

FACING THE PSYCHOLOGICAL EFFECTS OF THE PANDEMIC: DEALING WITH FATIGUE AND BURNOUT FOR CLINICIANS

Dr. Ben Rosen, MD, FRCPC

Dr. Mary Preisman, MD, FRCPC

Psychiatrists, Sinai Health

Assistant Professors, Dept Psychiatry, University of Toronto



Speaker disclosures

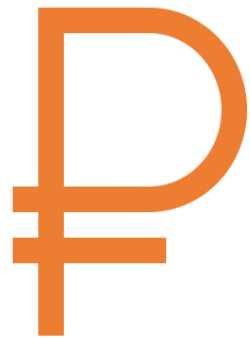


WE do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.



We do not intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. “off-label” use of medication).

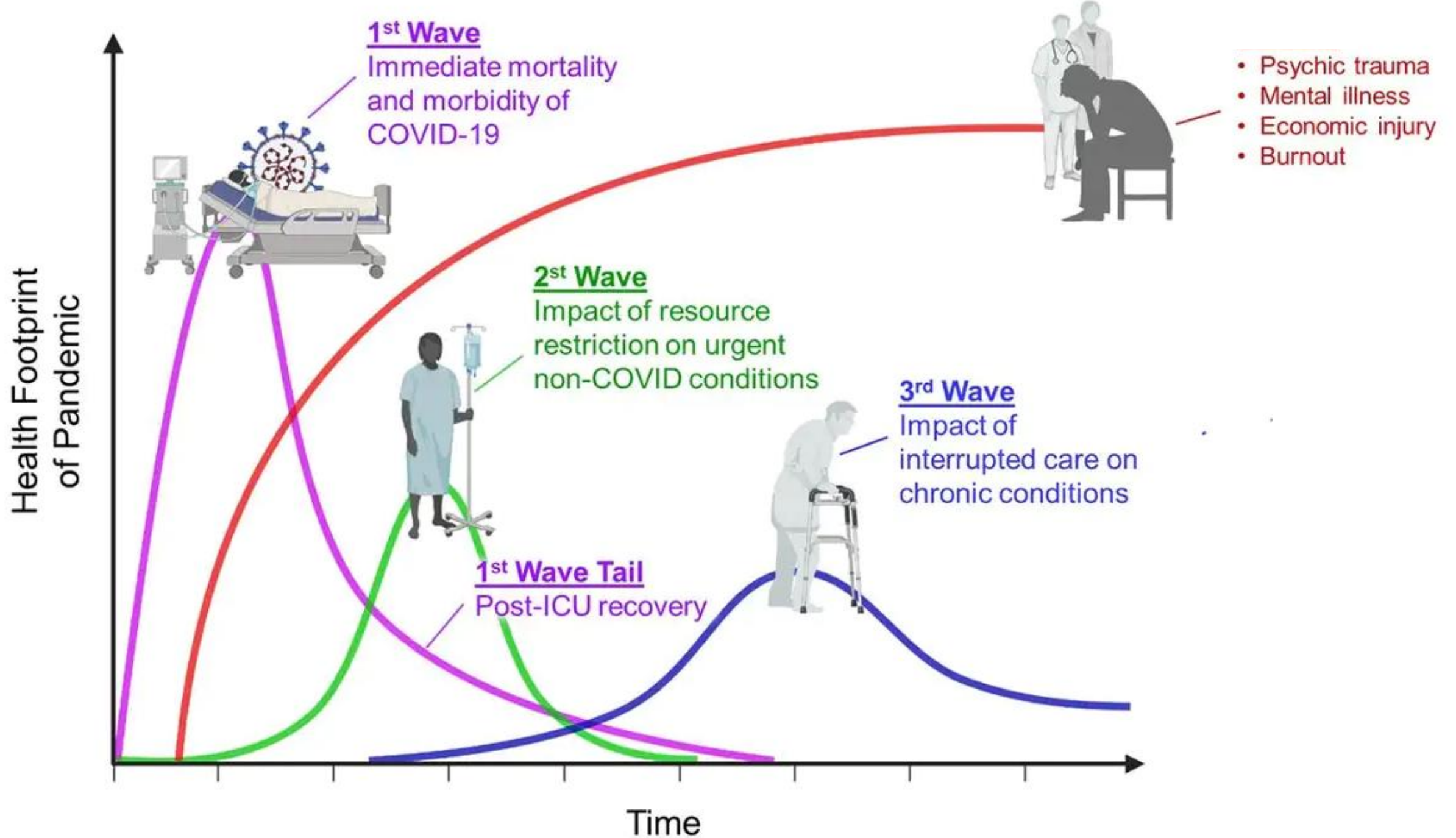
Presentation disclosures



No financial or in-kind support was received from a commercial organization to develop this presentation



