



Northeastern University
Bouvé College of Health Sciences

Nurse Anesthetist Knowledge, Attitude, & Practice of Trauma-Informed Care (TIC) in the Preoperative Period for Women Recently Diagnosed with Breast Cancer

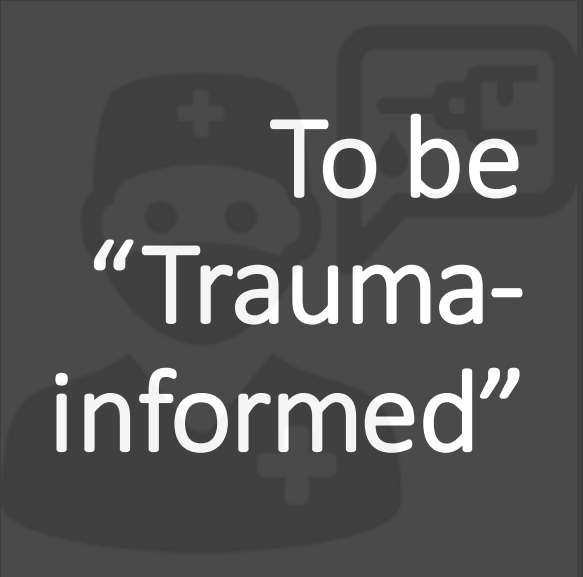
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Expert Mentor: Kate Evangelista, DNP, CRNA, NEA-
BC



What is trauma-informed care?

- Realizes trauma is widespread
- Grounded in mitigating retraumatization
- Creates supportive healthcare environment based on understanding how lived experiences impact interaction with healthcare services
- Alters traditional approaches that may cause unforeseen harm by unintentionally retraumatizing a survivor
- Organizational and clinical approach to care



To be
“Trauma-
informed”

- To understand how past emotional or physical trauma figures into the lives of most consumers of health care i.e. surgery & anesthesia
- To apply that understanding in providing services and designing systems to accommodate the needs and vulnerabilities of trauma survivors and facilitate participation in treatment (Butler et. al, 2011)
- Universal Trauma precautions: involves small changes to practice & does not require providers to know whether the patient has a trauma history (Raja et. al, 2015)

Trauma-informed Care Principles

Safety



Ensuring physical and emotional safety

Common areas are welcoming and privacy is respected

Choice



Individual has choice and control

Individuals are provided a clear and appropriate message about their rights and responsibilities

