From Self-Care to Systems Change
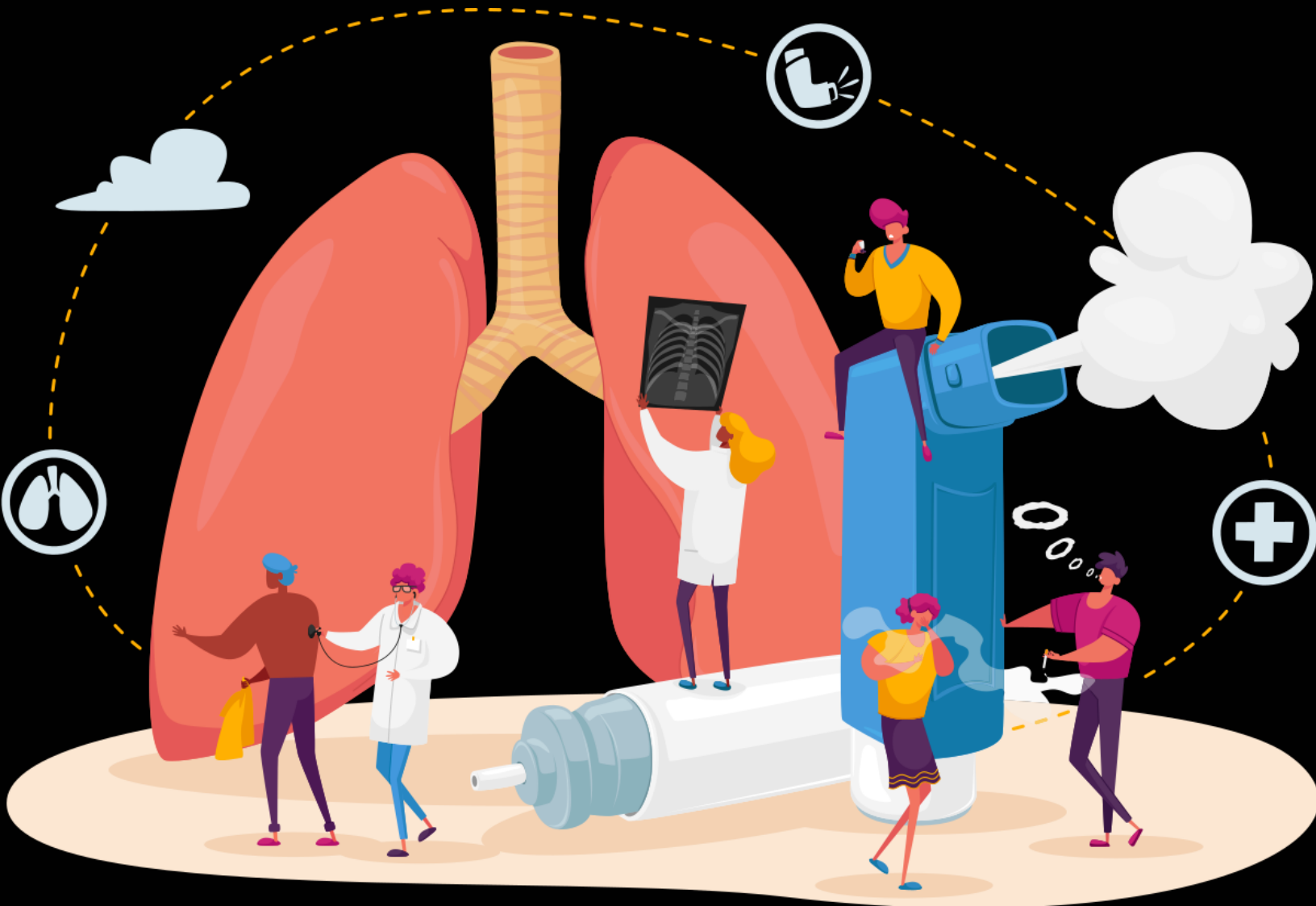
Healing from burnout, and re-igniting the flame…

Sophie Nathenson, Ph.D.
Medical Sociologist

2023 Oregon Society for Respiratory Care Educational Conference

today. . .

Medical Sociology & Population Health

- Medical sociology is the study of the health of a society to learn more about societal and social factors in health
- Population health is the health of a group of people
- Field of population health management is designing and measuring the health of a group and interventions to improve some aspect of it

What I do. . .

- I design programs to train health professionals in social and environmental factors and population health skills
- I emphasize bridge building across sectors from experience working with coalitions
- My mom is a RT and my dad is a nurse!

