

STRESS FIRST AID

Implementation Workbook



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Prewrite Survey Questions: Where am I Starting From? Making the Case for SFA.

Please provide 5 common stressors within your organization.

1. _____
2. _____
3. _____
4. _____
5. _____

SFA is a resource that can and should be integrated with other programs that focus on resiliency or emotional well-being.

1. Identify and list the resiliency resources in your organization. (e.g., EAP, NWESC councils, peer support teams, workplace environment task forces or committees, resilience teams, education programs, etc.)

- Identify/gather data or anecdotal information to elaborate or better describe common stressors within the unit/department/organization that SFA could impact.

- Complete the following Needs Assessment tables.

Listing of Resiliency, Emotional Well-Being Resources in Organization	Resource Evaluation: Use, Strengths, Weaknesses

How SFA Could Benefit Unit/Organization	How SFA integrates with other programs

4. Provide a summary statement as to how SFA supplements existing resiliency resources and brings value to your unit/department/organization.

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5. Identify team members that have a stake in emotional well-being (e.g., unit managers, quality and safety, peer support team members, shared governance councils, behavioral health teams, etc.)

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6. Identify roles/people within the organization that oversee emotional well-being (e.g., Chief Wellness Officer, Directors/Coordinators of Well Being Programs)

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7. Look at organizational data that provides information about outcomes within the unit/department/organization that SFA could impact.

a. Turnover/Vacancy Rate _____

❖ Please indicate the number of nurses within your organization: _____

b. Percentage (%) of new to practice nurses (less than 2 years of experience): _____

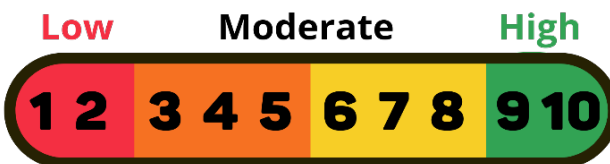
c. Current data on engagement:

d. Perception of General Stress Levels of Staff Nurses. Please rate 1-10:



Please place your rating here _____

e. Perception of Emotional well-being. Please rate 1-10 **Please note that the scales are reversed from the previous question:*



Please place your rating here _____

SFA Team Leaders and SFA Leadership/Advisory Team

Who will be the SFA leads for the Organization?

Who should serve on the Leadership/Advisory Team to get the greatest support for SFA roll-out?

C-Suite Representation	
Nursing VPs, Directors	
Nurse Managers	
Staff Council Leaders	
Behavioral Health	
Wellness Officer	
EAP	
Pastoral Care	
Social Work	
Human Resources	
Heads of Other Well-Being Initiatives	
Medicine	

Establishing Baseline Metrics

Existing Data Sources

Turnover and Turnover by Unit	
Absenteeism/Call Outs by Unit	
Satisfaction Data—organizational and unit	

Additional Baseline Metrics to Collect

Program Evaluation Tool to be Developed	
Other Data Metrics (See Appendix 1 for Information)	

Prepare Marketing and Educational Materials

SFA Handouts	NJ-NEW <ul style="list-style-type: none"> • 1 Pager • 3 Pager
SFA Presentations (For You to Adapt to Your Organization or Unit)	Awareness Briefs 90-Minute Sessions 4 Hour Sessions Train the Trainer Sessions
SFA Whiteboards/Posters	
SFA Stories in Organizational Newsletter	

Appendix 1. Evaluation Metrics Considerations

Mental Well-Being Measures		
WHO-5 World Health Organization Five Well-Being Index	Short self-reported measure of current mental well being Measures positive feelings, happy emotions, energy	Free of charge. Does not require permission to use
Topp, C.W., Østergaard, S.D., Søndergaard, S., & Bech, P. (2015). The WHO-5 Well-Being Index: A Systematic Review of the Literature. <i>Psychotherapy and Psychosomatics</i> , 84, 167-176.		
Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)	Measures positive emotions and psychological functioning including: happiness, relaxed, confidence, agency, autonomy, energy, optimism and positive relationship	Free of Charge. Downloadable from website. Needs registering for copyright purposes on the website (https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs)
Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S., & Stewart-Brown, S. (2007). The Warwick-Edinburgh mental well-being scale (WEMWBS): development and UK validation. <i>Health and Quality of life Outcomes</i> , 5(1), 1-13.		
Mental Health Continuum Short form MHC-SF	14 items. Emotional, social, and psychological well-being	Permission not necessary. Website gives information about scoring and other information: https://www.hsph.harvard.edu/health-happiness/mental-health-continuum-short-form/ https://www150.statcan.gc.ca/n1/pub/82-003-x/2014009/article/14086-eng.htm