Collaboration



Definitions

Making decisions with the individual and sharing power

Principles in Practice

Individuals are provided a significant role in planning and evaluating services

Trustworthiness



Task clarity, consistency, and Interpersonal Boundaries

Respectful and professional boundaries are maintained

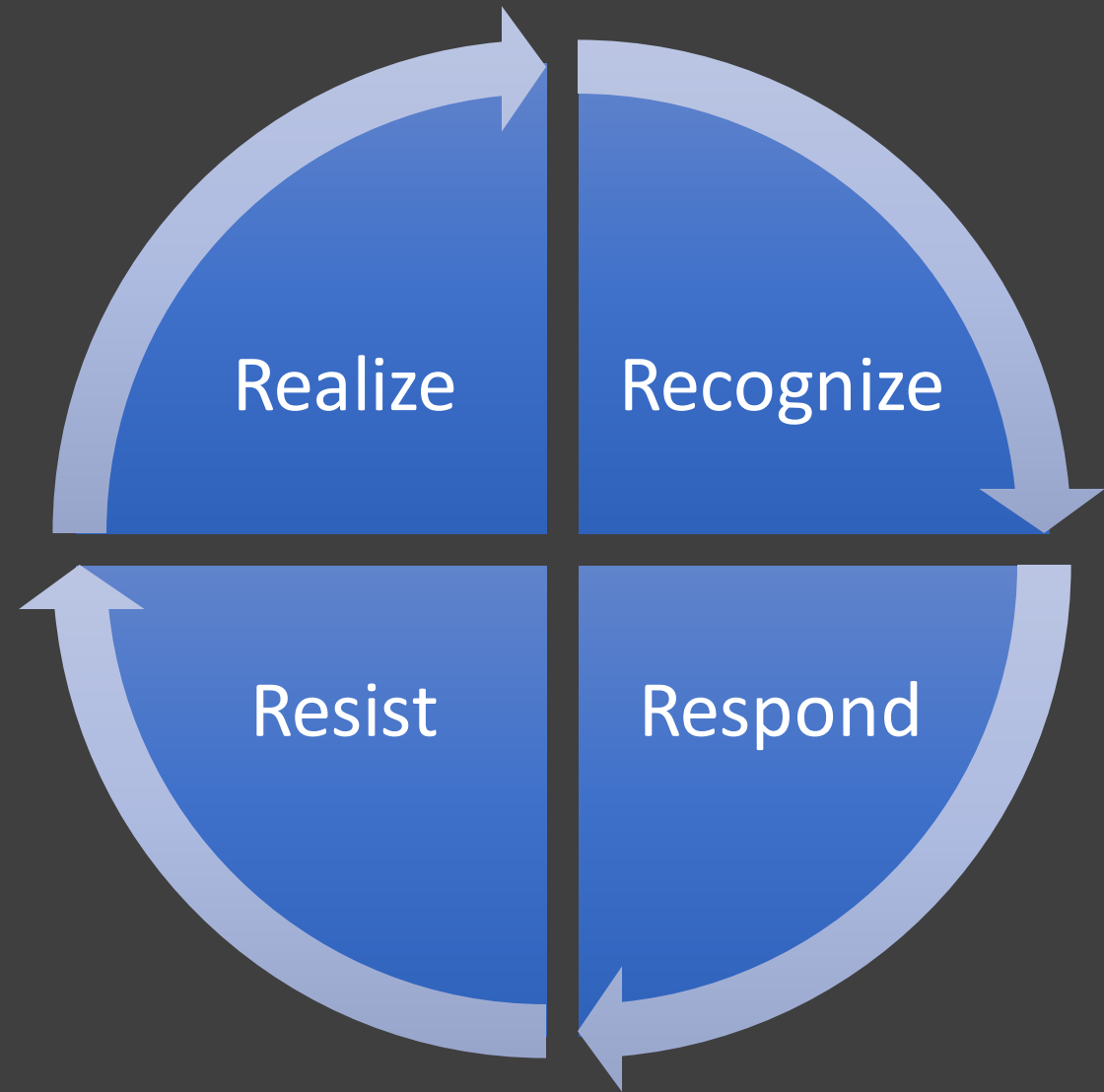
Empowerment



Prioritizing empowerment and skill building

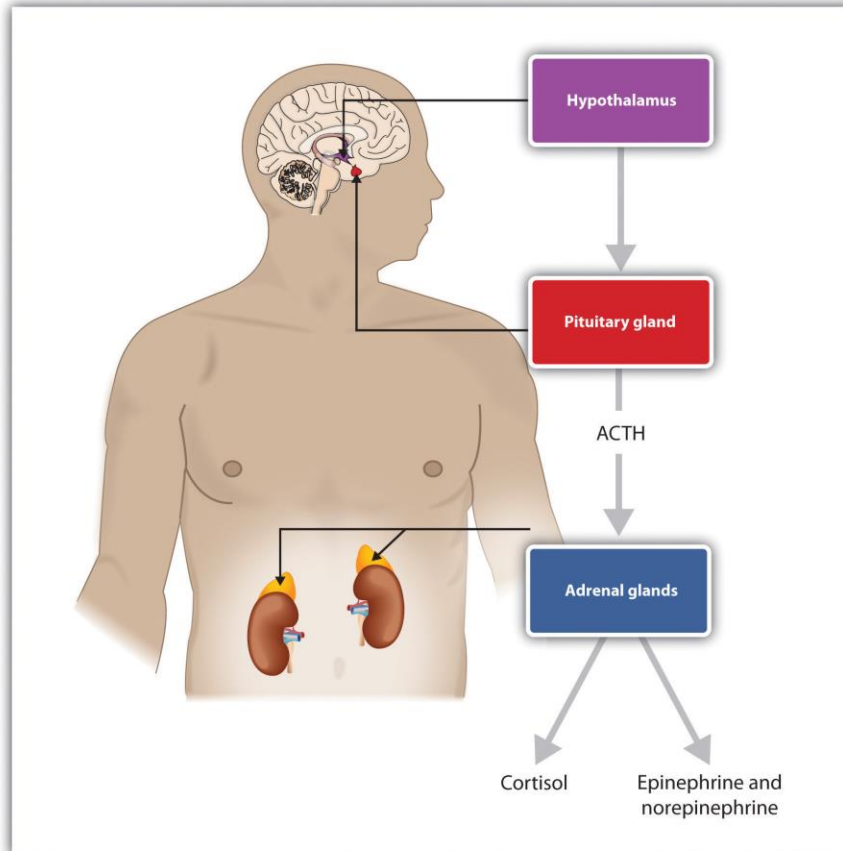
Providing an atmosphere that allows individuals to feel validated and affirmed with each and every contact at the agency