Intention for the day

Reflect on the challenges and strain over the past few years and how that affects us psycho-socially

Better understand the social context of burnout and the "system"

Discuss how burnout relates to the practice of system change and the role of a system changer

Sociological Perspectives on Health

Health of a society, Healthcare as a society

Roles, Statuses, Heirarchy, Marginalized Populations

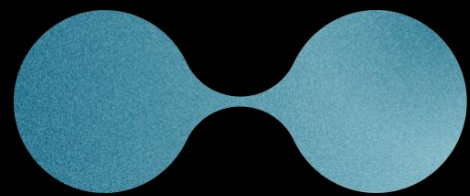Social stress, economic inequality and social relations drive health

Burnout is shaped by social and environmental conditions

Societal "ills" and evidenced-based interventions

RTs as a marginalized population?

Study shows lack of respect a factor in burnout

Media coverage focused on doctors and nurses

Compensation discrepancies

Downplayed or ignored the contributions of RTs

Hazard pay not equitable to other front line workers +
Lack of support from national and state respiratory care organizations

In their own words. . .

"It isn't only RNs and MDs...WE matter too!!!!"

"Healthcare industry is not compassionate to its own healthcare workers"

"A fair and impartial opportunity is all we ask"

Thoughts on burnout?

And has this changed over time?

- Is it physical or psychological?
- How do you know if you have it?
- Is it a new term?
- Are you sick of hearing about it? Why?
- What's the most frustrating thing about your work/work place?
- What's one thing you would like to see changed or improved?

A little history. . .

There is a feeling of exhaustion, being unable to shake a lingering cold, suffering from frequent headaches and gastrointestinal disturbances, sleeplessness and shortness of breath. … The burn-out candidate finds it just too difficult to hold in feelings. He cries too easily, the slightest pressure makes him feel overburdened and he yells and screams. With the ease of anger may come a suspicious attitude, a kind of suspicion and paranoia. The victim begins to feel that just about everyone is out to screw him. … He becomes the 'house cynic.' Anything that is suggested is bad rapped or bad mouthed. … A sign that is difficult to spot until a closer look is taken is the amount of time a person is now spending in the free clinic. A greater and greater number of physical hours are spent there, but less and less is being accomplished. He just seems to hang around and act as if he has nowhere else to go. Often, sadly, he really does not have anywhere else to go, because in his heavy involvement in the clinic, he has just about lost most of his friends.

- Herbert Freudenberger
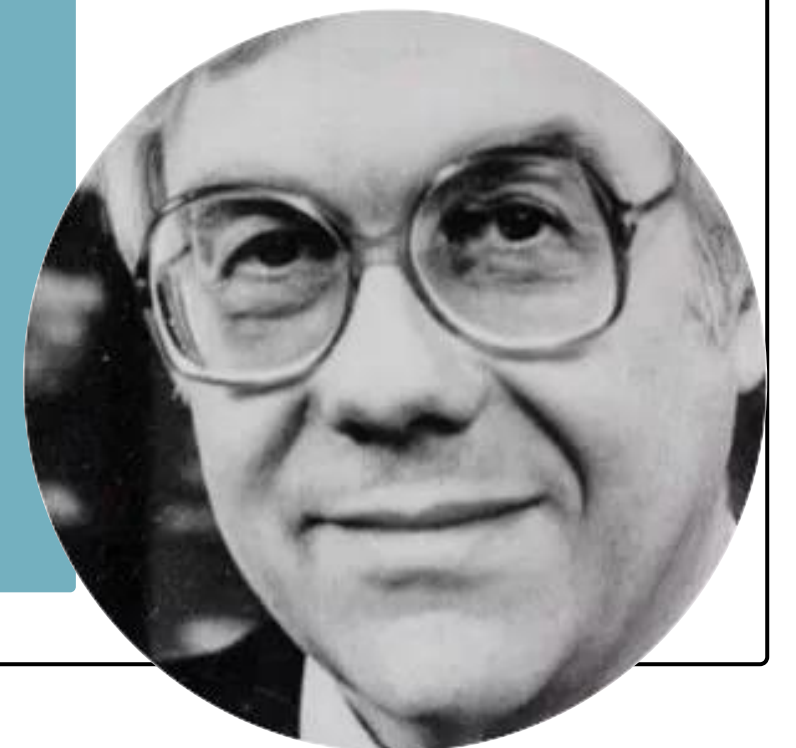
Measuring burnout

Emotional Exhaustion (EE)

Feeling maxed out and not able to offer emotional support

Depersionalization (DP)

Negative/cynical attitude towards/of the patient

Personal Accomplishment (PA)

Is reduced, plus escapism

- Especially common among deeply dedicated
- Linked to dishonest behavior, decreased altruism, and alcohol abuse
- Detrimental to patient care, mortality, law suits
- Affected 50% of physicians, 43% nurses, 79% of RTs in Covid

Burnout's impact on empathy

It's not you...or "them"!

Burnout includes physical depletion, feelings of helplessness, negative self-concept, negative attitudes toward work, life, and others

Empathy includes emotive, cognitive, behavioral, and moral components- being able to communicate your understanding of patient's perspective

Negative association between burnout and empathy

Helps explain influence on patient outcomes

In their own words. . .