Gilmour H. (2014). Positive mental health and mental illness. <i>Health reports</i> , 25(9), 3–9.		
Resiliency Measures		
Connor-Davidson Resilience Scale (CDRS-25; CDRS-10; CDRS-2)	3 versions of the instrument. Measures several components of resilience including the ability to: Adapt to change, deal with what comes along, cope with stress, stay focused and think clearly, not get discouraged in the face of failure, and handle unpleasant feelings such as anger, pain or sadness	https://positivepsychology.com/connor-davidson-brief-resilience-scale/ Request permission to use at mail@cd-risc.com
Connor, K. M., & Davidson, J. R. (2003). Development of a new resilience scale: The Connor-Davidson resilience scale (CD-RISC). <i>Depression and anxiety</i> , 18(2), 76-82.		
Brief Resilience Scale	6 items. Assesses the ability to bounce back or recover from stress.	Free. https://ogg.osu.edu/media/documents/MB%20Stream/Brief%20Resilience%20Scale.pdf
Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: assessing the ability to bounce back. <i>International journal of behavioral medicine</i> , 15(3), 194–200. https://doi.org/10.1080/10705500802222972		
Resilience Scale for Adults	33 items. Examines intrapersonal and interpersonal protective factors presumed to facilitate adaptation to psychosocial adversities, guided by a theoretical categorization of resilience that highlights personal/dispositional attributes, family support and external support systems.	
Friborg, O., Hjemdal, O., Rosenvinge, J. H., & Martinussen, M. (2003). A new rating scale for adult resilience: what are the central protective resources behind healthy adjustment?. <i>International journal of methods in psychiatric research</i> , 12(2), 65-76.		
Burnout		
Maslach Burnout Inventory for Medical Personnel	3 scales: Emotional exhaustion, depersonalization or cynicism, and personal accomplishment or professional efficacy.	Copyrighted and for sale. Mind Garden https://www.mindgarden.com/14-our-products
Burnout Assessment Tool (BAT)	Measures four core dimensions of burnout (exhaustion, impaired emotional control, impaired cognitive control and mental distancing) and three secondary dimensions (depressed mood, psychological distress and psychosomatic complaints)	Free. https://burnoutassessmenttool.be/project_eng/
Schaufeli, W. B., Desart, S., & De Witte, H. (2020). Burnout Assessment Tool (BAT)—development, validity, and reliability. <i>International journal of environmental research and public health</i> , 17(24), 9495.		

