

Type: project report

Subject: Nursing Leadership Course

Subject area: Nursing

Education Level: Masters Program

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Spacing Option: Double

Additional information

Title: Healthy workplace project - Daily debriefing session for nursing staff in a medical ward

Instructions: write a healthy workplace project final report which is conducted in yr workplace - the project : daily debriefing session for nursing staff in a medical ward in hospital - the objectives and the midterm progress of the project as attached in the uploaded file - the project requirements and guidelines as attached in the uploaded file

Focus: this piece of assessment develops student's professional skill competency by applying advanced knowledge and skills in assessment , planning, implementation, and evaluation of cases in their specialty, so as to meet the identified service need focus on - promoting positive practice environment - quality tools and lean management in healthcare - project management - nursing management and leadership

Structure: structure of the report as shown in the attached uploaded file

Healthy Workplace Project- Daily Debriefing Session for Nursing Staff in a medical ward

Name

Institutional Affiliation

Course

Instructor

Date

Abstract

In a medical ward nursing staff make contact with many victims during a pandemic, like hypertension. This project aims to recognize and perhaps implement strategies to support medical nurses in their coping with hypertension related stress. Medical ward nurses don't really become resistant to the stresses they cause and are often not well equipped and supported to manage them, even if stressful occurrences are common. Medical ward nurses appear to have higher stressors than their counterparts from other nursing units and to have more serious stressors. As a medical ward nurse on the front lines, most nursing staff feel scared and anxious because of the unpredictable contagious aspect of this disease. A multitude of stressors are highly demanding physically and psychologically in the medical service. A survey of the literature on nurses reveals that although a great deal of research has been carried out relating to hypertension related stress and coping internationally, little has been written about nurses in the United States. The aim of this project is to identify the possible causes and frequency of stress experienced by registered nurses working in a hospital, to identify the coping strategies used, to assess the relationship between stress and coping mechanisms of registered nurses, to compare stress and adopted coping strategies among registered nurses in HK private medical wards, to identify the support systems that minimize stress and to address stress amongst nurses in the U.S.

Introduction

In a medical ward nursing staff make contact with many victims during a pandemic, like hypertension. This project aims to recognize and perhaps implement strategies to support medical nurses in their coping with hypertension related stress. Stress can be described as the interaction between the individual and environment, taking account of the individual's attributes and the type of the environmental experience (Ahwal & Arora, 2015). Many studies have found that nursing can be a very tough task. Scholars however indicate, in particular, that the stress of medical ward nurses tends to be significantly higher. Medical ward nurses don't really become resistant to the stresses they cause and are often not well equipped and supported to manage them, even if stressful occurrences are common. Medical ward healthcare providers are on the frontlines as they generally meet patients who enter the facility first. Hyphenation is extremely contagious; the transmission of the disease by the hospital continues to pose an enormous hazard to healthcare professionals and the nurses are at the front lines of treatment and more vulnerable to diseases (Basu et al., 2020). This contributes significantly to the stress of the medical ward care workers during such a pandemic. Medical ward nurses appear to have higher stressors than their counterparts from other nursing units and to have more serious stressors. As a medical ward nurse on the front lines, most nursing staff feel scared and anxious because of the unpredictable contagious aspect of this disease (Berg et al., 2016). A multitude of stressors are highly demanding physically and psychologically in the medical service.

Literature review

Healthcare professionals in the medical wards have revealed that they are not comfortable with their work environment and many would like to quit their job despite the fact that they like their jobs. While it has taken a very long time to assess the psychological and physical dimension related inescapably with the patient's suffering and death, other psychosocial and organizational elements should not be ignored (Ahwal & Arora, 2015). Due to changes in the work organization, psychosocial and physical stress and stressors have increased at work for the previous two decades (hospital restructuring). Certain cardiovascular illnesses are linked to these psychological and physical stress and stressors.