The speakers have not received any payment, funding or in-kind support from a commercial organization to present at this event



Sources of COVID Strain

Bad news

Uncertain
recommendations
from authorities
(mistrust)

Redeployment
(fear of
incompetence,
infection)

Staffing Shortages

Isolation

Loss and grief
(deaths, future
events, financial
stability)

Burnout Among Health Care Professionals:

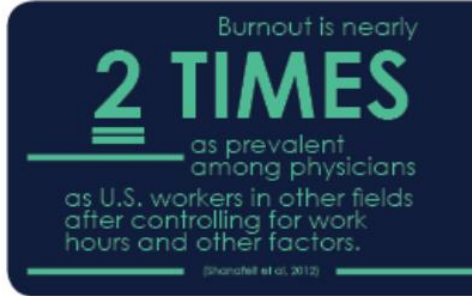
A Call to Explore and Address This Underrecognized Threat to Safe, High-Quality Care

A National Academy of Medicine Discussion Paper

Between 2011 and 2014, the prevalence of burnout increased by



while remaining stable in other U.S. workers.



Suicide rates among female physicians are



Suicide rates among male physicians are



In a study of 1,171 registered in-patient nurses,



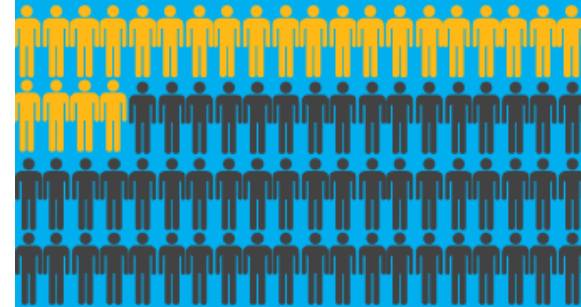
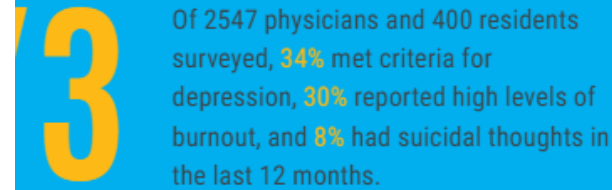
Read more and download the full discussion paper: nam.edu/Perspectives



Health care professional burnout represents real suffering among people dedicated to preventing and relieving the suffering of others. The high

PSYCHOLOGICAL NEEDS HEALTHCARE PROVIDERS

diagnoses are prevalent among both practicing and trainees, and the added stress of the COVID-19 pandemic has the potential to exacerbate any pre-existing vulnerabilities.



Recent studies show that 34% of practicing physicians report high levels of burnout, finds CMAJ survey. CMAJ 2018;190:E1293.