Oldenburg Burnout Inventory	Measures two dimensions of burnout—exhaustion and disengagement	Free. Can also be taken online. https://www.mdapp.co/oldenburg-burnout-inventory-olbi-calculator-606/
Halbesleben, J. R., & Demerouti, E. (2005). The construct validity of an alternative measure of burnout: Investigating the English translation of the Oldenburg Burnout Inventory. <i>Work & Stress, 19</i> (3), 208-220.		
Professional Quality of Life Scale (ProQOL)	Developed as a measure of both the negative and positive effects of working with those who have experienced traumatic stress. Has sub-scales for burnout, compassion satisfaction and secondary traumatic stress	Free. https://rnao.ca/sites/rnao-ca/files/Nurses_Wellbeing_Survey_Results_-_March_31.pdf Can be completed and scored online. https://proqol.org/proqol-health-measure
Work Environment Measures		
The Areas of Worklife Survey	Assesses “what” in your work environment may be contributing to burnout by measuring: workload, control, reward, community, fairness, and values.	Copyrighted and for sale. Mind Garden https://www.mindgarden.com/14-our-products
RNAO Worklife Quality Survey	National survey to take the pulse of the Canadian community of nurses—to find out how they are managing work, life, and the intersection of the two	Available at: https://rnao.ca/content/worklife-quality-survey
RNAO. (2021). Work and Wellbeing Survey Results. https://rnao.ca/sites/rnao-ca/files/Nurses_Wellbeing_Survey_Results_-_March_31.pdf		
Quality of Worklife Questionnaire	Examines Job factors, culture/climate, health outcomes and other outcomes of performance, satisfaction, intent to leave, job commitment, flexibility and overtime.	Free. https://www.cdc.gov/niosh/topics/stress/pdfs/QWL2010.pdf
Work Engagement	The Utrecht Work Engagement Scale (UWES) assesses levels of energy and mental resilience while working, along with sense of significance, inspiration, pride, challenge and concentration in work. These are aligned with three dimensions of work engagement: vigour, dedication and absorption	Free. https://www.mededportal.org/doi/10.15766/mep_2374-8265.9862
Schaufeli, W. B., Bakker, A. B., & Salanova, M. (2006). The measurement of work engagement with a short questionnaire: A cross-national study. <i>Educational and Psychological Measurement, 66</i> (4), 701-716. https://doi.org/10.1177/0013164405282471		
Utrecht Work Engagement Scale UWES-9	Measures dimensions of burnout and engagement (vigour, dedication, absorption, and professional efficacy)	https://www.mededportal.org/doi/10.15766/mep_2374-8265.9862

Schaufeli, W. B., Bakker, A. B., & Salanova, M. (2006). The measurement of work engagement with a short questionnaire: A cross-national study. <i>Educational and psychological measurement, 66</i> (4), 701-716.		
Gallup Employee Engagement	12 actionable workplace elements that link to stages of engagement. Questions.	Copyrighted. Cost.
Additional Measures		
Cohen's Perceived Stress Scale	Measures the perception of stress—the degree to which situations in one's life are appraised as stressful	Free. https://www.sprc.org/system/files/private/event-training/Penn%20College%20-%20Perceived%20Stress%20Scale.pdf
Depression PHQ-9	Multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression.	Free. file:///C:/Users/salmonsu/Downloads/PHQ9%20id%20date%2008.03.pdf
PTSD Checklist-Civilian Version	A standardized self-report rating scale for PTSD comprising 17 items that correspond to the key symptoms of PTSD. Two versions of the PCL exist: 1) PCL-M is specific to PTSD caused by military experiences and 2) PCL-C is applied generally to any traumatic event.	Free. https://www.mirecc.va.gov/docs/visn6/3_ptsd_checklist_and_scoring.pdf
Ruggiero, K. J., Ben, K. D., Scotti, J. R., & Rabalais, A. E. (2003). Psychometric properties of the PTSD Checklist—Civilian version. <i>Journal of traumatic stress, 16</i> (5), 495-502.		
Intent to Stay	4-item scale capturing attitude toward staying with current employer.	Free. https://www.ncsbn.org/2021SciSymp_Burwell-Owens.pdf
Kovner, C. T., Brewer, C. S., Greene, W., & Fairchild, S. (2009). Understanding new registered nurses' intent to stay at their jobs. <i>Nursing Economics, 27</i> (2), 81.		

Why Stress First Aid for Nursing?

Nurses work in a pressurized context and the ramifications of this stress can negatively impact wellbeing. In many cases the pandemic has served to increase professional as well as personal stress levels. Continued staffing and resource shortages have compounded stress levels placing nurses in situations where doing the “right” thing is not possible leading to moral distress and compassion fatigue. Prolonged exposure to increased stress levels may result in both physical and psychological manifestations. Left unmanaged these increased stress levels may progress to stress injury and stress related illness.

What is Stress First Aid?

Stress First Aid (SFA) Peer Support is a set of supportive and practical actions for those in high-risk stress occupations. It aims to help team members identify and address early signs of stress reactions in themselves and others in an ongoing way (not just after “critical incidents”). Stress first aid provides a system-wide approach to responding to ongoing stress. Using a color-coded approach to understand the stress continuum, clinicians will learn to recognize symptoms in oneself, others, and the team to diagnose their state and to take action.