"I feel personal responsibility when something goes wrong"

"a feeling of inability to be effective for my patients"

"I feel like you're doing everything you can and they don't get better"

Respiratory Therapists' Mental Health

- RTs surveyed in 9 ICUs at 5 hospitals
- Compared RTs to other ICU workers as a control group, and RTs had a lower burnout score (53% vs 67%)
- Burnout rates were highly correlated with leadership attitude/behavior and work conditions
- Majority worked more than 50 hours/week (53.6%)
- Previous studies reported a 25% "severe burnout rate"

Regularly experienced feelings. .
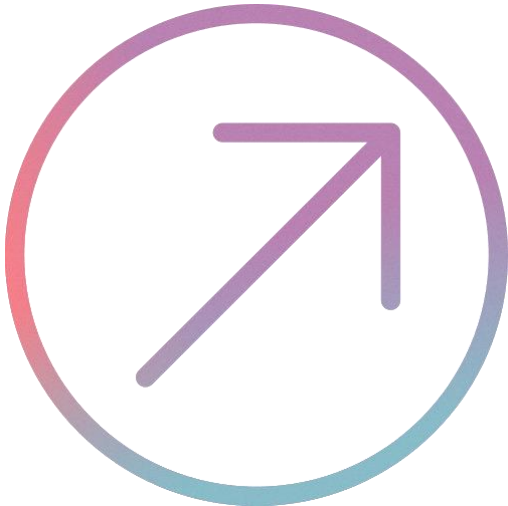
PAST THREE MONTHS	Percentage
Stress	92.76%
Anxiety	86.06%
Frustration	76.94%
Exhaustion/Burn-out	75.96%
Overwhelmed	75.42%

Anger	56.39%
Fear	55.23%
Loneliness	54.60%
Powerless	50.58%
Disconnected	49.33%
Grief	33.42%

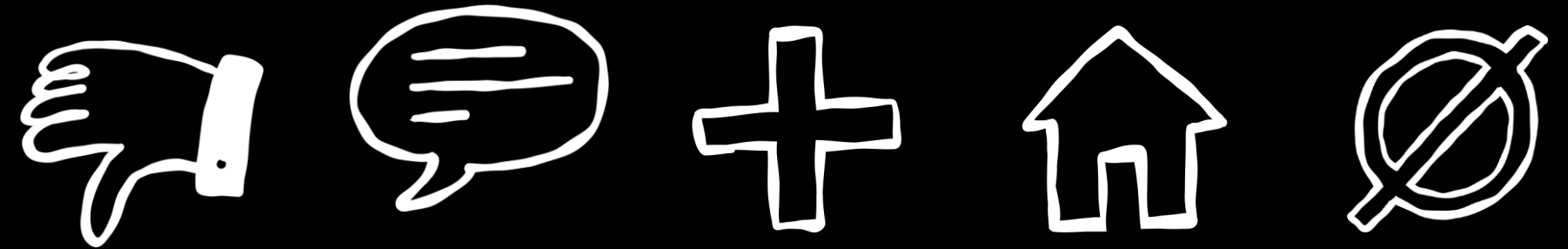|	
Sadness	67.11%
Unappreciated	59.87%
Gratitude	31.01%
Hope	27.70%
Pride	19.66%

Healthcare & Mental Health

Research shows a relationship between the healthcare professions and mental health conditions, suggesting there are aspects of healthcare work that impact our mental health, such as:

- Working conditions
- Others before self
- Stigma

Stigma

- In our society there tends to be a stigma and misconceptions about mental health
- At times mental health conditions may be seen as a character flaw or weakness, someone's identity, or harmful stereotypes
- Self-stigma can also prevent getting treatment or acknowledging conditions
- Most physical health concerns have less stigma

The Covid Context

- Before Covid, health professionals still suffered from burnout, poor mental health, and difficult working conditions

- Covid greatly exacerbated workplace, social, emotional, and societal stressors on health professions

- This creates extreme stress and also a monumental opportunity to acknowledge organizational and societal problems
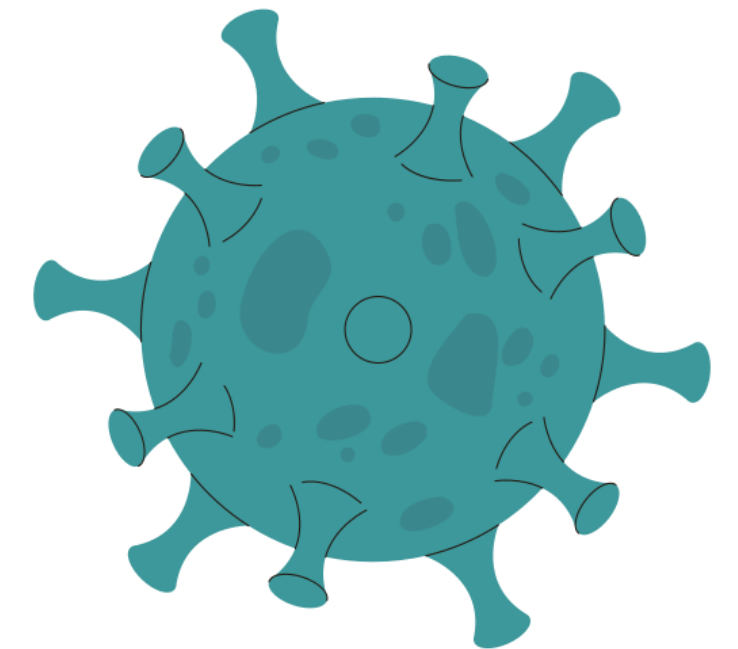
Role Strain