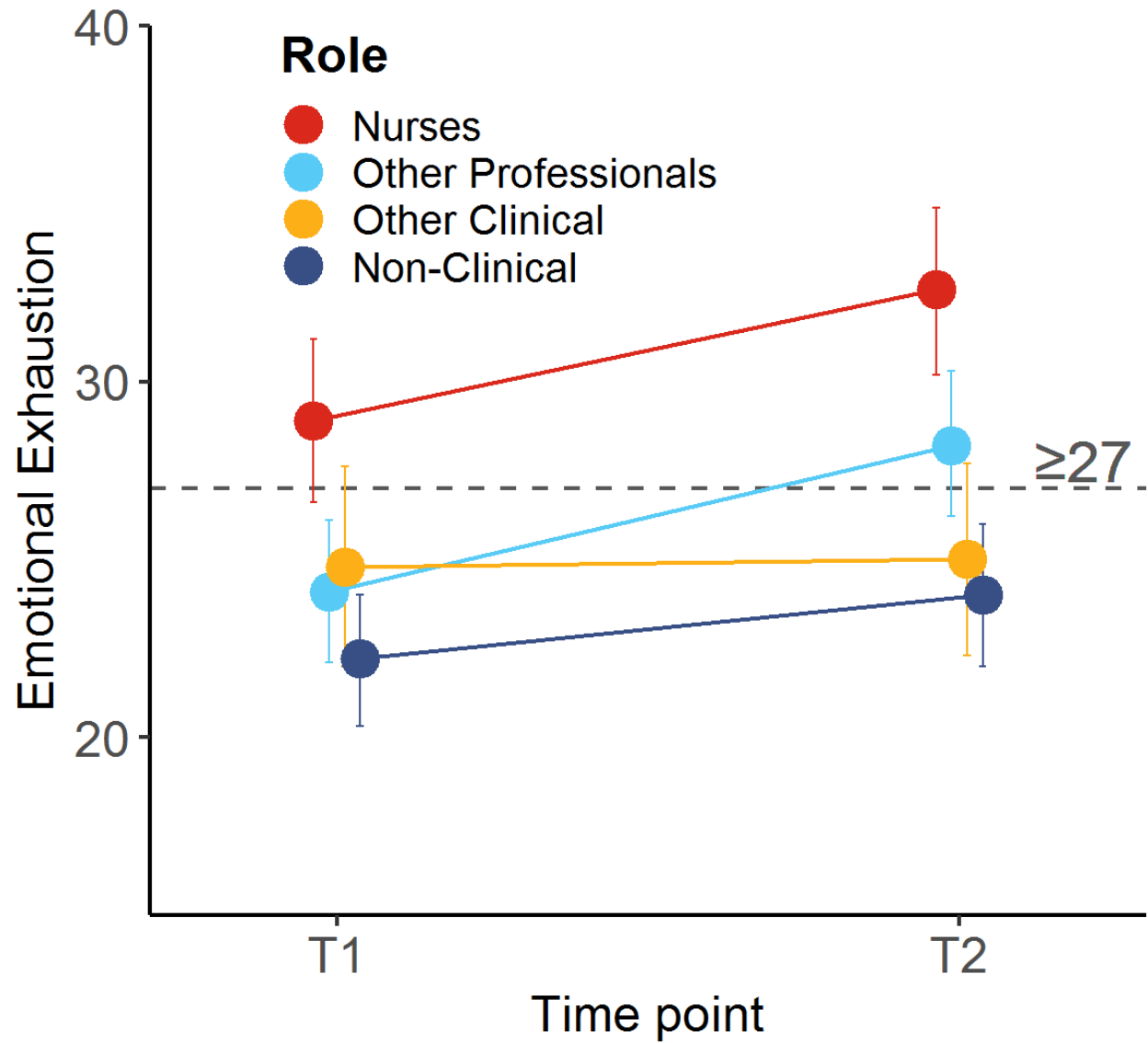
BURNOUT

AN

DEPRESSION

SUICIDA

SUBSTANCE
USE



Objectives

- Understand. burnout vs. normal stress vs. resilience
- Describe psychological needs of healthcare workers during COVID-19
- Approaches to responding to burnout for leaders
- Approaches to responding to burnout for everyone
- Share experiences from front lines Sinai Health

Normal/Expected responses to stress

- Impaired sleep
- Changes in concentration/thinking/memory
- Externalizing: feeling irritable/angry
- Internalizing: feeling tense, anxious
- Changes in energy/appetite
- Social withdrawal
- Reduced productivity
- Interpersonal conflict

What is burnout?