The Stress Continuum Model

The Stress Continuum Model is a visual tool for assessing your own and others’ stress responses. It views stress along a continuum with increasing severity. It acknowledges that every person will react when faced with severe enough or extended enough stress. How a person reacts is dependent on one’s own coping skills and resiliency and their preparation for and interpretation of the stressor event. Moving across the continuum, a person’s state can change from the **Green** to **Yellow** to **Orange** to **Red** zone, and back again. The approach provides a flexible multi-step process for the timely assessment and preclinical response to psychological injuries in individuals or units.

READY	REACTING	INJURED	ILL
<ul style="list-style-type: none"> • Good to go • Well-trained • Prepared • Fit and focused • Cohesive units & ready families 	<ul style="list-style-type: none"> • Distress or impairment • Mild and transient • Anxious, irritable, or sad • Behavior change 	<ul style="list-style-type: none"> • More severe or persistent distress or impairment • Leaves lasting memories, reactions, and expectations 	<ul style="list-style-type: none"> • Stress injuries that don’t heal without help • Symptoms persist for many weeks, get worse, or initially get better and then return worse
Unit leader & Staff Responsibility	Individual, Colleague, Family Responsibility		Caregiver Responsibility

Stress First Aid Model’s Core Actions

SFA is based on a set of five evidence-based elements that have been linked to better functioning after stress and adversity across a number of settings. These elements are:

1. Regaining a sense of safety, or **cover**,
2. Restoring **calm**, to reduce intense physiological arousal and negative emotions,
3. Feeling **connected** to sources of social support,
4. Increasing the sense of efficacy, which means feeling **competent** to handle the situations that create stress (on one’s own or as a team) or one’s own reactions to the stress, and
5. Experiencing hope or **confidence** in one’s self and the world.

In addition to these 5 elements, SFA Model includes two additional actions, **Check** and **Coordinate**, which are considered *continuous* actions because they should be performed in an ongoing way to monitor stress so one can take measures to build resilience and intervene before a person or team is showing persistent **Orange** zone reactions. The other five SFA actions are used based on the check findings.



SFA Peer Outcomes:

- Increased resilience
- Enhanced work environments
- Enhanced team culture that improves engagement, retention, and meaningful work
- Improved peer and leader abilities to recognize stress injuries and respond with compassionate, restorative support

To learn more please join the upcoming Awareness Session on XXXX

This document provides a guide to support the rollout of the SFA program in organizations. The following steps and timeline can, and should be, adapted to meet each organization’s needs.

Executive Summary

Stress First Aid (SFA) Peer Support is a peer-to-peer stress control program. SFA aims to help team members identify and address early signs of stress reactions in themselves and others in an ongoing way (not just after “critical incidents”). **The ultimate aim is to enhance individual and unit resilience.**

Overview of organizational structure of the SFA program:

Organization-wide: Minimum of Two SFA Nurse Team Leaders

- Attends a train the trainer program sponsored by NJ-NEW (three 4-hour sessions).
- Responsible for coordinating the training and roll out of the program organization-wide.
- Recommend 4 hours per week of protected time for SFA activities and coordination.



Organization-wide: Leadership Team

- Responsible for the rollout and support of the program organization-wide.
- Includes strong nursing representation: CNO, Directors/Managers, Nurse Educators, Council Members and Project Team Leaders.
- Includes other participants key to organizational and staff well-being and could include: Administrative Leadership, Employee Assistance and/or Employee Health, Human Resources, Social Workers, Physicians and Chaplains.
- Participate in a 60 or 90 minute training provided by the Team Leaders.
- Meet monthly (initially) and then quarterly to guide rollout.
- In conjunction with Team Leaders, conduct and/or oversee a 20–30 minute awareness briefing for 100% of the workforce.
- Agree on a SFA rollout plan to initially include units that volunteer based on interest & readiness.



