

Creating Healthy Work Environments 2019

An Educational Intervention to Increase Provider Knowledge in the Delivery of Trauma-Informed Care

Kathleen Anne Evangelista, MS, CRNA, NEA-BC

School of Nursing, Northeastern University; DNP Student, Boston, MA, USA

Background and Significance: Trauma is recognized as a public health crisis. Trauma is a pervasive, detrimental, and financially burdensome problem. Trauma has been defined as “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being (SAMHSA, 2014)”. The negative effects of trauma on a patient’s health can be long lasting. After an initial experience with trauma, patients may become highly susceptible to retraumatization especially when seeking healthcare. To mitigate the adverse effects of trauma, healthcare providers need to recognize the concept of Trauma-Informed Care (TIC) as an essential tool in caring for patients. The literature does identify a gap in the knowledge regarding the implementation of TIC frameworks within the workforce. Specific barriers perceived by the healthcare provider surrounding the implementation of TIC programs are the provider’s lack of knowledge, lack of education, production pressure, and ineffective systems or protocols. When examining the perspective of the healthcare provider in delivering TIC, the concepts of Compassion Fatigue (CF) and Secondary Traumatic Stress (STS) should be considered as a consequence of provider exposure. Along with the psychosocial implications associated with CF and STS, the financial burdens related to job retention can be catastrophic to a healthcare system.

Purpose and Goals: The purpose of this scholarly project is to improve provider knowledge as it relates to TIC in order to increase provider confidence and decrease compassion fatigue in delivery of TIC. The specific aims of the study are to; (1) identify providers' knowledge gaps regarding TIC; (2) educate providers on TIC and improve their knowledge base; (3) increase provider’s confidence in the delivery of TIC; and (4) decrease provider compassion fatigue related to TIC.

Methodology: A convenience sample of approximately 150 healthcare providers in one of the following roles; obstetric physician, certified nurse midwife, anesthesiologist, certified registered nurse anesthetist, nurse, surgical technologist or patient care assistant, working on the Labor and Delivery Unit at a large urban academic hospital are being recruited to participate in a quality improvement educational session pertaining to TIC. Provider knowledge of TIC will be measured through an investigator designed pre and post survey. The Professional Quality of Life Survey will be used to assess provider compassion fatigue and burnout. The surveys will be administered as a pre and post web-based questionnaire to measure baseline and post intervention changes in provider knowledge and compassion fatigue as it relates to providing TIC.

Results (in progress): Descriptive and comparative statistics will be utilized to analyze data.

Implications for Future: Improving health outcomes for trauma survivors starts with education of the healthcare professionals. Some of the distrust survivors have for healthcare providers come from providers’ lack of understanding for the kinds of problems abuse survivors’ experience when seeking healthcare. Inadequate knowledge regarding TIC can be a barrier to both patient care as well as provider wellness. Improving the providers TIC knowledge base by establishing specialty specific TIC education will improve outcomes for patients who have experienced trauma as well as provider confidence and satisfaction when delivering TIC.

Title:

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Keywords:

Compassion Fatigue, Education and Trauma-Informed Care

References:

Baillet, H., Cowan, S., & Munro, V. E. (2013). Second-hand emotion? Exploring the contagion and impact of trauma and distress in the asylum law context. *Journal of Law and Society*, 40(4), 509-540.

DeCandia, C. J., & Guarino, K. (2015). Trauma-informed care: An ecological response. *Journal of Child and Youth Care Work*, 7-31.

El-Bar, N., Levy, A., Wald, H. S., & Biderman, A. (2013). Compassion fatigue, burnout and compassion satisfaction among family physicians in the Negev area - a cross-sectional study. *Israel Journal of Health Policy Research*, 2(1), 31. doi:10.1186/2045-4015-2-31

Harris, M., & Fallot, R. D. (2001). Designing trauma-informed addictions services. *New Directions for Mental Health Services*, 2001(89), 57-73. doi:10.1002/ym.23320018907

Meschner, C., & Maul, A. (2016). Key Ingredients for Successful Trauma-Informed Care Implementation. Center of Health Care Strategies. Retrieved from: http://www.chcs.org/media/ATC_whitepaper_040616.pdf

Preventing Compassion Fatigue. (2014). Retrieved from https://www.samhsa.gov/samhsaNewsLetter/Volume_22_Number_2/preventing_suicide/preventing_compassion_fatigue.html

Professional Quality of Life. (2018, 07). Retrieved from <http://proqol.org/>

SAMHSA. (2014). Retrieved from <http://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884>.

Smith, C. P. (2013, 12). Retraumatization: Assessment, Treatment, and Prevention. *Journal of Trauma & Dissociation*, 15(1), 108-110.