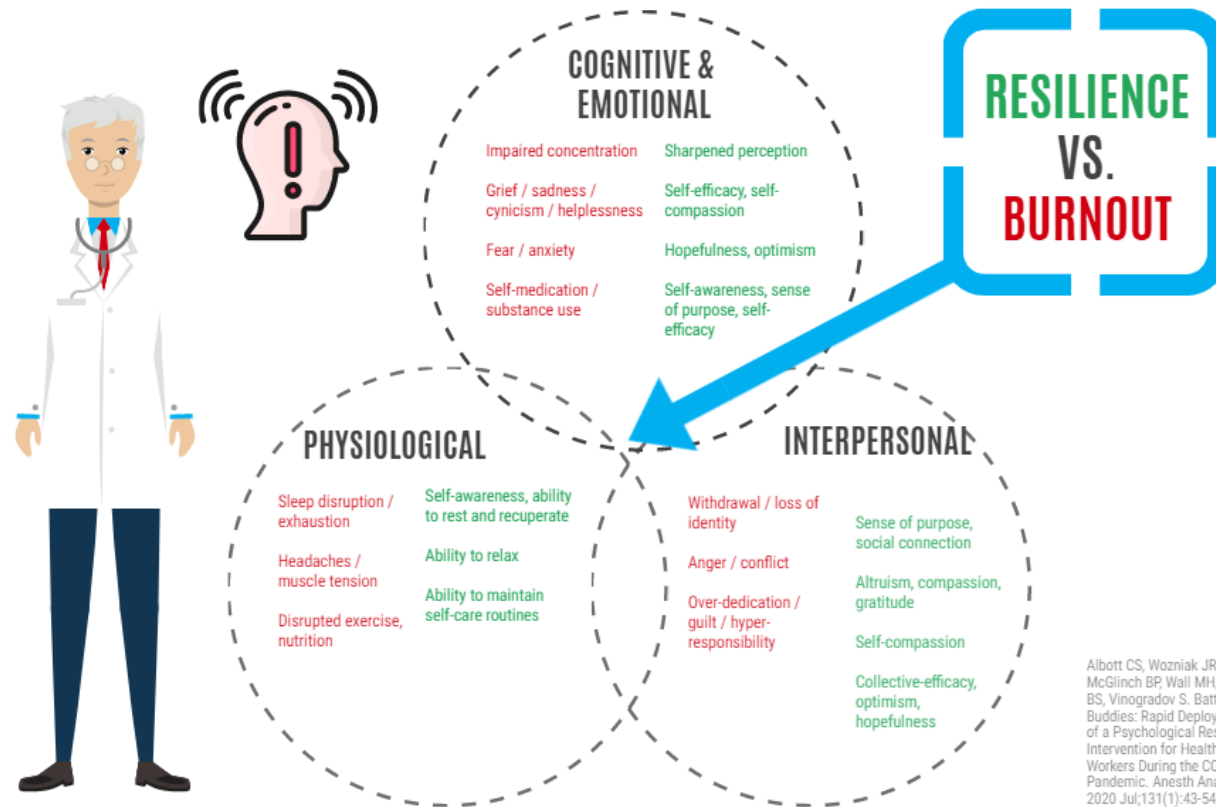


WHAT IS **BURNOUT**?

A multifaceted response to job stress that includes elements of exhaustion, cynicism, and inefficacy. Burnout negatively impacts morale, patient safety, and quality of care. The following schematic contrasts the potential physiological, cognitive, emotional, and interpersonal responses in burnout vs. resilience.

WHAT IS **RESILIENCE**?

Resilience is the ability to return to pre-stress level of functioning.



Albott CS, Wozniak JR, McGlinch BP, Wall MH, Gold BS, Vinogradov S. Battle Buddies: Rapid Deployment of a Psychological Resilience Intervention for Health Care Workers During the COVID-19 Pandemic. *Anesth Analg*. 2020 Jul;131(1):43-54. doi: 10.1213/ANE.0000000000004912. PMID: 32345861.

How does burnout happen? 3 C's



Hartzband et al 2020, NEJM

Approach for leaders

- Educate yourself about signs of stress and trauma
 - Consider taking a mental health first aid course
- Carve out a regular time for reflective discussions with your team
- Strive for the "Hobfall five":
 - Sense of safety
 - Promote calming
 - Remind about self-efficacy
 - Connectedness
 - Talk about hope and sense of purpose