Unit-specific: SFA Champions

- Leadership Team selects at least 2-unit champions support rollout training in their unit.
- Participate in a 4-hour training program and ongoing training as needed.
- These individuals will together evaluate the program address barriers and provide ongoing support to the implementers.
- Recommend 2 hours/week of protected time to implement the SFA training on their units.



Organization-wide and Unit-specific: Evaluation

- Team Leader, Leadership Team and Champions responsible for evaluating the program, addressing barriers, and providing ongoing support to the implementers.

Rollout plan for adaptation by Organizations

□ Organization Commits to Participate

Goals: The goals of the Stress First Aid (also referred to as Stress Control) training program when implemented in the organization include:

- a. Improve peer and leader abilities to recognize stress reactions and prevent progression to stress injury using the stress continuum model and respond with compassionate, restorative support
- b. Deliver occupational stress first aid (continuous, primary, and secondary aid) techniques to address stress and respond with appropriate tailored support to the individual and organizational context
- c. Enhance individual and team ability to have conversations about work stressors
- d. Utilize the SFA continuum as tool to help track and trend stress levels in effort to target appropriate resources as appropriate
- e. Organization and Unit leadership commitment to facilitate SFA Integration.

Anticipated Outcomes

1. Increased individual resilience
2. Increased staff engagement
3. Increased unit resilience and cohesion

□ Select a Minimum of Two Individuals to Become SFA Nurse Team Leaders

Two nurses from the organization should be selected to participate. The selected individuals will serve as the **SFA Team Leaders for the Organization** and coordinate the training and roll out of the program within the organization. These individuals should understand the pressurized context in which nurses work and how this can affect wellbeing and in turn quality of care and turnover and see the value of stress first aid as an intervention to improve individual and unit level wellbeing.

Recommended attributes for the Team Leaders should include:

- a. Effective teaching skills
- b. Strong therapeutic communication, coaching, and conflict resolution skills
- c. Non-judgmental, good counselors, politically astute (able to avoid blaming individuals and organizations)
- d. Able to facilitate small and large groups
- e. Ability to establish rapport and trusting relationships with peers
- f. Possess the skills and attributes of an informal leader
- g. Adheres to expectations around confidentiality

It is recommended that Team Leaders be provided 4 hours per week of protected time for SFA activities and coordination.

□ Establish the Need

At this step you are having critical conversations about the impact of a high stress work environment on employee wellbeing, turnover, and on quality of care. The SFA program should be presented as a tool to deal with stress and to improve individual and unit resiliency. During these conversations, provide an overview of SFA (see attached overview in Appendix A), how it can change the way healthcare providers

deal with stress, and the goals and outcomes of a SFA program (see box on first page). The aim of these meetings is to win the organization's commitment to the program, so that it can be implemented with all staff, organization-wide in the coming months.

Conversations with stakeholders can take place even before you have worked out how to carry out the program. At this point you want to develop a sense of urgency around the need to implement a program that addresses stress, burnout, and promotes resiliency for nurses. These conversations will help you look at the program from a range of perspectives, as those with whom you network will inevitably have questions about how this affects them, or the budget, their patients or staff.

Stakeholder with whom you might want to talk to during this step might include:

- Nurse educators
- Nursing management teams
- Both hospital and unit administrative teams
- Human Resources
- Shared Governance Councils
- Any other organizational influencers or organizational resource programs, e.g., employee assistance program, behavioral health support teams)

Leadership Team or Existing Committee

The **Leadership Team/Committee** should be responsible for the rollout and support of the program within the organization. The Leadership Team should include individuals who are influential; however that power may or may not come from the position they hold, it could be conferred based on their status, expertise or political importance. Recommended participants include the two team leaders and other nurse influencers and educators. Representation from Employee Assistance and/or employee health with a provider that has counseling experience could be valuable. The team may include inter-professional representatives such as human resources, social workers, physicians and chaplains who can explain and champion the program.