Components of TICas
defined by the
Substance Abuse and
Mental Health
Services
Administration
(SAMSHA)



The Patient Experience

70% of U.S. adults have experienced some type of traumatic event at least once in their lives



Anxiety increases in medical settings because

Feeling a lack of control

Having their body exposed

Feeling powerless

Being alone with unknown providers


Having something inserted into their body

Being unable to breathe or swallow

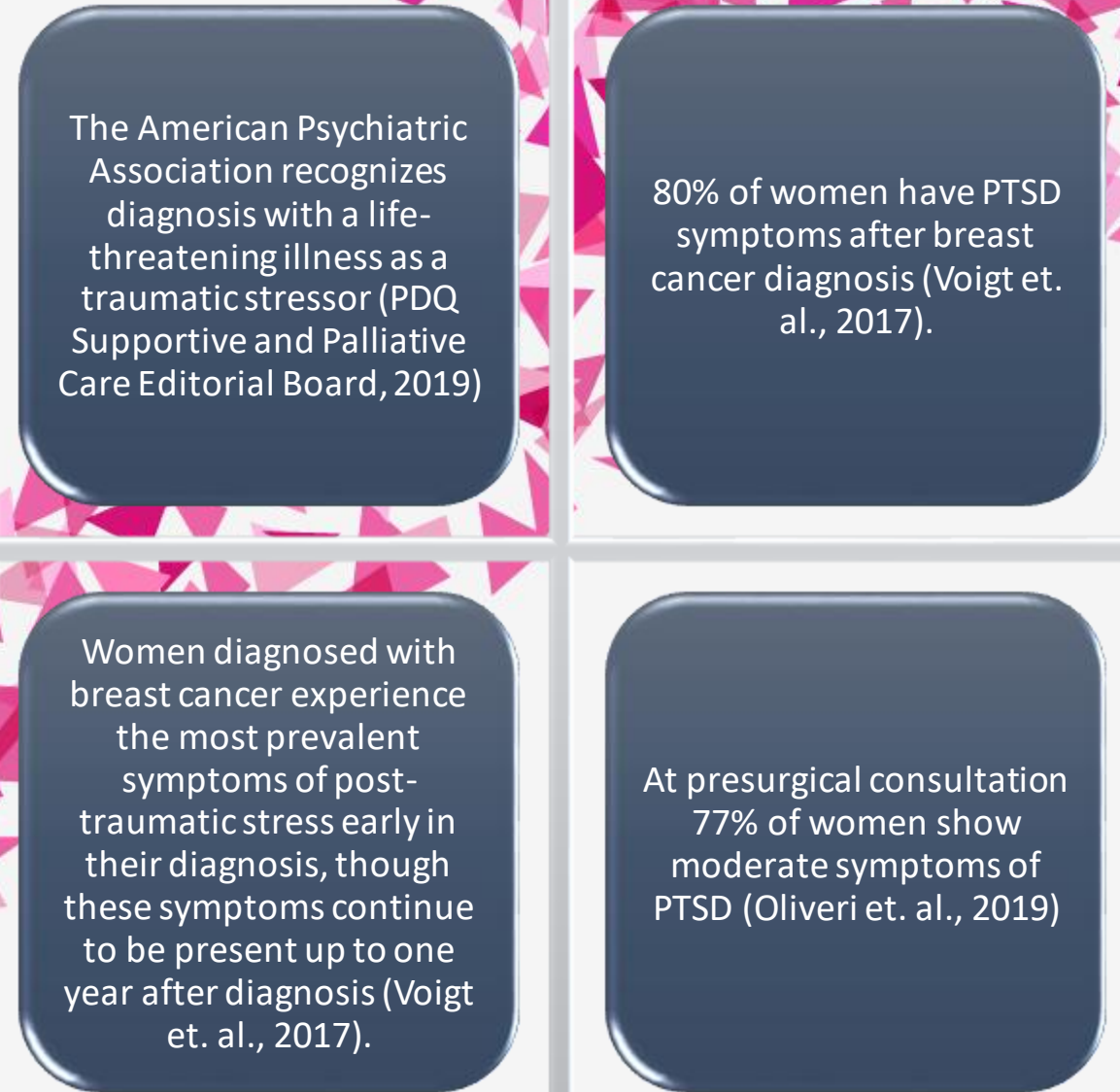
Being touched

Fear of being unconscious

(Raja et. al., 2015)



The Breast Cancer Experience & Trauma-informed Care



The American Psychiatric Association recognizes diagnosis with a life-threatening illness as a traumatic stressor (PDQ Supportive and Palliative Care Editorial Board, 2019)

80% of women have PTSD symptoms after breast cancer diagnosis (Voigt et. al., 2017).