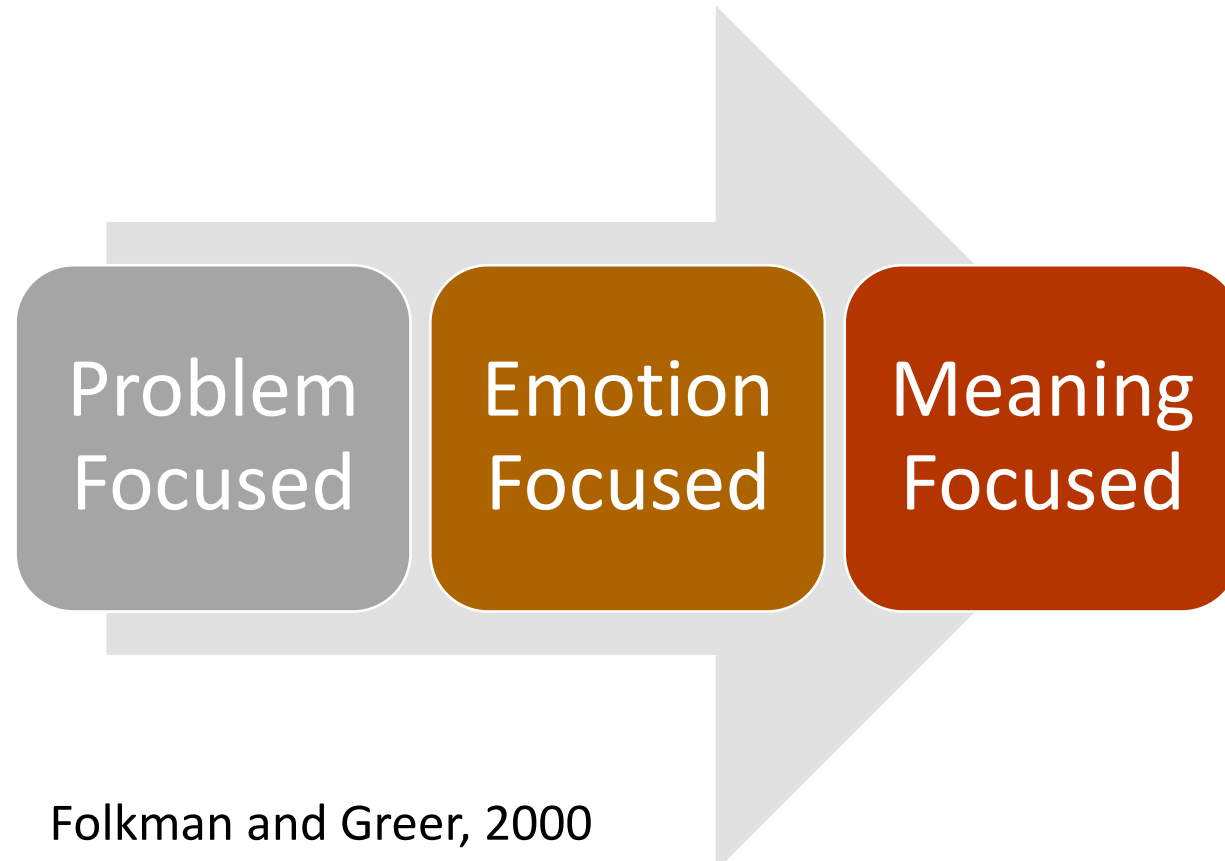
Approach for leaders

In psychotherapy shift from head → heart

Here we shift people from heart → head

Approach for everyone

- Coping!



Folkman and Greer, 2000

Problem Focused Coping

- Have a plan
- Identify the core problem
- Break the problem down into its parts
- Think about what has worked before
- Learn new skills; acquire knowledge; get training
- Consider alternative solutions
- Get advice from a trusted source
- Get advice from experts
- Get help from a buddy

Most effective when we have personal control over the situation

Emotion Focused Coping



Focus on things that matter!

