




Preserving Wellness during the Pandemic


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Overview

- The stress of the COVID-19 pandemic.
 - How has it affected you?
 - What are the effective system-based and individual responses to this stress ie building resilience.
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Well-being during
disasters –
appreciating the
impact of
**uncertainty and fear
for one's safety and
loved ones**

- COVID-19 has presented the challenge of making sense of an ever-changing context of knowledge.
- Weather related disasters and even 9/11 had focal identifiable locations **VS** the ongoing concern of continual random strikes.



Well-being during
disasters –
appreciating the
impact of
**uncertainty and fear
for one's safety and
loved ones**

- The commitment of the healthcare provider is to respond regardless of the personal risk but this has rarely been a concern in modern medicine.
- The global and escalating nature of the COVID-19 pandemic has been at times frightening and at the very least distressing. Even now, >6 months in, the uncertainty of it's behavior and the lack of consensus from the medical experts maintains a constant level of apprehension.

Our values can make us vulnerable in times of stress

Selflessness – we may not seek help because we don't see our needs as a priority, we think this would be selfish

Loyalty – we may experience guilt and complicated bereavement from feeling we have failed others

Stoicism – we don't like to complain so may not ask for help when we need it.

Moral code – we may feel frustrated and betrayed when others don't respond to the needs of the situation like we think is needed, ie healthcare disparities

Excellence – we may feel ashamed of our results or minimize mistakes

Stress Injury caused by the pandemic

- 1. **Life threat** – Health care providers have died and the risk of inadequate PPE has been considerable at times, risk to loved ones
- 2. **Loss/grief injury** – the burden of multiple deaths, the feeling that it can't be stopped; perhaps a personal loss or contracting COVID-19 yourself and having aftereffects
- 3. **Inner conflict/moral injury** – survivor guilt or that I should be doing more or am afraid to participate; witnessing patients dying in isolation w/o their loved ones
- 4. **Fatigue injury** from the wear and tear of continual worry and working w/o sufficient rest and recovery

Stress Continuum Model – 4 Stages of Response

1)READY – Optional functioning, well trained, prepared and in control, motivated, calm and steady, ethical, having fun

2)REACTING – Mild transient distress or impairment but always goes away; feeling irritable, anxious or down, losing motivation or focus, trouble sleeping, muscle tension, not having fun


Stress Continuum Model

- **3)INJURED** – more severe and persistent distress, or impairment, leaves a scar, loss of control, feelings of rage, panic or depression, excessive guilt or shame, misconduct
- **4)ILL** – clinical mental disorder causing life impairment; PTSD, anxiety/depression, substance abuse; symptoms persist and worsen over time

Burnout is the state of moving from Stage 2 into 3

- Elements of burnout:
- 1) **Emotional exhaustion** – feeling you have no more to give, compassion fatigue
- 2) **Depersonalization** – minimizing and disparaging others and the impact you have on them.
- 3) **Loss of a sense of personal efficacy** – you feel like you can't make a difference, even when you are, you feel like change is hopeless





How much has the
pandemic affected
your well-being?

Let's check using a brief
modified Maslach
Burnout Inventory to
evaluate your stress as a
HCP during the
pandemic

1. Take a piece of paper or your smart device

2. You will answer 12 questions using a rating of 0 – 6

3. Make a vertical column from 1 – 12 on your paper or device

4. As the question is read record your answer next to the question number

5. You will then score the inventory to see your results

Rating Scale (focus on March to November) and ask the question: how often did I experience this feeling?

- 6 - Everyday
- 5 - A few times a week
- 4 - Once a week
- 3 - A few times a month
- 2 - Once a month
- 1 - Never

1) I deal very effectively with patients regarding their COVID-19 concerns and potential symptoms.

- 6 - Everyday
- 5 - A few times a week
- 4 - Once a week
- 3 - A few times a month
- 2 - Once a month
- 1 - Never

2) I feel I treat some of my patient's COVID-19 concerns with indifference.

- 6 - Everyday
- 5 - A few times a week
- 4 - Once a week
- 3 - A few times a month
- 2 - Once a month
- 1 - Never

3) I feel emotionally drained treating and/or counseling patients regarding COVID-19

- 6 - Everyday
- 5 - A few times a week
- 4 - Once a week
- 3 - A few times a month
- 2 - Once a month
- 1 - Never

4) I feel fatigued in the morning when I have to face another day of Covid-19 restrictions and my patients' COVID-19 concerns

- 6 - Everyday
- 5 - A few times a week
- 4 - Once a week
- 3 - A few times a month
- 2 - Once a month
- 1 - Never

5) I have become more callous towards my patients' COVID-19 concerns.

- 6 - Everyday
- 5 - A few times a week
- 4 - Once a week
- 3 - A few times a month
- 2 - Once a month
- 1 - Never

6) I feel I'm positively influencing people's lives through my approach to their COVID-19 concerns.

- 6 - Everyday
- 5 - A few times a week
- 4 - Once a week
- 3 - A few times a month
- 2 - Once a month
- 1 - Never

7) Working with people all day is really a strain for me, more now than in the past.