Women diagnosed with breast cancer experience the most prevalent symptoms of post-traumatic stress early in their diagnosis, though these symptoms continue to be present up to one year after diagnosis (Voigt et. al., 2017).


At presurgical consultation 77% of women show moderate symptoms of PTSD (Oliveri et. al., 2019)




What is the nurse anesthetist's knowledge, attitude, and practice (KAP) of trauma-informed care in the immediate preoperative period in general and for women recently diagnosed with breast cancer having invasive breast surgery?

Methods, Design & Data Analysis:

2-part, investigator developed, mixed-method descriptive survey adapted from 3 tools from the literature



Part 1 KAP of nurse anesthetists for the general patient population



Part 2 KAP of nurse anesthetists for the patient diagnosed with breast cancer



Quantitative data- descriptive statistics & exploring relationships through associations



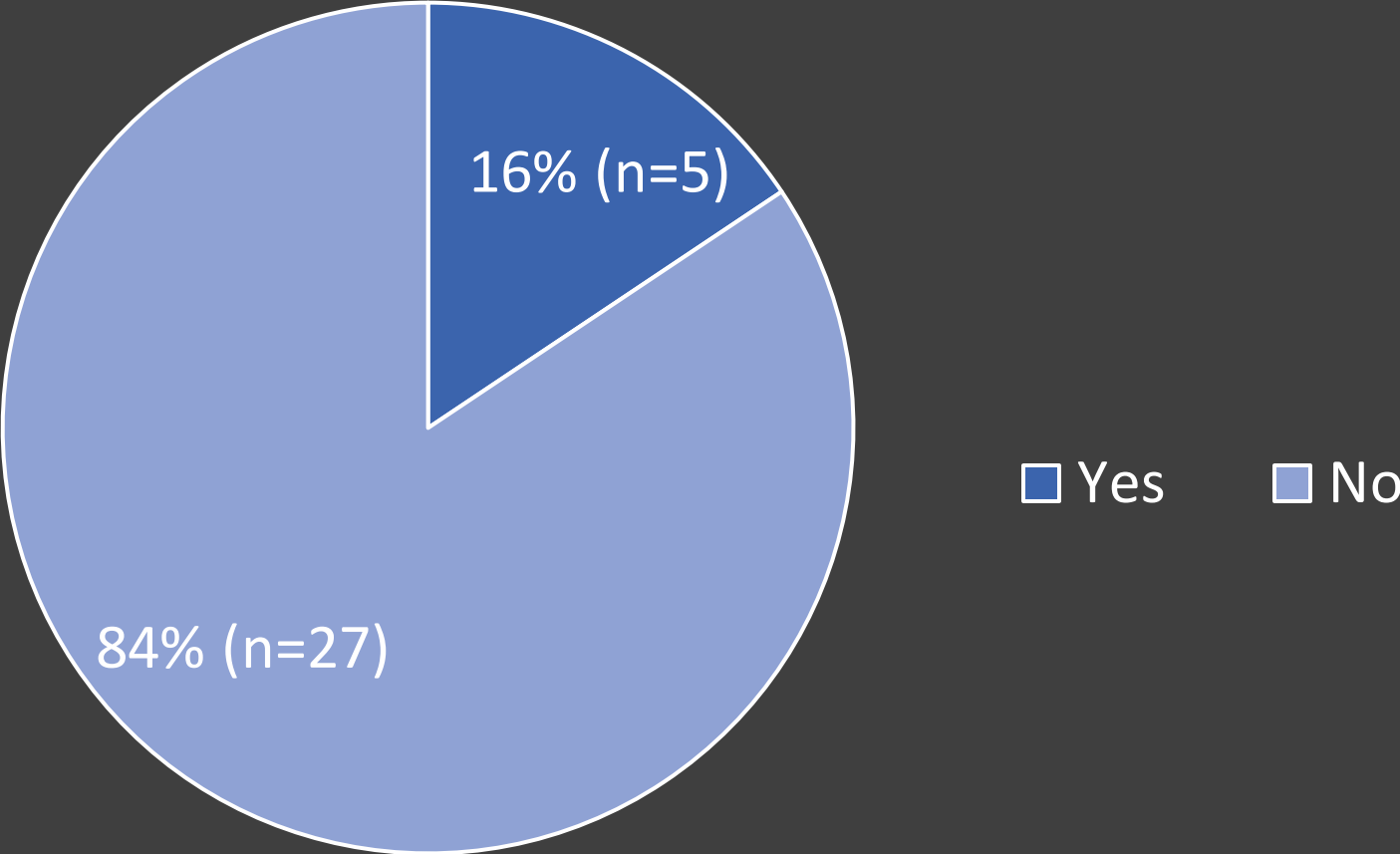
Qualitative data- open ended responses categorically grouped & themed