Simulation-based highly reliable training is a common technique for improving content understanding and skill performance across a wide range of audiences and circumstances. The attention in simulation-based training has increased in recent years as a way to improved cooperation and patient safety. Due to its experience, a high-faithful, simulators, multidisciplinary training requires efficient debriefing to provide optimal learning and impact on the improvement of daily practice (Ugwu et al., 2020). Indeed, debriefing is typically regarded as the major component of simulation-based learning. The effectiveness of the simulation model is significantly decreased without good debriefing. To date, most high quality video simulation activities have taken place in center-based settings, in simulated clinical facilities where training is carried out. In addition, debriefing is usually carried out on location nearby (e.g. a classroom or conference room), where there is a big screen streaming video system, and participants can relax and hear each other easily and view the video display (Kumar, 2016). Finally, it gives substantial flexibility to allocate enough time to carry out thorough debriefing sessions.

Debriefing conversations may last from 30 minutes to 2 hours, depending on the duration of a training experience based on a type of situation, in order to allow the respondents sufficient opportunity to address their training experience fully (disclose and explain) using videogame reproduction of all relevant vignettes in the scenario (Cant & Cooper, 2021). In contrast, simulation-based learning needs to be tailored into the daily workplace for learning experiences. Despite the expected benefits of training at a care point such as convenience and authenticity, the implementation of STEPS means a substantial time, schedule and space are dealt with efficiently.

Project plan

During a challenge like hypertension, the project will recognize and address medical nursing staff's stress and stressors. The research project is aimed to explore out debriefing sessions as a way to lessen the adverse effects of work stress. Leaders have the unique opportunity to intervene early and constantly provide employees with solutions that they need to meet their workplace and care needs (Ahwal & Arora, 2015). The expected outcome will include healthy coping knowledge and professional patient care system in the medical ward medical ward during the cases of hypertension issues. The debriefing will provide safety and comfort to interact, restore order and create trust in these stressful conditions. This project's overall aims and objectives are:

1. Leading to a healthy workplace
2. Allow staff discussion on emotions and thoughts associated with what happened daily
3. Reduce stress on junior staff and

4. To promote self-confidence of junior staff on working independently as a case nurse

A SWOT analysis will be conducted by the team leader alongside the members of the team before commencing the process of project planning. This will determine who will be affected by the project and which elements will either impede or assist the implementation (Hunsaker et al., 2015). With the help of the team members, the project leader will be able to start the project execution cycle in the facilities' medical ward department. In order to achieve the results mentioned earlier, the project leader will determine resources required. The leader of the project will need nurse managers, nursing educators or nurses who are skilled in conducting debriefing sessions. Curriculum development will be required to guarantee that designated nurse leaders are properly equipped to promote the debriefing sessions (Dachalson, Gyang & Azi, 2017). Stress evaluation tools will be required that can be given to medical nurses. The debriefing leader will be provided some insights into the common challenges. Following the implementation of debriefing sessions, an assessment of its efficacy will be conducted. Surveys of the nursing staff who engage in debriefings and surveys of patients cared for by these nurses will therefore be necessary. Effectiveness depends if the desired results are attained or not (Martin, Cross & Attoe, 2020).

Project Implementation

Healthcare professionals who will be facilitating debriefing sessions will have to undergo training sessions. The individual conducting the session must be ready to assist the staff recover from their stress and manage the specified process. The benefits of investing the finances in training are higher than the costs and disadvantages. Research has demonstrated that there is a lack of skilled facilitators to minimize frequent medical ward debriefing sessions (Rose & Cheng,

2018). Next, medical nurse supervisors will start assessing the nursing personnel's stressors and how stress impacts them. They can collect such information through huddles or questionnaires like the Perceived Stress Scale. The mood of staff can clearly indicate the nature and severity of the suffering. The health care workers will also evaluate what impact their work in the event of a hypertension case (Jang et al., 2019).

Quality care is a fundamental aspect of the quality of care and one of the most important health-care management performance indicators (KPIs). The debriefing method must be determined by the team. In order to strengthen team work and communication, the Joint Commission proposes the use of debriefs. Evidence-based research should support the selected process. In different medical wards there are multiple debriefing techniques that have proved useful (Berg et al., 2016). The Plan-Do-Check-Act (PDCA) cycle is a mechanism to improve a company's products or operations continuously. It can be used to standardize healthcare and so improve the quality of the care and the patient's survival. This project will evaluate the value of PDCA for patients with severe coronavirus disease of the PDCA cycle in standardizing nursing management in an intensive care unit (ICU) (Hunsaker et al., 2015).