- 6 - Everyday
- 5 - A few times a week
- 4 - Once a week
- 3 - A few times a month
- 2 - Once a month
- 1 - Never

8) I feel confident in my decision to have become a doctor/APP.

- 6 - Everyday
- 5 - A few times a week
- 4 - Once a week
- 3 - A few times a month
- 2 - Once a month
- 1 - Never

9) I don't really care what happens to some patients.

- 6 - Everyday
- 5 - A few times a week
- 4 - Once a week
- 3 - A few times a month
- 2 - Once a month
- 1 - Never

10) I feel exhilarated after working closely with my patients addressing their COVID-19 concerns and potential symptoms.

- 6 - Everyday
- 5 - A few times a week
- 4 - Once a week
- 3 - A few times a month
- 2 - Once a month
- 1 - Never

11) I feel medicine is the best career for me.

- 6 - Everyday
- 5 - A few times a week
- 4 - Once a week
- 3 - A few times a month
- 2 - Once a month
- 1 - Never

12) I reflect on the satisfaction I get from being a doctor/APP even in these challenging times.

- 6 - Everyday
- 5 - A few times a week
- 4 - Once a week
- 3 - A few times a month
- 2 - Once a month
- 1 - Never

Scoring: Add up these groups of numbers and divide by .18 to get a % score.

- Group 1 - Add the ratings from questions #3, 4, and 7
- Group 2 - Add the ratings from questions #2, 5, and 9
- Group 3 - Add the ratings from questions #1, 6, and 10
- Group 4 - Add the ratings from questions # 8, 11, and 12

Interpretation

- Group 1 - Emotional Exhaustion – the higher the number, the greater the risk of burnout
- Group 2 - Depersonalization – the higher the number, the greater the risk of burnout
- Group 3 – Personal Accomplishment – the higher the number, the LESS the risk of burnout
- Group 4 – Satisfaction with Medicine - the higher the score = the greater your satisfaction and this will decrease the risk of burnout

Preserving wellbeing in a pandemic:

System-based strategies

- **System-based support:**
- 1) Provides a defined strategic approach to its response to the pandemic
- 2) Defines the roles and expertise that will be needed
- 3) Adequate PPE and clear processes for patient care
- 4) Work schedules that provide downtime for recovery (ie alternate work weeks) and provide extra pay to support the extended efforts of frontline staff

Preserving well-being in a pandemic:

System-based strategies

- 5) Support to working staff ie child/elder care, grocery/food service
- 6) Psychological support & clear communication lines used daily
- 7) CWO established to spearhead ongoing wellness efforts
- 8) Peer support to recognize and coach a colleague and encourage use of mental health resources (self-referral frequently unsuccessful)
- 9) De-stigmatize the impact of the pandemic on the emotional well-being of healthcare providers (baseline before the pandemic was 50% physician burnout and 20% depression)

Monitoring ongoing stress levels

- Organizational effort to normalize the concept of stress effects on clinicians
- Having ongoing staff self assessment with a tool like the MAYO Well Being Index
- Identifying those who need targeted intervention or group coaching
- The Mayo site provides multiple studies to educate clinicians and their hospital systems on the drivers of stress and successful organizational processes that can reduce stress
- CCF has a similar approach with the Clarity program

Personal strategies – what we've learned

- Know your skill set and if it is needed for front line care
- If not, don't feel guilty, look to see what support activities you can provide, stay healthy and have faith in your System, be ready to respond in defined ways if the need arises.
- If you are not actively involved in COVID-19 patient care, have a plan for your down time – many professional activities can still be accomplished ie CME and GME, virtual patient care, committee meetings – stay connected and engaged.
- Do your best to process the constantly evolving information so you can reassure your patients, family and friends.

Personal strategies - Renewal

- Stay healthy – pay attention to your diet, it's important
- Get adequate sleep - generally 7-9 hours is needed by most, understand strategies for good sleep hygiene
- Regular exercise, especially outside will help you sleep and relieve stress
- MINDFULNESS – EXPERTS AGREE IT'S ONE OF THE MOST POWERFUL TOOLS FOR HANDLING STRESS AND UNCERTAINTY – apps (Headspace, Mindfulness), you tube, and classes
- Spiritual practices and yoga – achieving mental quiet, giving gratitude, seeing the big picture, TM has documented results