Table 1. Sample Characteristics

(N=32)

Demographic Characteristics	n(%)	Level of Education	
Gender		APRN degree/certificate	6 (18.8)
Male	10 (31.2)	Diploma/certificate in anesthesia	5 (15.6)
Female	22 (68.7)	BSN	16 (50)
Age		Baccalaureate in other field	8 (25)
25-35 years	5 (15.6)	MSN	8 (25)
36-45 years	6 (18.8)	MS in anesthesia	18 (56.3)
46-55 years	7 (21.9)	MS in other field	2 (6.3)
56-65 years	10 (31.3)	Practice doctorate	6 (18.8)
>65 years	4 (12.5)	Primary practice setting	
Years of Practice		Academic medical center	12 (37)
<5 years	5 (15.6)	Community hospital	16 (50)
6-10 years	4 (12.5)	Ambulatory surgical center	3 (9)
11-15 years	5 (15.6)	Other	2 (6)
16-20 years	2 (6.3)		
>20 years	16 (50)		

Were you aware of TIC prior to reading the definition of TIC in the introduction of this survey?



Knowledge items for patients with breast cancer	Correct Response, n (%), N=28
Being diagnosed with breast cancer is a traumatic experience.	27 (96)
Women recently diagnosed with breast cancer presenting to the preoperative period for invasive breast surgery are experiencing traumatic stress.	26 (93)
Women with significant post-traumatic stress reactions usually show obvious signs of distress.	12 (43)

Table 3. Nurse Anesthetists Knowledge of TIC for Patients with Breast Cancer

Nurse Anesthetist Attitudes of TIC for patients in general vs for patients with breast cancer

All Patients					
Statement about Trauma-Informed Care for patients in general	Nurse anesthetists' ratings, n(%), N=32				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I value multidisciplinary collaboration to maintain continuity of care.	20 (62)	8 (25)	4 (12)	0 (0)	0 (0)
Using principles of trauma-informed care is important to my practice as a nurse anesthetist.	7 (21)	11 (34)	11 (34)	3 (9)	0 (0)
I have found the use of trauma-informed care principles to be effective when caring for patients.	2 (6)	6 (18)	23 (71)	1 (3)	0 (0)

Breast Cancer Patient					
Statements about Trauma-Informed Care for patients with breast cancer	Nurse anesthetists' ratings, n(%), N=28				
	Strongly Agree	Agree	Neutral	Disagree	Strongly disagree
Trauma-informed care is an important practice when caring for a woman diagnosed with breast cancer having invasive breast surgery (e.g., mastectomy, lumpectomy, flap and/or reconstructive procedures).	13 (46)	9 (32)	5 (17)	1 (3)	0 (0)
Retraumatization or triggering related to breast cancer diagnosis can occur unintentionally.	15 (53)	6 (21)	7 (25)	0 (0)	0 (0)



Quantitative Analysis

- Nurse anesthetists with more favorable attitudes of TIC for patients in general had more favorable attitudes about TIC for patients with breast cancer.
- For patients in general: greater knowledge about TIC was correlated to more favorable attitudes about TIC.
- For patients with breast cancer: greater knowledge about breast cancer and traumatic stress was correlated to more frequent use of trauma-informed practice.
- The #1 ranked barrier to trauma-informed practice was concern to retraumatize
- Nurse anesthetists who were aware of TIC utilize trauma-informed practice more frequently.