Too many "me's"

Social roles include norms, sets of expectations connected to a social status

How many do you have?

Clash among the multiple social roles that we fulfill (Goode, 1960)

This is relevant because strategies to relieve burnout can be individually focused, or focused on the work place

Which factors ring most true to you?

Healing strategies can correlate with underlying drivers

INDIVIDUAL	WORKPLACE
Self esteem Social support Poor work controls Baseline mental health Physical health Addictions/codependency Ability to express/identify/cope with emotions Personal relationship Caregiving Health behaviors	Feeling unsupported Leadership demoralization Misinformation; unclear protocols Community sentiment Facing death on a daily basis Job scope and time Relationships at work Organizational culture Bureaucracy

Coping strategies can be:

Drug & alcohol use

Social isolation

Overeating

Procrastination

Withdrawal

Self-harm

Aggression

Healing and prevention

INDIVIDUAL/FAMILY

Relaxation activities
Self-care
Wellness
Physical activity
Mindfulness
Spirituality
Social support
Mental healthcare

WORKPLACE/ORGANIZATIONAL

Workload
Autonomy
Reward/recognition
Fairness
Values/purpose
Sense of community &
belonging

Self-Care: Critical

And NOT a cure-all

- Organizationally and societally, changes are needed to support mental health

- Better access to psychiatric treatment is a must, including paid sick leave and outreach

- Major emphasis on protecting workers' health is a necessary step in preventing, healing and improving mental health at work

- Basic support includes addressing labor shortages, honest and transparent communication, as well as addressing racism and sexism

- Clear communication on safety measures from political and healthcare leaders would significantly reduce health professionals distress

Be your own caregiver. . .

- How would you rate your physical, mental, emotional, social, and spiritual health?
- Do you have at least one person you can or do "tell everything to"?
- What areas do you receive external validation?
- Can you think of a time when you demonstrated having internal validation?
- Do you often say "yes" when you want to say "no"?
- How often are you bothered by a colleague, patient, patient's family or family member's behavior?
- What is your go-to strategy when you are stressed?
- How do you know you are stressed?
- Do you know how you feel right now?
- What is an activity you used to love but don't do anymore?
- Is there any substance or behavior you've wanted to quit, but haven't been able to?

Self-Care Practices

PHYSICAL NURTURING

BOUNDARIES

EMOTIONAL REGULATION

SPIRITUALITY

Barriers to self-care

- Attachment to unhealthy behaviors
- Lack of motivation to change
- Difficulty deciding when in the lifespan to adopt a healthy lifestyle
- Difficulty in maintaining healthy behavior over time
- Multi-morbidity – difficulty integrating self-care across conditions
- Inadequate response to symptoms, knowing the right time to seek help
- Life events that interact with illness to interfere with healthy behavior

Addiction

- Dependency on a substance or behavior that persists despite negative consequences and/or a desire to quit

- People may be addicted to shopping/spending, gambling, sex, food, drugs, alcohol, people, codependent behaviors

- During covid, overdose from addictions sharply rose, and studies have shown health professionals have a propensity to use/misuse and overdose

- Extreme external stressors can accelerate the trajectory of addiction

Figure 1. National Drug-Involved Overdose Deaths*
Number Among All Ages, by Gender, 1999-2020