Trauma Informed Care. (2018). Retrieved from <https://www.thenationalcouncil.org/topics/trauma-informed-care/>

Yatchmenoff, D. K., Sundborg, S. A., & Davis, M. A. (2017, 09). Implementing Trauma-Informed Care: Recommendations on the Process. *Advances in Social Work*, 18(1), 167. doi:10.18060/21311

Abstract Summary:

The impact of trauma on a patient's health can be devastating. Patients may become susceptible to retraumatization when seeking healthcare. Providers must recognize the concept of Trauma-Informed Care (TIC) as an essential tool in caring for patients. The project's purpose is to improve provider knowledge of TIC through educational sessions.

Content Outline:

- **Introduction**
 - Trauma is recognized as a public health crisis.

- Trauma is a pervasive, detrimental, and financially burdensome societal problem.
- Trauma survivors have specific healthcare needs.
- **Body**
 - *Main point #1;*

The negative effects of trauma on a patient's health can be long lasting.

- Supporting point #1;

“In the United States, 61 percent of men and 51 percent of women report exposure to at least one lifetime traumatic event, and 90 percent of clients in public behavioral health care settings have experienced trauma” (Trauma, 2018)

- Supporting point #2;

After an initial experience with trauma, patients may become highly susceptible to retraumatization especially when seeking healthcare. “The retraumatization of survivors is a widespread issue in the healthcare system. Repeated trauma when in the care of providers, potentially activating adverse memories, has been associated with symptoms that extend beyond traditional posttraumatic stress disorder (Duckworth & Follette, 2012).

- *Main point #2*

To mitigate the adverse effects of trauma, healthcare providers need to recognize the concept of Trauma-Informed Care (TIC) as an essential tool in caring for patients.

- Supporting point #1;

“TIC acknowledges the need to understand a patient's life experiences in

order to deliver effective care and has the potential to improve patient engagement, treatment adherence, health outcomes, and provider and staff wellness (Meschner, 2016)”.

- Supporting point #2;

In 2001, the concept of Trauma Informed Care (TIC) was introduced by Harris and Falot in their instrumental publication, “Using Trauma Theory to Design Service Systems”. For nearly two decades after this landmark work, an impressive amount of research has been dedicated to defining and implementing systems focused on TIC.

- *Main point #3;*

The literature does identify a gap in the knowledge regarding the implementation of TIC frameworks within the workforce.

- Supporting point #1;

Specific to the barriers perceived by the healthcare provider surrounding the implementation of TIC programs are a lack in knowledge, a lack of education, production pressure, and ineffective systems or protocols.

- “Clinicians may be skeptical and resistant to engaging in trauma-informed practices, which often stems from a lack of knowledge about the effects of trauma, a concern about one’s ability to respond appropriately and in some cases, the providers’ unresolved personal traumas such as dealing with fear, shame, hypervigilance and traumatic triggers” (DeCandia & Guarino, 2015).
- Supporting point #2;

When examining the perspective of the healthcare provider in delivering TIC, the concepts of Compassion Fatigue (CF) and Secondary Traumatic Stress (STS) should be considered as a consequence of provider exposure. CF and STS can be additional barriers to the implementation of TIC Programs.

- According to the Substance Abuse and Mental Health Services Administration (SAMSHA), providers “find themselves vicariously traumatized by the stories they hear on the job. The result can be compassion fatigue (SAMSHA, 2014).”

- **Conclusion**

- Improving health outcomes for trauma survivors starts with education of the healthcare professionals.
- Some of the distrust survivors have for healthcare providers come from providers’ lack of understanding for the kinds of problems abuse survivors’ experience when seeking healthcare.
- Inadequate knowledge regarding TIC can be a barrier to both patient care as well as provider wellness.
- Improving the providers’ TIC knowledge base will improve outcomes for patients who have experienced trauma as well as provider confidence and satisfaction when delivering TIC.

First Primary Presenting Author

Primary Presenting Author

Kathleen Anne Evangelista, MS, CRNA, NEA-BC
Northeastern University; DNP Student
School of Nursing
Doctor of Nursing Practice Student
Boston MA
USA

Professional Experience: 2010-present -- Certified Registered Nurse Anesthetist; Partner's Healthcare. (Chief CRNA 2016-present). 2008-2010; Clinical Nursing Instructor; Northeastern University 1995-2010 - Registered Nurse; Partner's Healthcare Co-chair Advanced Practice Nursing Council; Brigham and Women's Hospital (2017-present). Member Brigham and Women's Hospital Trauma-Informed Care Initiative (2017-present). Co-Author of Anesthesia in Cardiac/EP locations; Up-to-Date (2016-present) . Multiple presentations on CRNA related topics at local conferences/meetings. NEA-BC certification (current)

Author Summary: Kate Evangelista received a Bachelor of Science degree in Nursing from Syracuse University and a Master in Science (Anesthesia) degree from Northeastern University. She has been a CRNA since 2010 and is currently the Chief CRNA at Brigham and Women's Hospital. She is actively pursuing a Doctorate in Nursing Practice degree at Northeastern University. She is passionate about

integrating specialty specific Trauma-Informed Care educational modules within healthcare to improve patient outcomes and provider wellness.