The debriefing sessions at the medical ward may pose various physical and technical problems for providing an optimum debriefing environment for high-fidelity, simulation-based training. Some of the anticipated challenges in the implementation of this project include. First at times, the physical structure of the debriefing session does not allow all participants to sit for the debate. As the debates on debriefing are quite short, participation in the debriefing process may not appear to interfere. But at times, participants have trouble seeing the video playback seeing and hearing everybody else in the group (Gururaja et al., 2018). The same applies to the trainer.

Challenges concerning the position of participants throughout the debate may also limit the ability of the facilitators to continue to attract and engage participants during the debate.

Secondly, time is a major aspect in both STEPS training scenario and debriefing (Kilpatrick et al., 2020). It is crucial, for example, that training occurs only during the optional hour of the activity, that staff avoids overtime and that the staff, cases and general operations in the Medical Department suit the regular rhythm. As a result, the sessions needed comply with a fixed timetable that did not allow for the flexibility of debriefing typical of simulation-based training (Ausserhofer et al., 2021).

Project Evaluation and Outcomes

Since the debriefing methods demand effective interventions following stressful situations, the value of the project should be experienced by medical ward nurses. Survey responses will influence the success of the project (Goodyear, 2020). After the debriefing sessions, nurses complete assessment to understand whether they were helped managing the stressful conditions overtime. Patients will also be surveyed if there is a positive link between nurses that are assisted in their level of stress and the quality of treatment received by patients.

Measuring the Expected Outcome

There are three strategies that will be used to measure the expected outcome i.e. the Nursing Stress Scale comprising of 34 items about potential stressful conditions based on Likert type responses (0 ‘never to 5 ‘extremely frequent’); the Nurse Index rate of potential stress on a six point scale (0 ‘no stress to 5 ‘ extreme stress’); Job Stress Inventory and Maslach Burnout Inventory.

Discussion and Limitations

In order to handle the occurrence at the place, the physiological responses to stress are mostly well within functional limitations and, if hypertension is to be responded to. One noteworthy conclusion of the study is that, while most nurses know the 'adrenaline rush,' few clinicians are disrupted by it: it is usually considered as a crucial element of the resuscitation effort. However, shaking and fumbling items are not related to an adrenaline rush; they are perceived as an absence of practical and manual capabilities. Employment pressure, the irritating nature of work and frequent deaths constitute stress sources for nurses. Working against the clock, no second opportunity to do things and quick swinging from quiet times and fantastic work all cause stress. All these experiences can be included in the resurrection effort. With the recognition of hypertension and subsequent resuscitation feelings and experiences, the nursing profession can use the event to strengthen personal knowledge. In addition, students can disclose and comprehend the attitudes and feelings that influence their personality and behavior through experiential learning. This study is limited to hypertension related stress and stressors to nurses working in the medical ward in the HK private hospital.

Conclusion

Because of the already mentally taxing situation in which nurses work in an medical ward, actions must be made to mitigate the impact. Particularly in the issues like a hypertension case, the well-being of the medical nurses is needed. More than ever before, managers need to realize that this encounter of coronavirus has shaken their environment. They experience excessive tension and concern about what takes on in their personal environment and are not simply scared and suffering equipment shortages but also extended work hours. During the

hypertension issue, stress levels have been heightened across all health personnel. Research has shown, however, that medical nurses suffer more stress. They are really on the front lines in the course of the pandemic as they are typically the first to interact with patients. For medical nurses, coping with heightened stress in connection with hypertension will be crucial. Due to the unresolved impacts of stress, the health care managers must invest in countermeasures.

Therefore, it is vitally crucial to assess nursing stressors and stress levels. The benefits offered by professional nurses are proved in studies through the use of debriefing sessions. A major choice for the implementing debriefing sessions is the medical ward. The main objective is to enhance the capacity of nurses to deal with stress and hence deliver quality patient care.

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