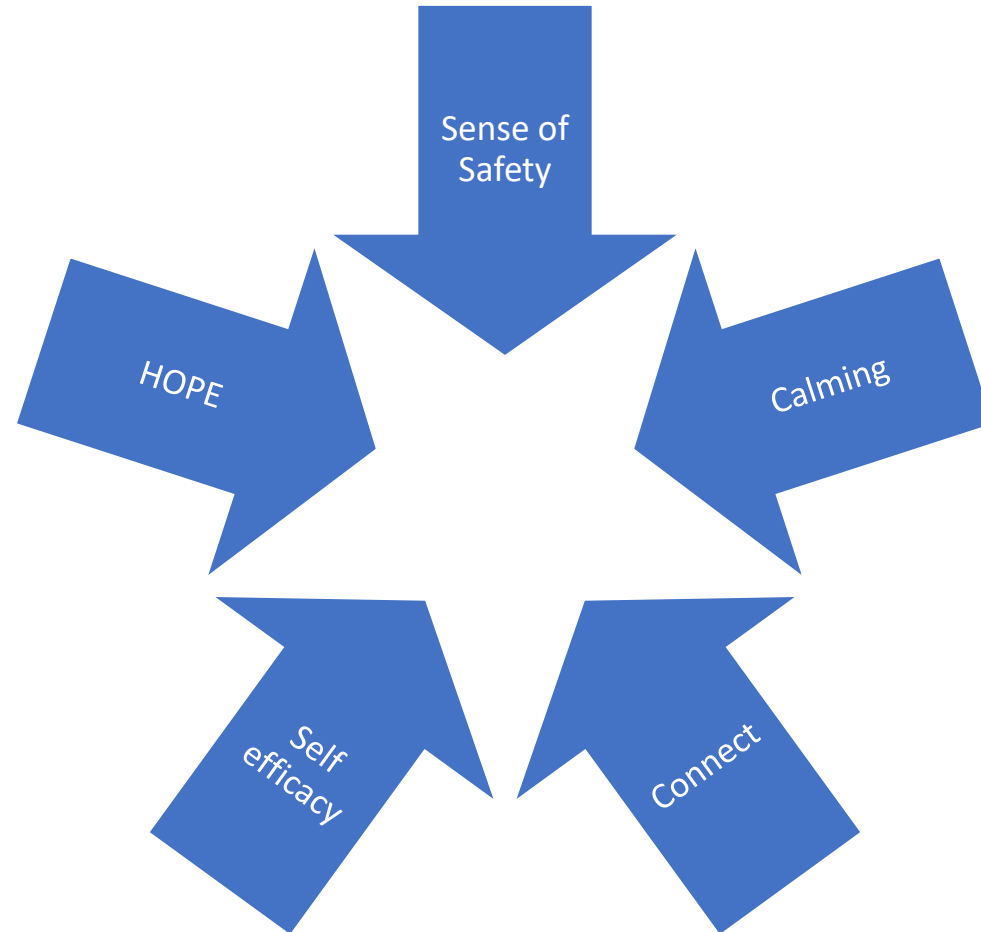
Reach out – use coaching/ mental health services

- Physicians already experience up to 50% of some degree of burnout from surveys done over the past decade, APP's similar.
- 15-20% will have mental health problems at some point in their career, usually depression
- Increase in depression, drug, and alcohol use during the pandemic
- Isolation and financial concerns affect everyone
- Recognize that you are not alone -work together with others and make a plan

Reach out – use coaching/ mental health services

- Most systems have anonymous coaching/counseling services like LifeMatters – USE THEM! We are not super heros and people depend on us to be role models during a health crises.
- If you see a colleague is distressed, reach out and encourage them to utilize these services, let them know they are not alone!
- Perspective is everything during a pandemic – this will pass
- Respect and develop skills for dealing with change
- Cultivate gratitude

Advice from the Schwartz Center for Compassionate Healthcare



The Big Picture – beyond the Pandemic

- 80% of physician burnout is related to system issues ie White coats vs Blue suits
- Training physicians in Well-Being science, Process improvement, and Change management – this provides tools to empower physicians to be a source of solutions and effective communicators vs at the effect of a dysfunctional healthcare system
- The pandemic has exposed many weaknesses in the healthcare system and this can be used for positive change.
- Being the cause for change will decrease burnout and improve adaptability – making us better prepared for the next pandemic!

Resources

- AMA STEPS Forward program – articles and videos addressing system and individual strategies to address stress and burnout, including what you can do to assess and improve the efficiency of the workflow in your practice
- AOA Physician Wellness resources – articles and videos to understand and address personal wellness
- LifeMatters resources – info and anonymous coaching/counseling
- AAFP offers a Wellbeing Planner
- National Academy of Medicine offers the Clinician Well-Being Knowledge Hub

References

- West CP et al. Resilience and Burnout Among Physicians and the General US Working Population, JAMA Network open, 2020; 3(7):e209385
- Martin KL. Medscape Physician Lifestyle and Happiness Report 2019, January 9, 2019
- West CP, Dyrbye LN, Shanafelt TD. Physician Burnout: Contributions, Consequences and Solutions, J Intern Med V283, Issue 6, 3/5/18
- Brubaker JR, Beverly EA. Burnout, Perceived Stress, Sleep Quality and Smartphone Use: A Survey of Osteopathic Medical Students, JAOA, June 2018, V188
- Shanafelt TD, Ripp J, Trockel M. Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic, JAMA 2020:323(21)
- Shapiro J, McDonald T. Supporting Clinicians During COVID-19 and Beyond: Learning from Past Failures and Envisioning New Strategies, NEJM 10/14/2020