Legend:
- Total
- Female
- Male

Data points labeled: 52,404 (2015); 70,630 (2019); 91,799 (2020)
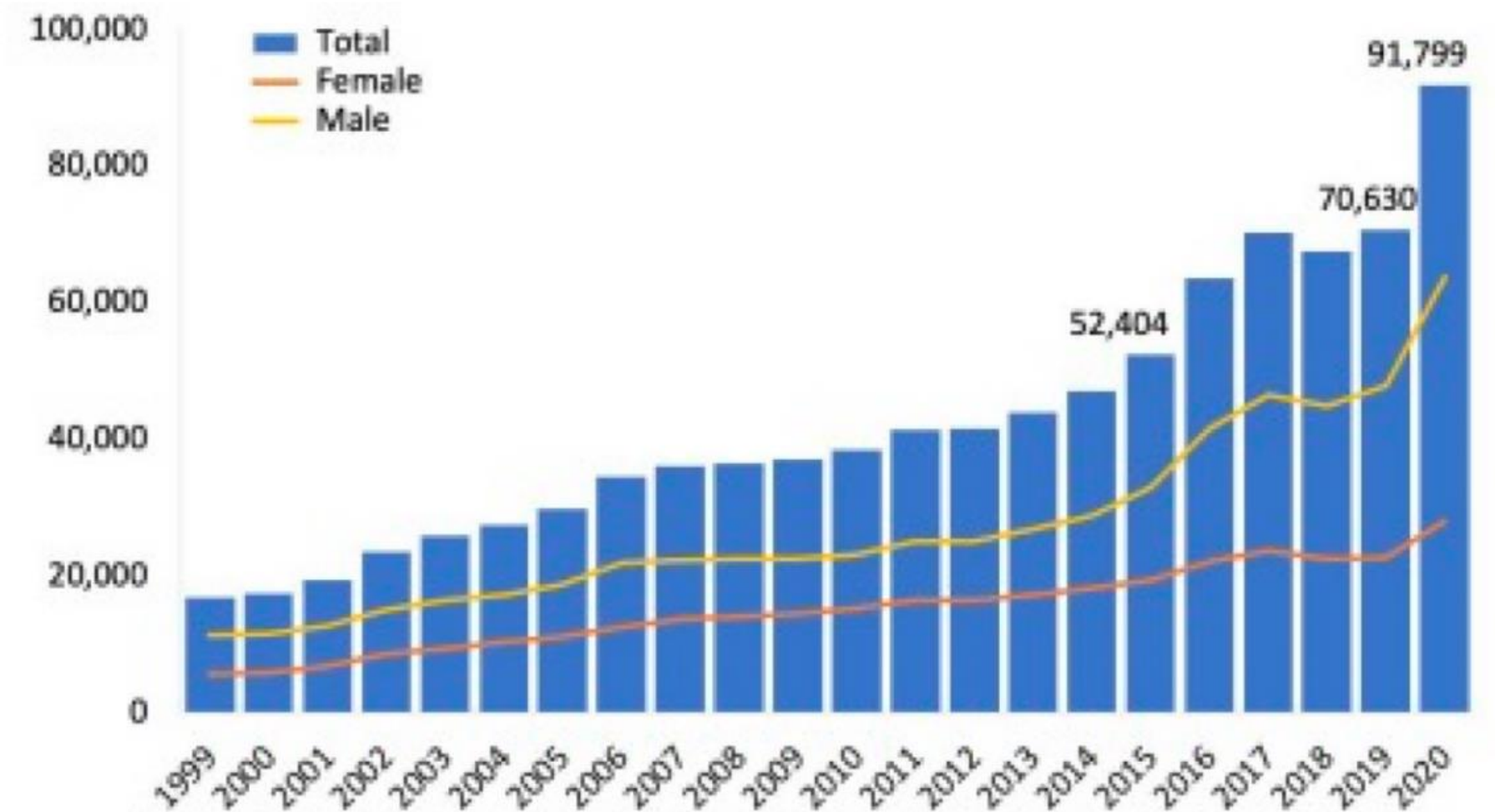
*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2020 on CDC WONDER Online Database, released 12/2021.

Codependency

When we care too much. . .

- Codependency is a pattern of behavior is which an individual is overly focused on other people to the extent that they do not address their own feelings and needs (Mental Health America)

- Behaviors include doing more than their share, guilt when asserting ones self, difficulty making decisions and identifying feelings, compelling need to help others, extreme need for approval, rigidity, dishonesty, poor communication

- Can leave you feeling extremely burned out with the inability to create boundaries or understanding your limits