The role of the Leadership Team includes:

- Building enthusiasm for SFA.
- Taking the lead in setting the overall SFA rollout strategy.
- Developing a short summary or elevator speech that summarizes how SFA helps to ensure that the vision for the organization is realized.
- Developing the overall communication plan.
- Collaborating with existing personnel support programs (e.g., provider wellness programs, health promotion and wellness programs, pastoral care) to integrate strategies and maximize coordination strategies to promote employee well-being.
- Creating a central online depository (internal website) of SFA materials and guides, so that these resources are available across the organization.
- Overseeing an evaluation plan to assess the overall effectiveness of the SFA program.
 - Program evaluations will measure the extent to which the components of the SFA Peer Support program were implemented to assess the fidelity of the program.
- Determining if additional hospital metrics should be tracked, for example:
 - Increase in quality and frequency of nurse-physician communication around safety issues
 - Reduction in stress-related turnover

- Reduction in staff call outs
- Increase in staff level of confidence
- Promote a healthy work environment

Leadership Team members should participate in an initial 90-minute training session provided by the Team Leaders to become more familiar with the components of the program. The Leadership Team will meet monthly (initially) and then quarterly to guide rollout.

Rollout the SFA Plan

Specific steps for the Leadership Team as they lead the rollout of SFA include:

- **Conduct an awareness brief for 100% of the workforce** through a 20-30 minute overview focusing on the peer support and SFA continuum. The awareness briefing could be computer-based. This communication will note that employees will learn more at the unit level.
- **Present 60 or 90-minute programs** for staff from interested units. This program provides a more in-depth understanding of the SFA program and its benefits. Its aim is to encourage attendees to commit to the program, and to solicit interest in those who might want to be champions.
- **Identify the units that will adopt the SFA program in the initial phases.** Identify two **champions** that will work in conjunction with Team Leaders to champion the SFA program at a unit level.
 - **At first, focus on the units that *want* to rollout SFA (i.e., the “innovators”).** Perhaps you identify the champion first, and then rollout the project where the champion work. You may have units that really “need” the SFA initiative, but if there are no potential champions on that unit, wait to rollout in that unit until the initiative gains more momentum. It is typically easy to decide which units will be included in the second phase of rollout, they are the “sister” units that are enthused about SFA because of what they see happening in the innovator units.
- **Select and provide training for the unit champions.** Attributes of champions should include:
 - Demonstrated interpersonal communication skills
 - Commitment to enhancing the team environment
 - Strong team skills
 - Willingness to collaborate with Team Leaders in implementing SFA at the unit level

Champions will participate in a **4-hour training program** given by the organizational Team Leaders that describes factors in resilience, the stress continuum model and identifying high risk factors for stress illness. The training includes presentation on evidence-based strategies for supporting staff during stress, enhancing resilient environments, and recognizing and responding to stress injury.

Additional 30-60 minute SFA development for champions may be planned based on individual and unit needs. These may include: evidence-based measures and exercises that address psychological readiness, coping, burnout, satisfaction, resilience, and well-being; individual peer stress and coping assessment; peer-to-peer support intervention to address occupational fatigue, compassion fatigue, caregiver stress, and burnout.

- **Champions implement peer-to-peer support:** This is the backbone of the entire SFA program. Once the champions on one, two or more innovator units have been trained, they will be responsible for providing training and support — in collaboration with the Team Leaders — to unit employees.
 - In an effort to evaluate the outcomes of the SFA peer-to-peer support program, the champions will be asked to administer the program evaluation tool before they provide any training on SFA. The tool will be administered after scale up and then approximately a year later to determine effectiveness.
 - Unit-based trainings cover the SFA continuum model, 7 C's and interventions (self-care tools, stress management, strategies to growing the green). Interventions may take the form of a lunch and learn, or it might be included as a part of routine unit activities, such as staff meeting, debriefings, supervision meetings, or special meetings.

The champions should be provided with least **2 hours/week of protected time**. This makes it clear that the organization values SFA and it gives these champions time to prepare for and conduct their classes. These 2 hours/week will give them the time they need to implement this peer-to-peer support.

Remove Obstacles, Build on the Change (Ongoing)

Communicate the change: Throughout this phase, continue to discuss SFA and the successes of SFA. In addition, continue to use the SFA terminology and language so that SFA continue to be a part of the organizational culture.