Meaning Focused Coping

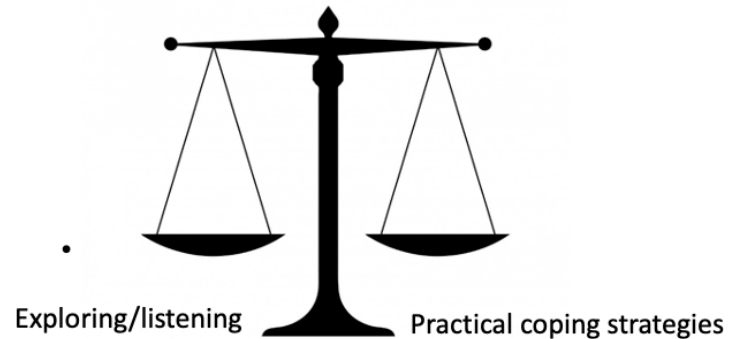


Responding to strain at Sinai Health



Coaching

Coaching Model at Sinai Health



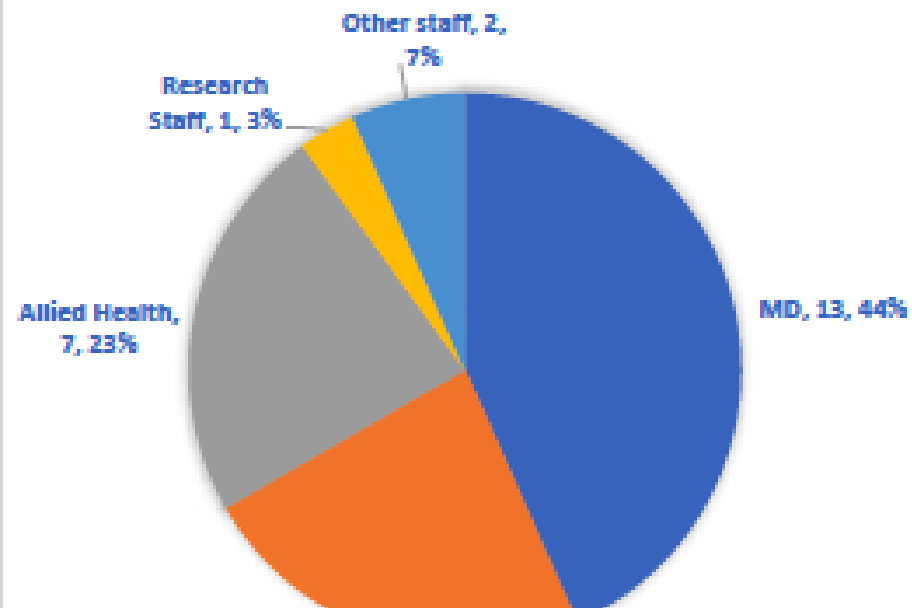
- Coaches are front-line mental health clinicians *embedded* with clinical units/teams
- Favours group > individual
- Support is timely, aligned with clinical milieu and credibly delivered by an in-house team
- Peer/collegial support, not clinical care
- Coaches run weekly peer supervision for themselves

Our goal and what we did

- Establish a mechanism for offering peer support to groups of healthcare workers on the front lines of the COVID-19 pandemic
- Embed coaches within at least 3 units (ED, ICU, L&D) and scale as needed
- Measure the impact of our work using mostly a qualitative approach: interviews of staff who have received and provided coaching

What we have found

OCCUPATIONAL RANGE OF PARTICIPANTS



EARLY RESULTS - from Qualitative Data from Coaches and Recipients of Coaching

Benefits - "People have been coming to coaching sessions long enough have been making use of each other...the content is less COVID-oriented. I presented [at an internal meeting]...a coaching update, several people spoke about the value of it, its regularness, embeddedness." - Coach, speaking at Peer Support meeting

"People just started sharing the things that they do outside of work...one nurse said something she learned from her parents...That generated discussion with everyone about how they...are realizing that there are still happy moments, and there are ways to cue yourself...One of the main demoralizing factors is that work is the same thing - busy, hard, irritable patients and family. Coaching seems like an escape from a grind in their day-to-day." - Coach, speaking at Peer Support meeting

How coaching has evolved

- Coaching has evolved continuously to meet needs of healthcare workers. We use feedback from qualitative interviews and coaching sessions to modify our approach
- We have stretched to provide coaching to units that made requests
- We have provided support in a variety of formats – town halls, videos, in-person/zoom
- We have shifted meeting times/frequencies

Acknowledgements

- Dr. Lesley Wiesenfeld
- Dr. Robert Maunder
- Dr. Jon Hunter
- Dr. Melyn Leszcz
- Heather Read

Thank you and Questions?