Qualitative Data

“The nurse putting on the compression boots without saying what she was doing ensued absolute panic. So, I initiated a pause with the whole team.”

“So, I asked her what she felt would be most helpful to help get through this situation, to which she replied explanation of everything that I’m doing, every step of the way”

“Asking about any worries about the BP cuff site, explain why and where chest ECG leads will be placed - usually in places that are different than previous surgeries. Ask what they like to be called - any music that would be soothing.”



Qualitative Data

“I ask them for their involvement- telling me how things work best for them. Acknowledging the difficult diagnosis and listening.”

“One patient explained EKG cables are bothersome because she had experienced a prior attempt by her ex-boyfriend to strangle her.”

“Prior to touching them I ask them if they are ok if I measure their hemodynamics- asking if I get into their space and touch them while measuring, then do so quickly and tell them a bit more about why we do it after.”



Qualitative Analysis: Revisit Core Principles

Safety



Ensuring physical and emotional safety

Common areas are welcoming and privacy is respected

Choice



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Collaboration



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Empowerment



Prioritizing empowerment and skill building

Providing an atmosphere that allows individuals to feel validated and affirmed with each and every contact at the agency

Offer a trauma-informed approach



ESTABLISH COLLABORATION
BETWEEN PROVIDER AND PATIENT



ALLOW THE PATIENT TO HAVE
INPUT ON ALL DECISIONS



EMPOWER THE PATIENT TO MAKE
CHOICES

Ask questions:

Patient History

- Have you had any life experiences that you feel have impacted your health and well-being?
- What would be helpful to make you feel comfortable during this visit?
- What type of health care do you think you need?

During Care

- Are you comfortable?
- Is it OK for me to continue?
- Would you like me to stop?



Reflect on yourself & your colleagues:

Preventing secondary traumatic
stress & compassion fatigue

- Check in
- Be aware of patterns
- Raise awareness
- Offer safe environments for support
- Allow time off (Menschner & Maul, 2016)



“Seek first to
understand, a
moral obligation”

-Dr. Anne Lewis-O'Connor of Brigham & Women's Hospital

<https://brighamhealthhub.org/healing-the-emotional-wounds-of-the-past-with-trauma-informed-care/>



Thank you!

- Please don't hesitate to reach out with any thoughts or questions
- Maria McCarthy,
mccarthy.ma@northeastern.edu

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Resources:

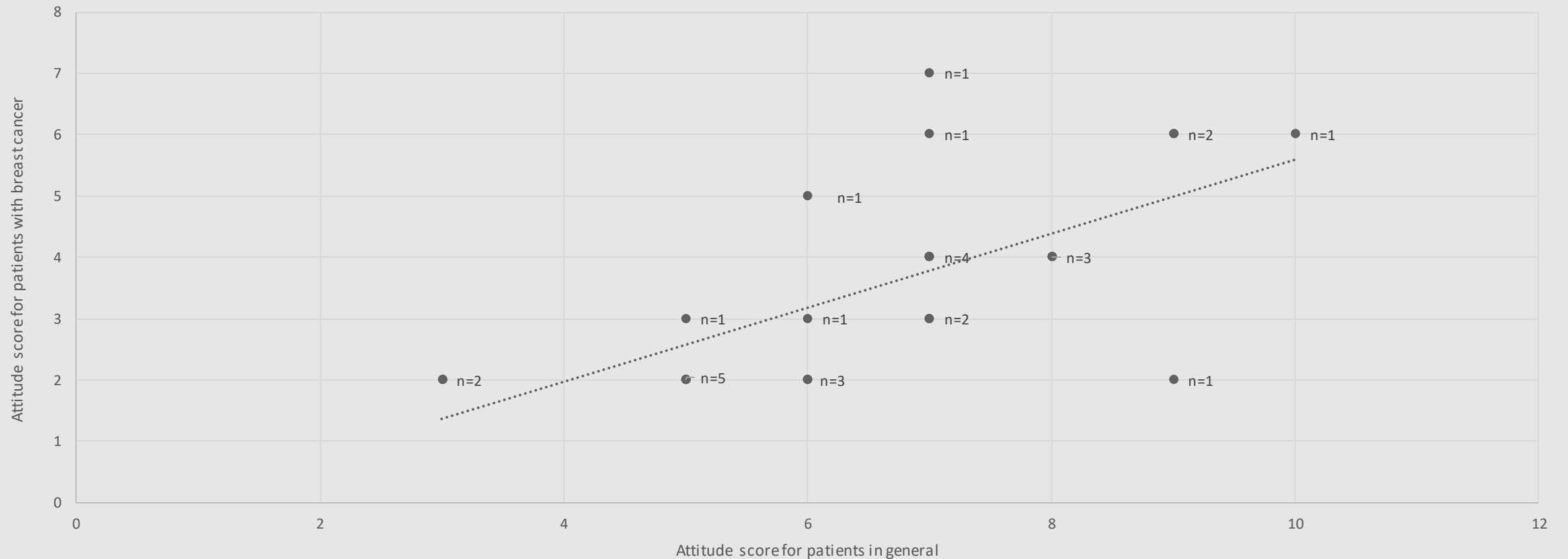
Podcasts:

