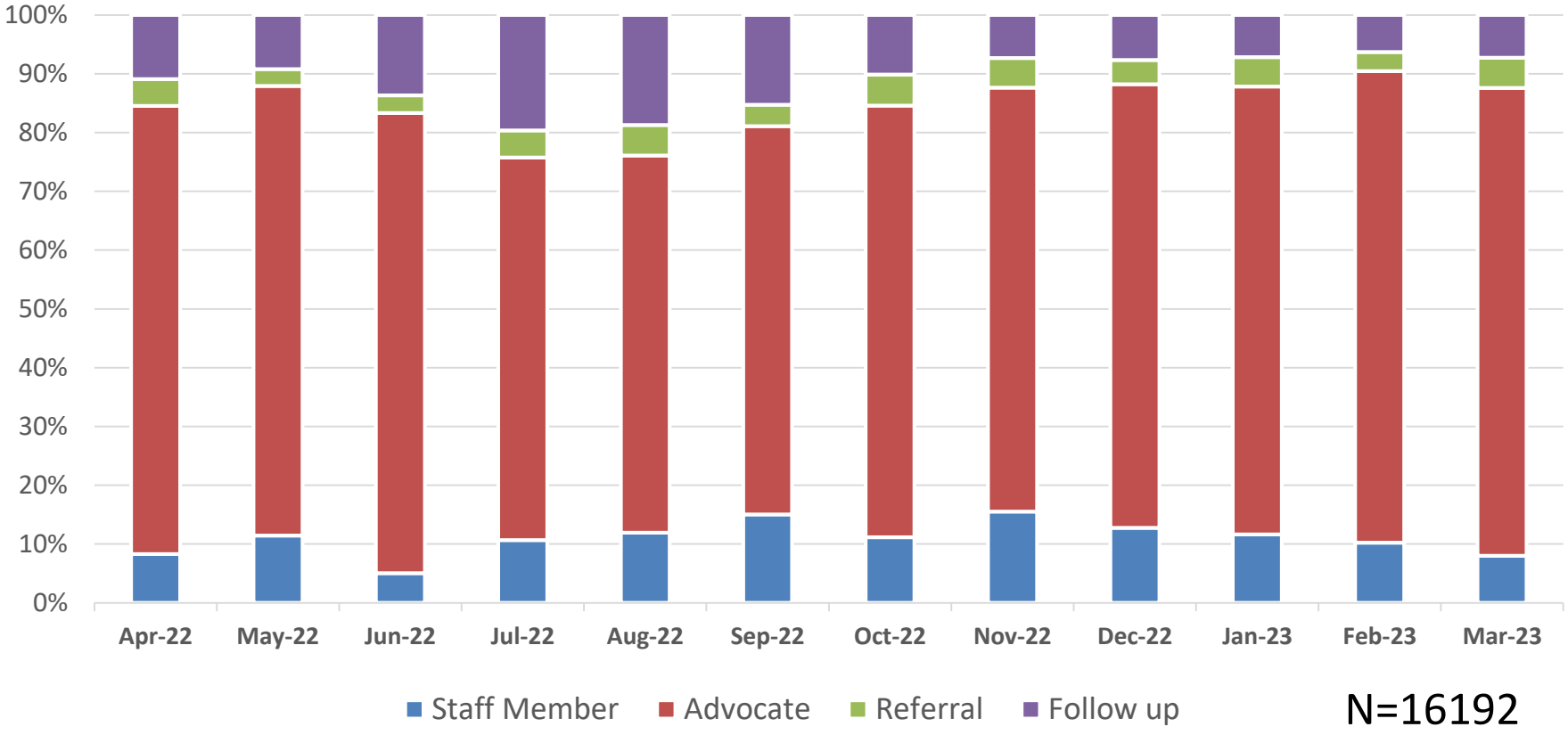
Process Metric: Interaction Type



Process Metric: Initiation Driver



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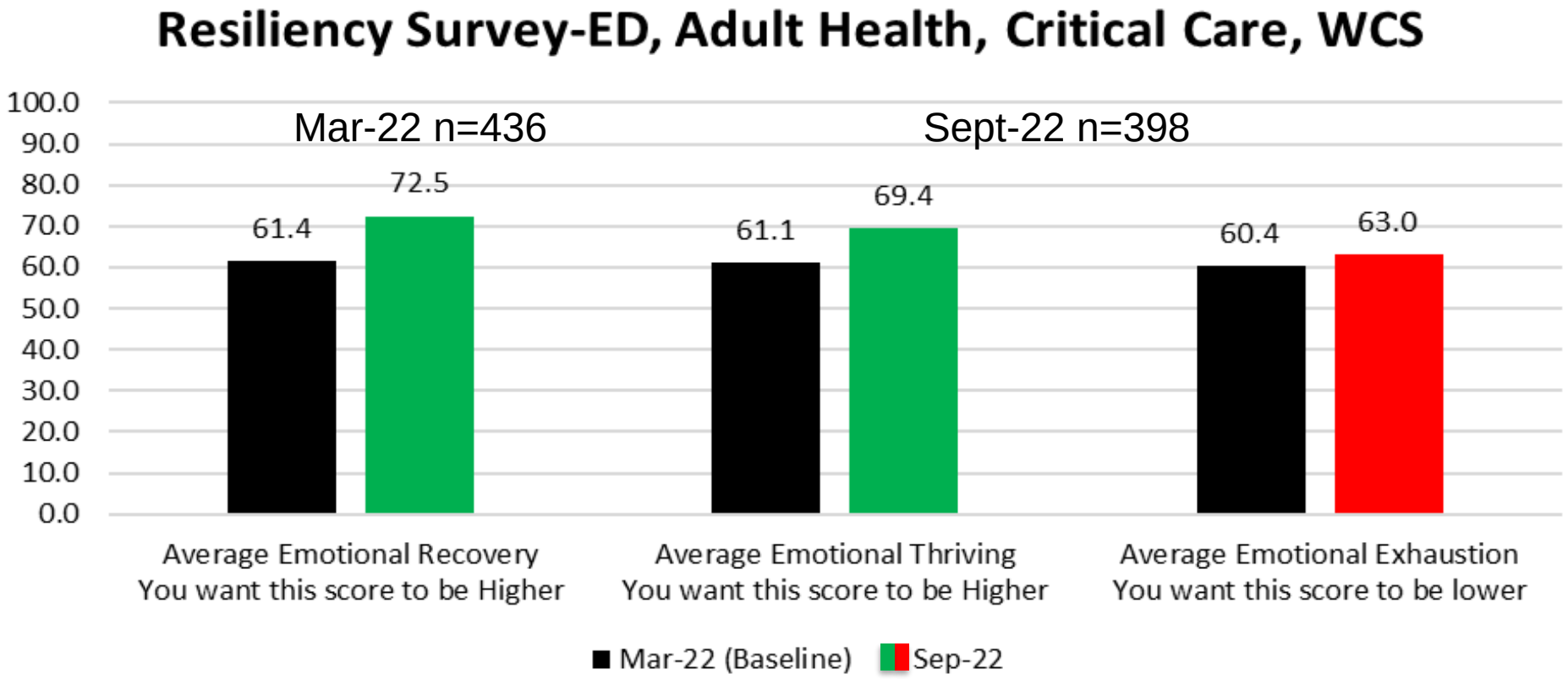
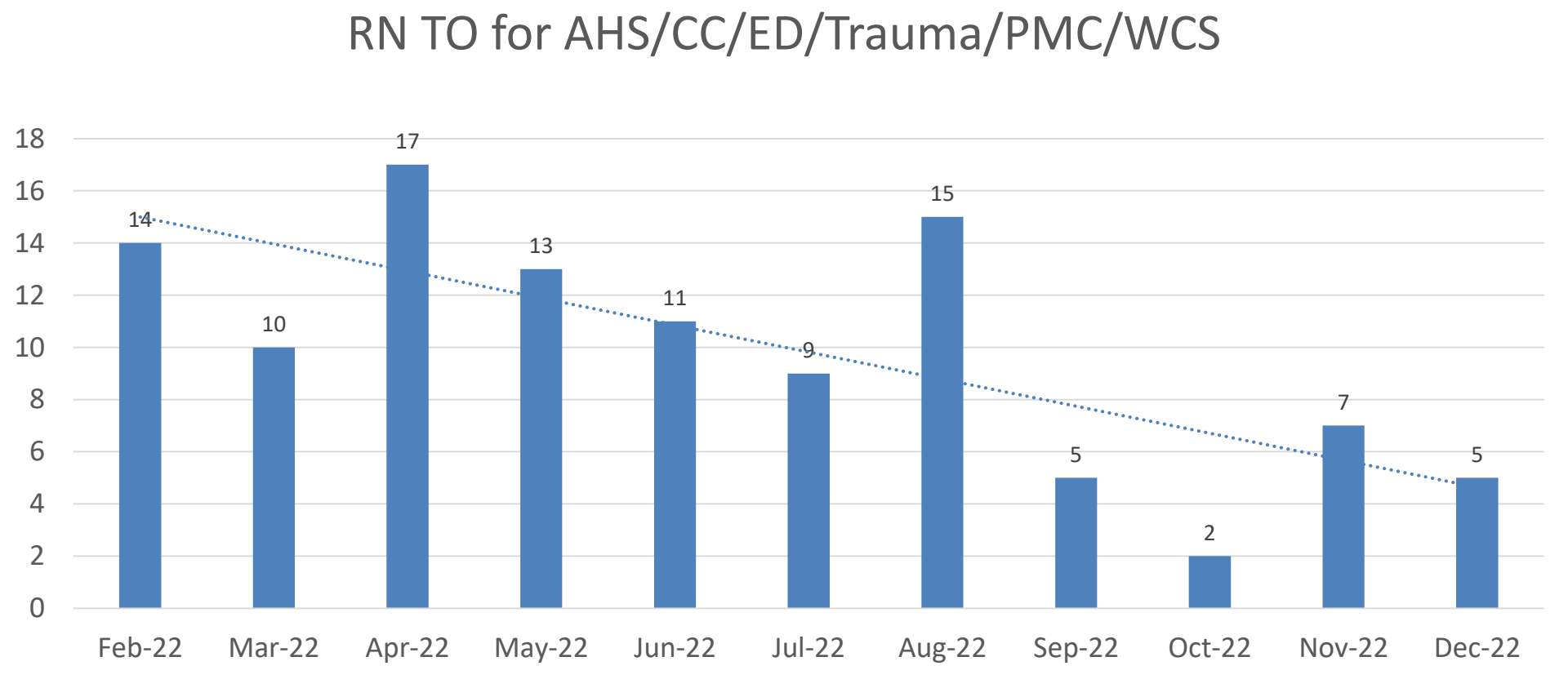
Outcome Metric: Tri-Survey



Outcome Metric: Nursing Turnover



Conclusions

- Emotional Recovery and Emotional Thriving for frontline staff has improved with dedicated SERAs for each division.
- SERAs have continued work to support decreased Emotional Exhaustion
- Having dedicated SERAs decreases staff turnover.

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References

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2. Beth Ulrich, Connie Barden, Linda Cassidy,, Natasha Varn-Davis (2019) Critical Care Nurse Work Environments 2018: Findings and Implications, Critical Care Nurse, 39:2, 67-84 DOI: 0.4037/ccn2019605

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