Healthcare Systems Change

- Emphasis on population health
- Prevention and upstream factors
- Legislative changes
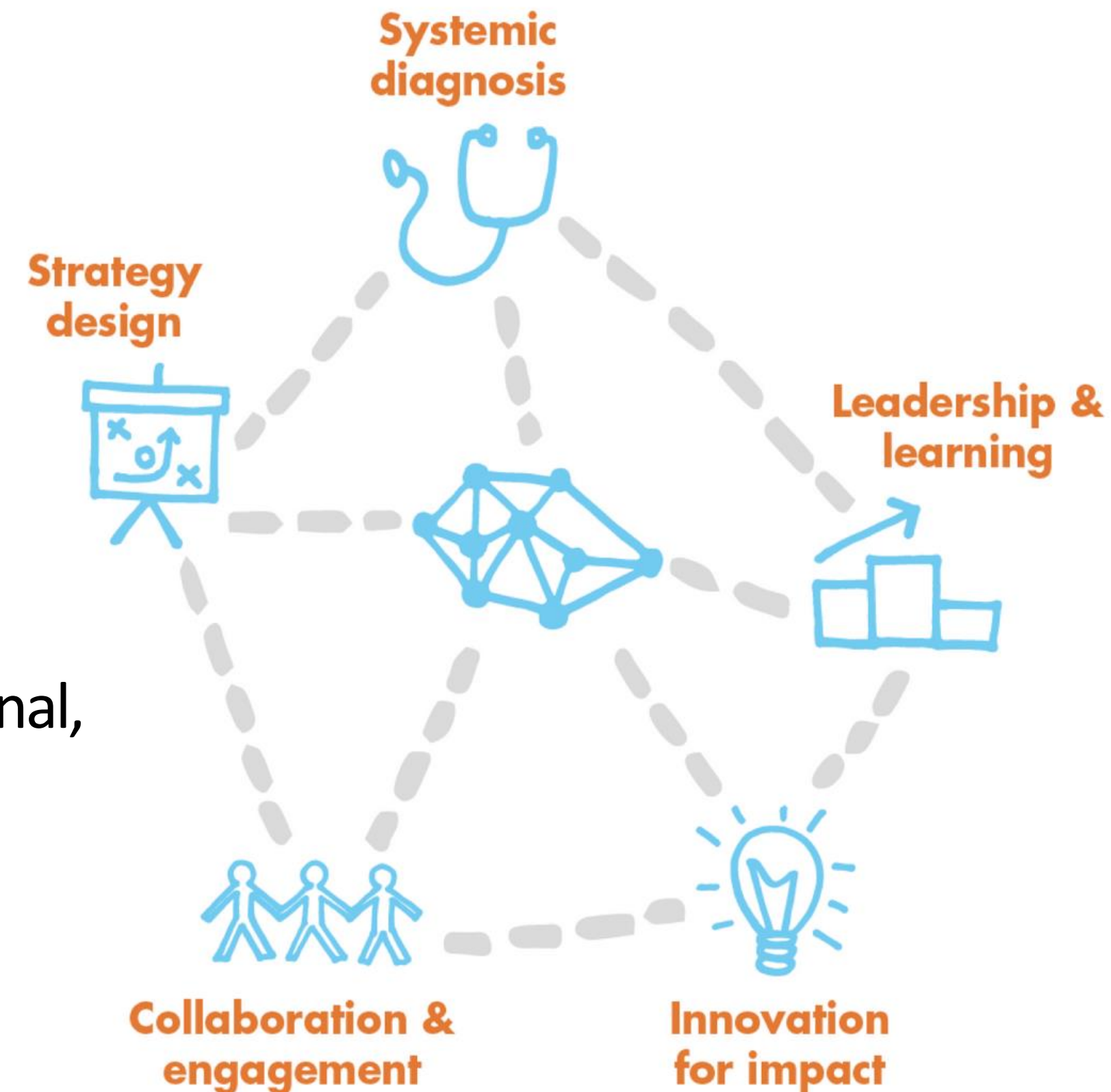- Regulatory programs
- Structure vs agency

Who is a systems-changer?

Sees problems within a system

Desires to take action at an organizational, local, regional, national, international level

Addresses a broader societal issue

Systemic diagnosis

Strategy design

Leadership & learning

Collaboration & engagement

Innovation for impact

Systems-changers

characteristics

Entrepreneurial mindset
Deep caring for others and society
Visionary
Growth-centered thinking
Others-centered
Leaders at heart

suffering

Disillusionment
Alienation
Too many ideas
Frustration with others
Feeling overwhelmed and stuck
Burnout

What can, or should change?

- Broken system vs opportunities for culture and practical change
- Patient education and prevention
- Organizational culture
- Work and patient environments
- Funding structures and incentives for performance and quality improvement