- [Breast Cancer is Boring: What Do You Say When You're Triggered by Your HCW?](#)
- [NEJM Interview: Dr. Eve Rittenberg on providing patient-centered and compassionate care for people who have experienced trauma.](#)
- [Brene Brown on Trauma, Resilience, and Healing with Oprah Winfrey & Bruce D. Perry, M.D., Ph.D.](#)
- [Depression and Suicidal Thoughts after Cancer Diagnosis](#)

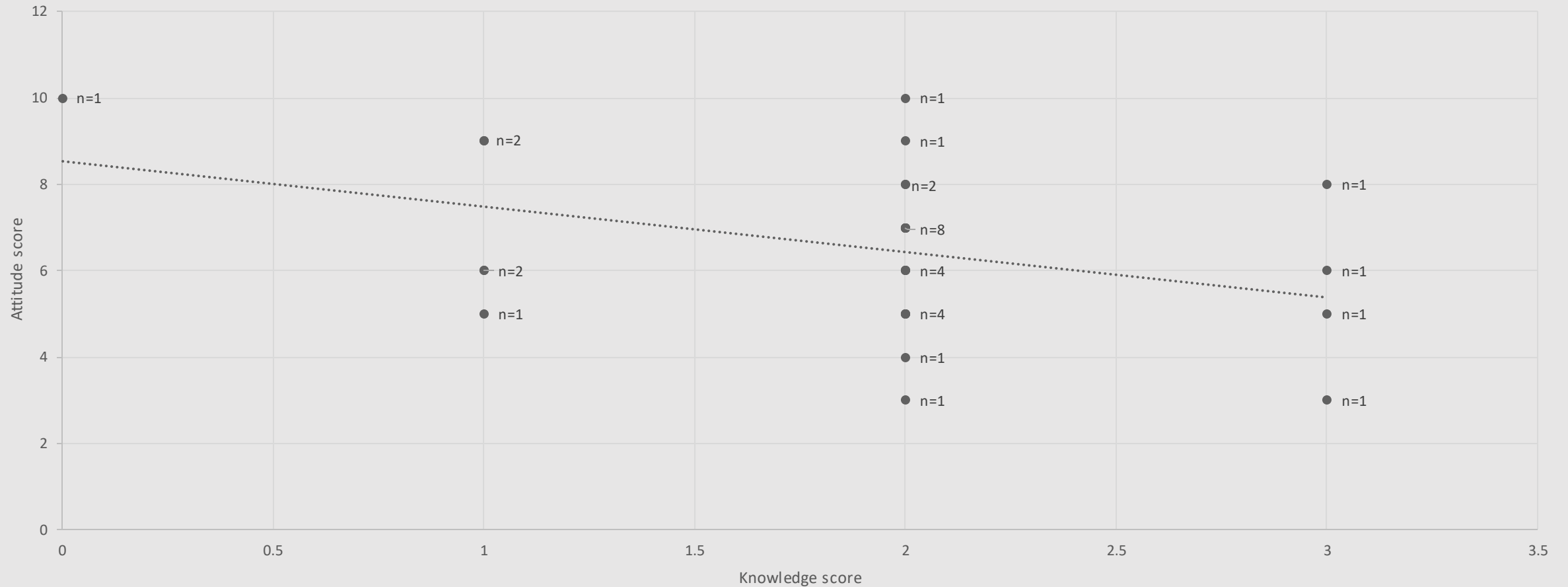
Websites

- [Breast Cancer: Newly Diagnosed](#)
- [Campaign for Trauma-informed Policy and Practice](#)
- [Issue Brief: Key Ingredients for Successful Trauma-informed Care Implementation](#)
- [Center for Health Care Strategies](#)
- <https://storiezguide.com/>