Address barriers to implementation. An important part of this step is to address any barriers to implementation. These barriers might be unit level (e.g., identifying time for huddles, identifying time for training, staff turnover, staff who are resisting implementation of the SFA culture) or they may be system-wide (e.g., funding for champions, slow rollout, inaccurate myths about the program). The unit champions will meet with the Team Leaders at least biweekly. Unit champions will report to the Leadership Team quarterly to report on their unit's implementation status and to hear program updates. These meetings will be used to identify barriers and to develop an action plan that states who will take the lead to address each issue and by what date.

Provide ongoing support to Team Leaders and Champions. The Team Leaders and champions, particularly in their first year, will need ongoing support to excel in this role and to ensure that they do not become victims of burnout. There are a variety of ways that champions can be supported:

- Quarterly development of Team Leaders with continued SFA training or consultation.
- Provide champions with ongoing development and support. During routine biweekly check-ins, the coach and team leader should discuss successes, challenges, concerns, and questions.
- Consider hosting 4-monthly (three times/year) 4-hour workshop where the unit champions are brought together to process their barriers and successes and what it means to be a team member. The meetings should focus on where each champion needs assistance. The workshops should include training.

Build on the change. Continue to implement SFA terminology and practices. For example:

- Make SFA language part of the corporate culture. In meetings focus on the problem, not on the people. Get discussion going by asking what the situation looks like when it is going well or green? What does it look like when it is yellow/orange?

- Develop “wellness huddles” at regular intervals through each shift using the SFA continuum to proactively assess and address fluctuating stress levels each day.
- At least once/month do something to keep the narrative going. Maybe a lunch and learn (for all shifts). Maybe it is as simple as placing a laminated sign in the lunchroom with messages that spark discussions.
- Incorporate SFA into orientation.
- Publicly recognize key members of your original change coalition, and make sure the rest of the staff — new and old — remembers their contributions.
- Develop contingency plans. Should there be staff turnover in champions, ensure that there is a contingency plan and that someone else is appointed in the coach role and provided with training. Ideally, there should be overlap between the outgoing and incoming champions.

Periodic Evaluation. Prior to unit implementation and then again approximately 6 and again 12 months after program implementation, you should have some data (even if unit-specific only, versus organization wide) on interim outcomes, such as:

- Increase in engagement (as identified through engagement surveys)
- Staff turnover
- Resiliency
- Perceived stress and stress symptoms
- Sense of Belonging

Be sure to communicate these outcomes to units and the organization as a whole.



Additional Train the Trainer Educational Programming

NJ-NEW will be providing future Train the Trainers sessions and additional webinars to support the Stress First Aid program in 2022. To learn more about NJ-NEW programming, please visit <https://njnew.org/>

Appendix A: Stress First Aid 3-page overview

Stress First Aid (SFA) Peer Support is a set of supportive and practical actions for those in high-risk stress occupations. It aims to help team members identify and address early signs of stress reactions in themselves and others in an ongoing way (not just after “critical incidents”).

The Stress Continuum Model

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Unit leader & Staff Responsibility	Individual, Colleague, Family Responsibility		Caregiver Responsibility

and their preparation for and interpretation of the stressor event. Moving across the continuum, a person’s state can change from the **Green** to **Yellow** to **Orange** to **Red** zone, and back again. The approach provides a flexible multi-step process for the timely assessment and preclinical response to psychological injuries in individuals or units. Recognizing the signs of Orange zone stress and taking steps to lessen the severity is important.

Why Stress First Aid for Nursing?

Nurses work in a pressurized context and the ramifications of this stress can negatively affect wellbeing. In the past two years many nurses have experienced increased stressors related to the COVID pandemic, nursing shortage—stress at work, stress in personal life, worries about one’s own health and the health of loved ones. For many this is exacerbated by being put in situations where doing the “right” thing is not possible. This stress has both physical and psychological manifestations that if not addressed can progress to true injury and illness.

A Peer Support Model

Stress First Aid can be used for self-care, or to help coworkers. The aim is for stress first aid to be a system-wide approach to responding to ongoing stress. Using a color-coded approach to understand the stress continuum, clinicians will learn to recognize symptoms in oneself, others, and the team to diagnose their state and to take action.