An appropriate outlet

Big picture is overwhelming and inspiring

Systems are somewhat broken, but can be worked on
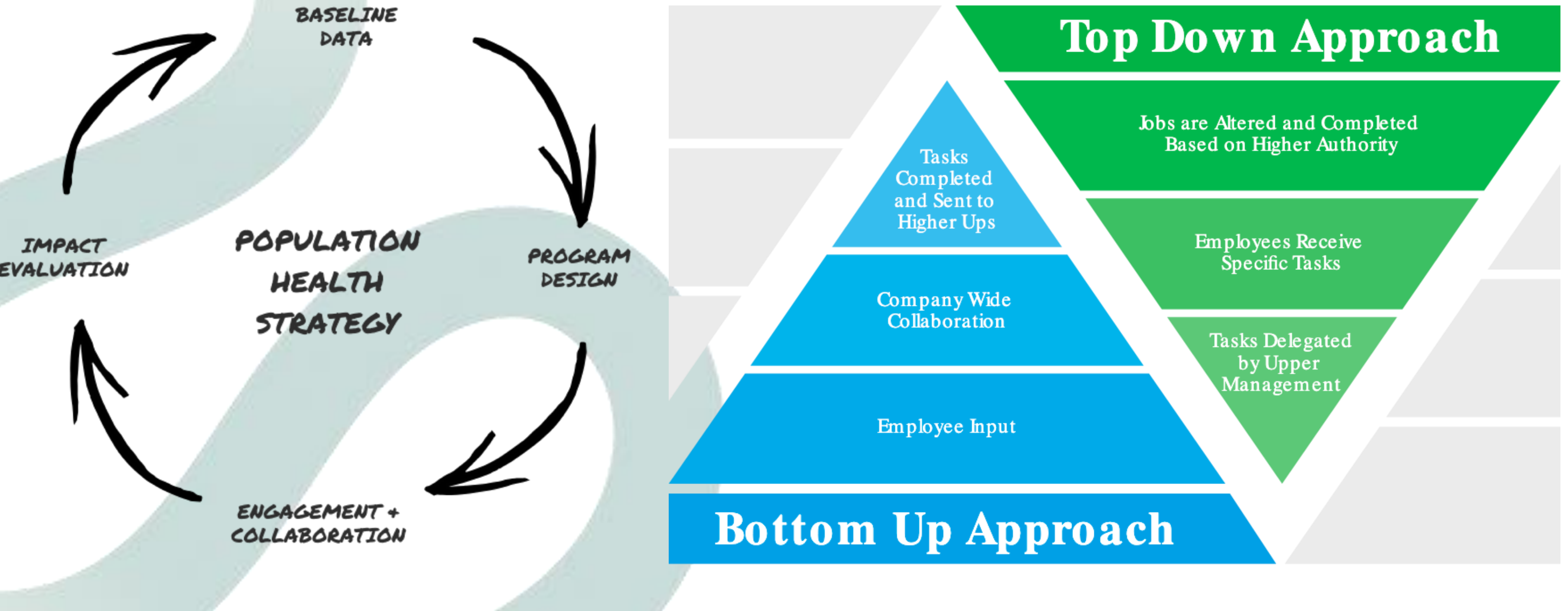Innovations are being implemented everyday

Self-care is about putting your wellbeing first, because without that there is no progress

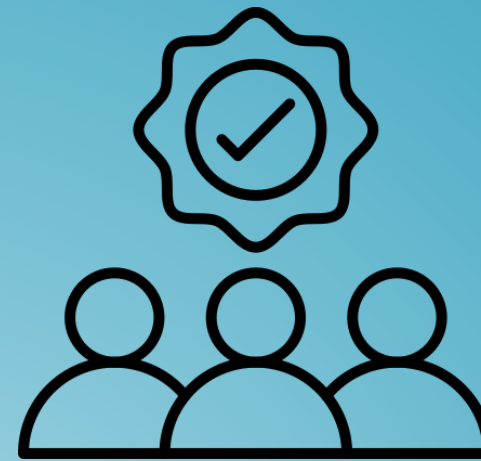Plug in to the big picture where you can make a difference-no action is too small
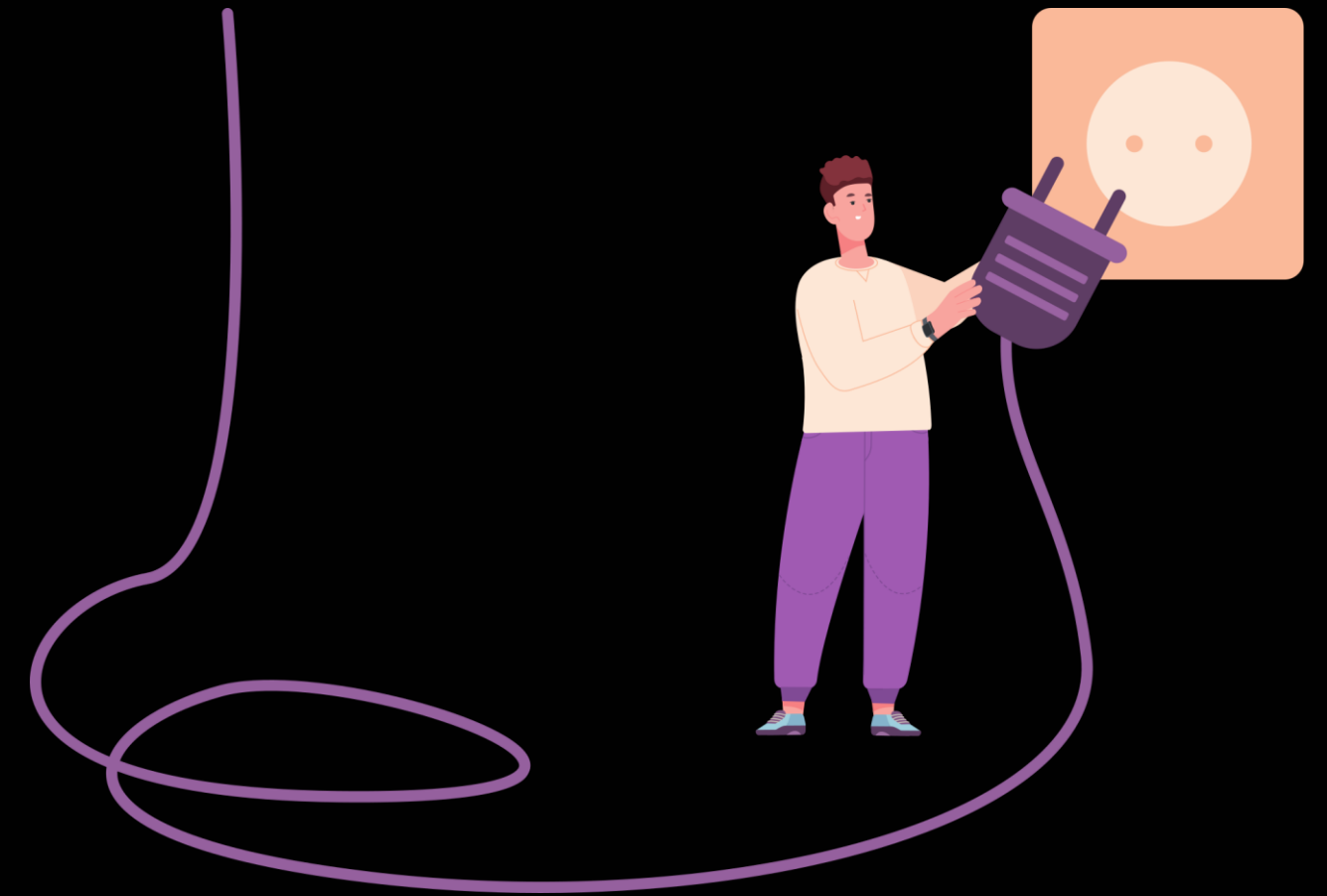
Systems change for population health