Correlation between attitude scores of TIC for patient in general and attitude scores for patients with breast cancer (N=28)



Correlation between nurse anesthetist knowledge scores and attitude scores for patients in general (N=32)

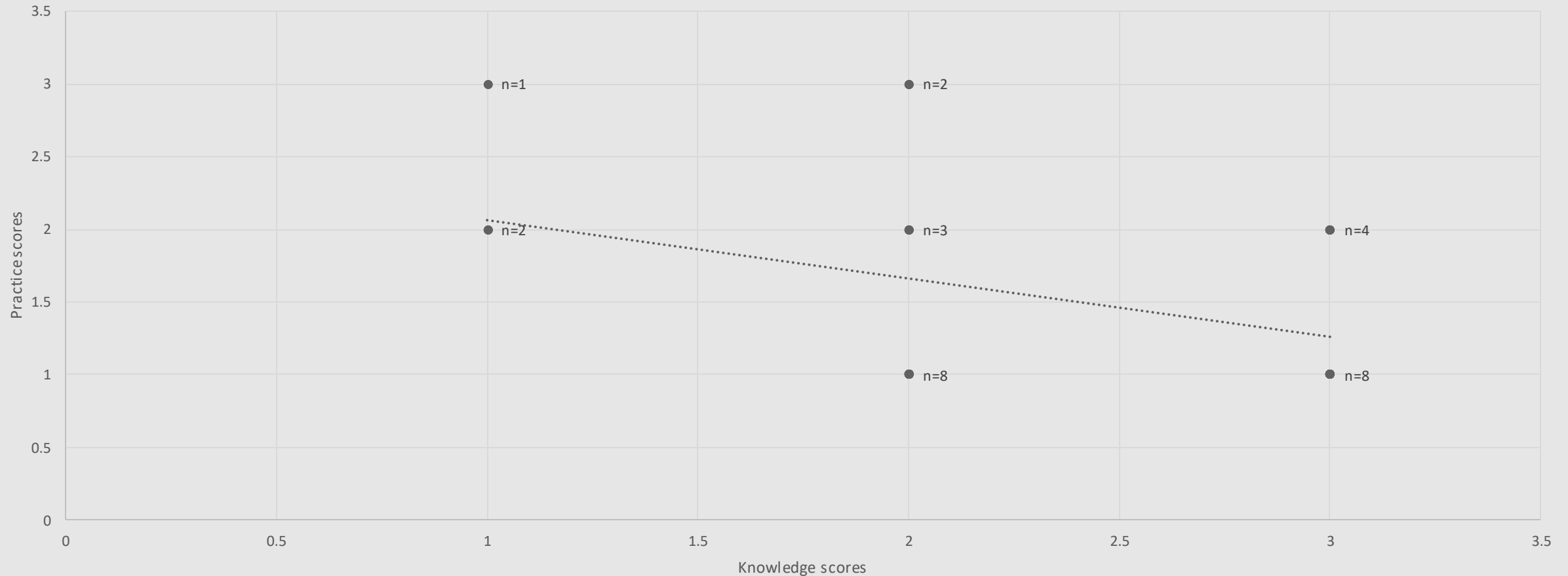




Correlation between nurse anesthetist knowledge scores and attitude scores for patients in general

- A higher knowledge score indicates more knowledge of TIC. A higher attitude score indicates a less favorable attitude of TIC. There was a strong, negative correlation between nurse anesthetists' knowledge scores of TIC and summative attitude scores of TIC for patients in general, which was statistically significant ($r_s = -.380$, $p = 0.32$).
- Greater knowledge is correlated to better attitudes.

Correlation between nurse anesthetists' knowledge scores of TIC and practice scores of TIC for patients with breast cancer (N=28)



Correlation between nurse anesthetists' knowledge scores of TIC and practice scores of TIC for patients with breast cancer

- A higher practice scores indicates less frequent practice of TIC for patients with breast cancer. There was a strong, negative correlation between nurse anesthetists' knowledge of TIC and practice of TIC for patients with breast cancer, which was statistically significant ($r_s = -.385$, $p = 0.43$).
- Greater knowledge is correlated to greater practice.



Awareness of TIC

- A Mann-Whitney U test was run between use of TIC and awareness of TIC, and from this data it can be concluded that those individuals who were aware of TIC utilize TIC at a higher rate than those individuals who were not aware of TIC ($U=27$, $p=.017$).

