

Implementation of Self-Care Curriculum to Address Burnout Rates in Accident and Emergency Department Nurses at Georgetown Public Hospital Corporation in Guyana, South America

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Background and Significance: Often in low-resource settings health care professionals lack adequate access to knowledge surrounding coping mechanisms, trauma informed care, and self-care strategies that could help alleviate the high levels of stress that they encounter daily.

Statement of Purpose: This project will promote knowledge, use, and dissemination of information on self-care and coping strategies by the Accident and Emergency (A&E) nursing staff at Georgetown Public Hospital Corporation (GPHC) in Guyana, South America. The goal is to give nursing staff currently enrolled in GPHC's Bachelor's Programme in Emergency Nursing the information needed to increase self-care practices in efforts to mitigate burnout rates.

Methods: Vanderbilt University School of Nursing (VUSN) students worked in conjunction with Dr. Jessica Van Meter to create a four hour nursing curriculum on self-care, burnout trauma-informed care, and coping strategies. This curriculum was taught to A&E nursing staff during the spring of 2019. Knowledge of self-care and burnout were assessed with surveys at baseline and reassessed 2 weeks and 8 weeks after presentation of curriculum.

Results: Our results indicated a shift in the student's perception of self-care from "Basic Needs" to more "Holistic" and "Health" focused. Thus, the framework of self care was misunderstood at baseline, and reframed with our intervention. Additionally, our survey indicated that a large barrier for students wishing to perform self-care is a lack of resources. This shows that nurses cannot engage in self-care without having their basic work needs met (appropriate pay, nurse to patient ratio, and schedules). Our results also indicated that further education about self-care could continue to improve participants' confidence.

Limitations: Since the knowledge of self-care and burnout was self reported by students, there is the potential for self-reporting bias. Surveys were de-identified by students, using an identification code produced from their last name and birthday. There was one instance in which two identification codes matched and handwriting was used to differentiate the results. Surveys were transported to and from Guyana as printed copies in the educator's luggage. Post survey results were scanned in Guyana and emailed, to expedite statistical analysis. All surveys were accounted for. Another limitation was the small sample size of the study (n=16). Furthermore, there was a cultural barrier present between the team and subjects, which was compounded by the remote nature of project conduction.

Discussion: Previously, Guyanese nursing education has not covered self-care. The positive outcomes of this intervention encourage inclusion of self-care curriculum in standard nursing education. Continued use of this education at GPHC with additional cohorts would increase the number of participants and allow for data analysis assessing statistical significance. It could be efficacious to repeat similar interventions in low-resource and high-resource settings to analyze the difference in results across cultures, geographical areas, or hospital units.