- **Green** and **Yellow** Zone behaviors are expected responses and represent opportunities to address systems issues and enhance team engagement.
- **Orange** Zone behaviors identify team and individual behaviors that indicate the potential for role and performance dysfunction and the need for peer and leadership support through coaching and stress first-aid interventions.
- **Red** Zone behaviors identify team and individual role compromise that requires focused professional interventions to restore team and clinician function.

Stress First Aid Model's Core Actions

SFA is based on a set of five evidence-based elements that have been linked to better functioning after stress and adversity across a number of settings. These elements are:

6. Regaining a sense of safety, or **cover**,
7. Restoring **calm**, to reduce intense physiological arousal and negative emotions,
8. Feeling **connected** to sources of social support,
9. Increasing the sense of efficacy, which means feeling **competent** to handle the situations that create stress (on one's own or as a team) or one's own reactions to the stress, and
10. Experiencing hope or **confidence** in one's self and the world.



Seven Cs of Stress First Aid:

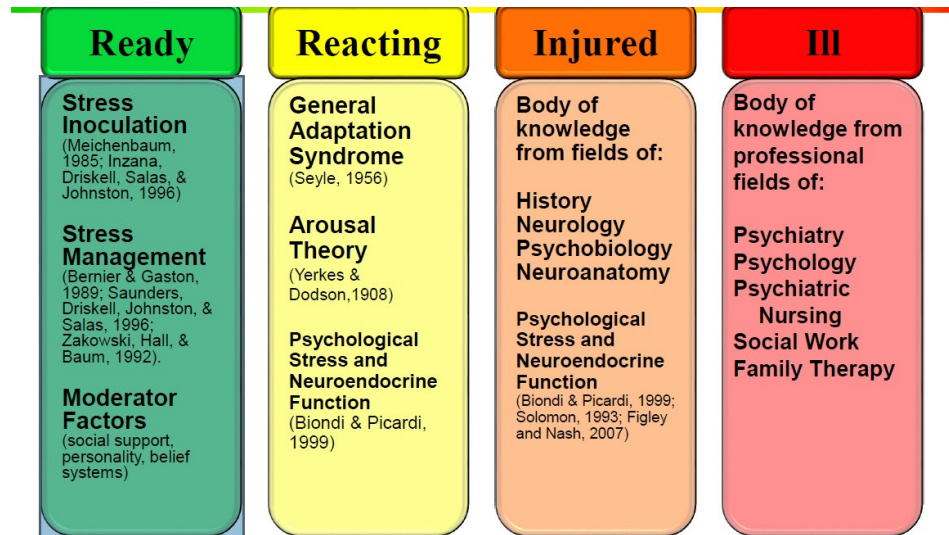
- 1. CHECK**
Assess: observe and listen
- 2. COORDINATE**
Get help, refer as needed
- 3. COVER**
Get to safety ASAP
- 4. CALM**
Relax, slow down, refocus
- 5. CONNECT**
Get support from others
- 6. COMPETENCE**
Restore effectiveness
- 7. CONFIDENCE**
Restore self-esteem and hope

In addition to these 5 elements, SFA Model includes two additional actions, **Check** and **Coordinate**, which are considered *continuous* actions because they should be performed in an ongoing way to monitor and recruit assistance any time a person or team is showing persistent **Orange** zone reactions. In contrast, the other five SFA actions are used only as *needed*.

A Peer Support Model—Interventions to Respond to Stress

The stress continuum is an evidence-based model that draws upon critical theory at each stage of the stress continuum.

Stress First Aid provides a toolbox of interventions that can be used recognize stress, prevent stress, integrate positive practices that mitigate stress and optimize the work environment. The aim is to “Grow the Green”—moving the individual or unit to the **Green** Zone with interventions targeting each zone.



SFA Peer Support Outcomes

- Increased resilience
- Enhanced work environments
- Enhanced team culture that improves engagement, retention, and meaningful work.
- Improved peer and leader abilities to recognize stress injuries and respond with compassionate, restorative support