Identifying an issue..and for whom is it an issue?

Research:
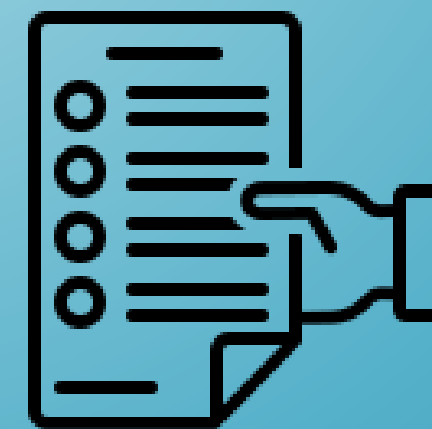## More than just a survey

- Researching the population served is critical
- Focus groups, secondary source data, surveys, and reviews of evidenced based strategies all can play a role
- It helps to find a common language of understanding the problem
- It helps to evaluate any changes made
- Is there curiosity or is there an argument being made?

Designing Programs

These questions are important and can help get policy, program, or initiative support (funding, buy-in, etc.)
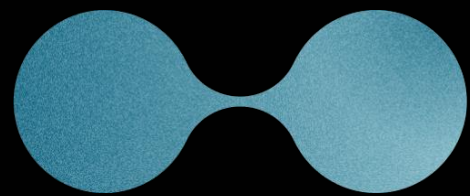
What is the goal?

What specific activities will be done?

How many people will be impacted?

What resources do we have and are needed?

Goals & Objectives

Goals are overarching, objectives are more specific.

Evaluation

What intel do you want to collect?

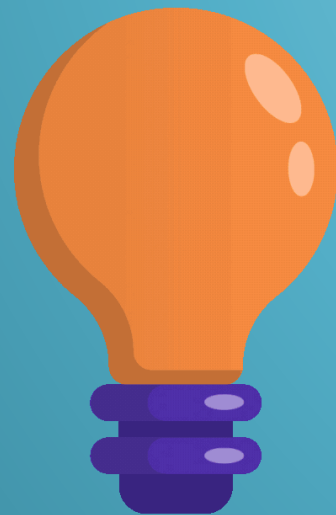**Qualitative data**
Focus groups, interviews

Quantitative data
Surveys, counts

Conclusions, reflections, & improvement

What worked and what didn't?

- What happened when the attempt for change was made?
- Benefits? Drawbacks?
- Points to improve
- Scalability
- Sustainability

Take-Aways

Covid…it greatly amplified systemic issues, social stresses, individual role strain

System and societal issues come to the fore- both inspiring and overwhelming

Burnout becomes nearly the norm

Recovery is possible- takes individual and environmental work

Systems change is also possible- hang on loosely….

You are AMAZING!!! DON'T FORGET IT!!!

Thank you!

Contact me with questions, comments. . .

info@widespreadwellness.org

@widespreadwellnessllc

www.oit.edu/phm

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