Home Life, Clinical Care, and Work Relationships: Causes of Stress and Resiliency Building for Providers

Per Ostmo, BA

Outreach Specialist
Center for Rural Health
University of North Dakota School of Medicine & Health Sciences

Robin Landwehr, DBH, LPCC

Behavioral Health & Substance Use Disorder Program Manager
Community HealthCare Association of the Dakotas

Mountain Plains (HHS Region 8)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

SAMHSA
Substance Abuse and Mental Health Services Administration

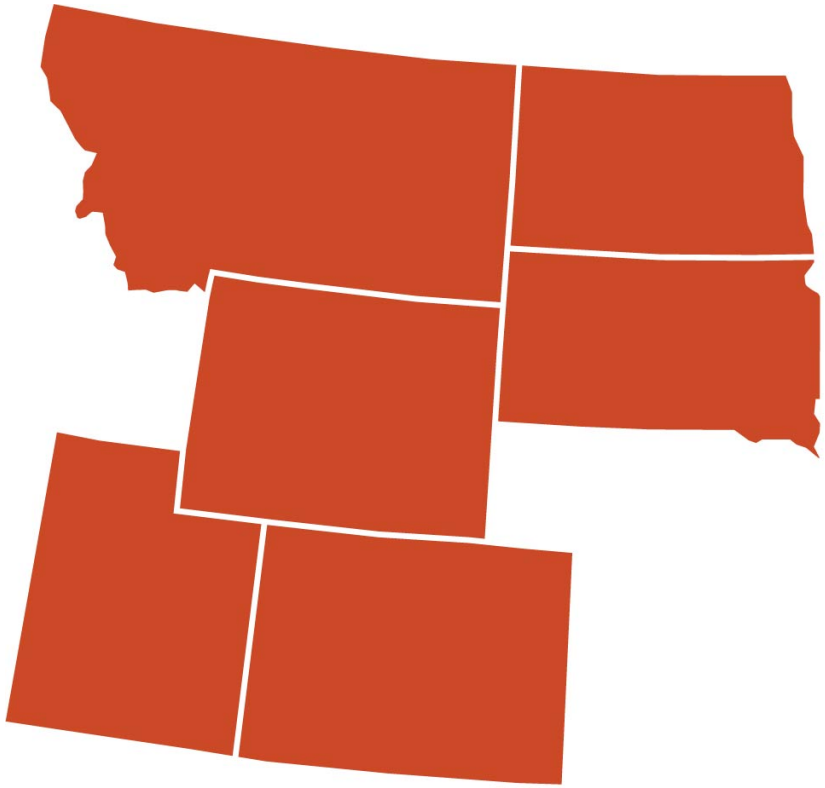
Disclaimer and Funding Statement

At the time of this presentation, Tom Coderre served as acting SAMHSA Assistant Secretary. The opinions expressed herein are the views of Per Ostmo and Robin Landwehr and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

The work of the Mountain Plains MHTTC is supported by grant H79SM081792 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Mountain Plains
Mental Health Technology Transfer Center

Provide free training, resources, and technical assistance to individuals serving persons with mental health disorders in HHS Region 8.



We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).

Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

- Strengths-based and hopeful
- Inviting to individuals participating in their own journeys
- Person-first and free of labels
- Inclusive and accepting of diverse cultures, genders, perspectives, and experiences
- Non-judgmental and avoiding assumptions
- Respectful, clear and understandable
- Healing-centered/ trauma-responsive
- Consistent with our actions, policies, and products

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

OBJECTIVES

1. Explore a case scenario that addresses the risk of burnout.
2. Describe home life stressors, challenges of managing work relationships, and issues providers face when providing clinical care during times of crisis.
3. Offer strategies and resources for fostering resilience and balancing demands of home life, clinical care, and professional relationships.

A note about the terms “provider” and “burnout.”

Burnout is controversial?

ICD-11 definition: “a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed.”

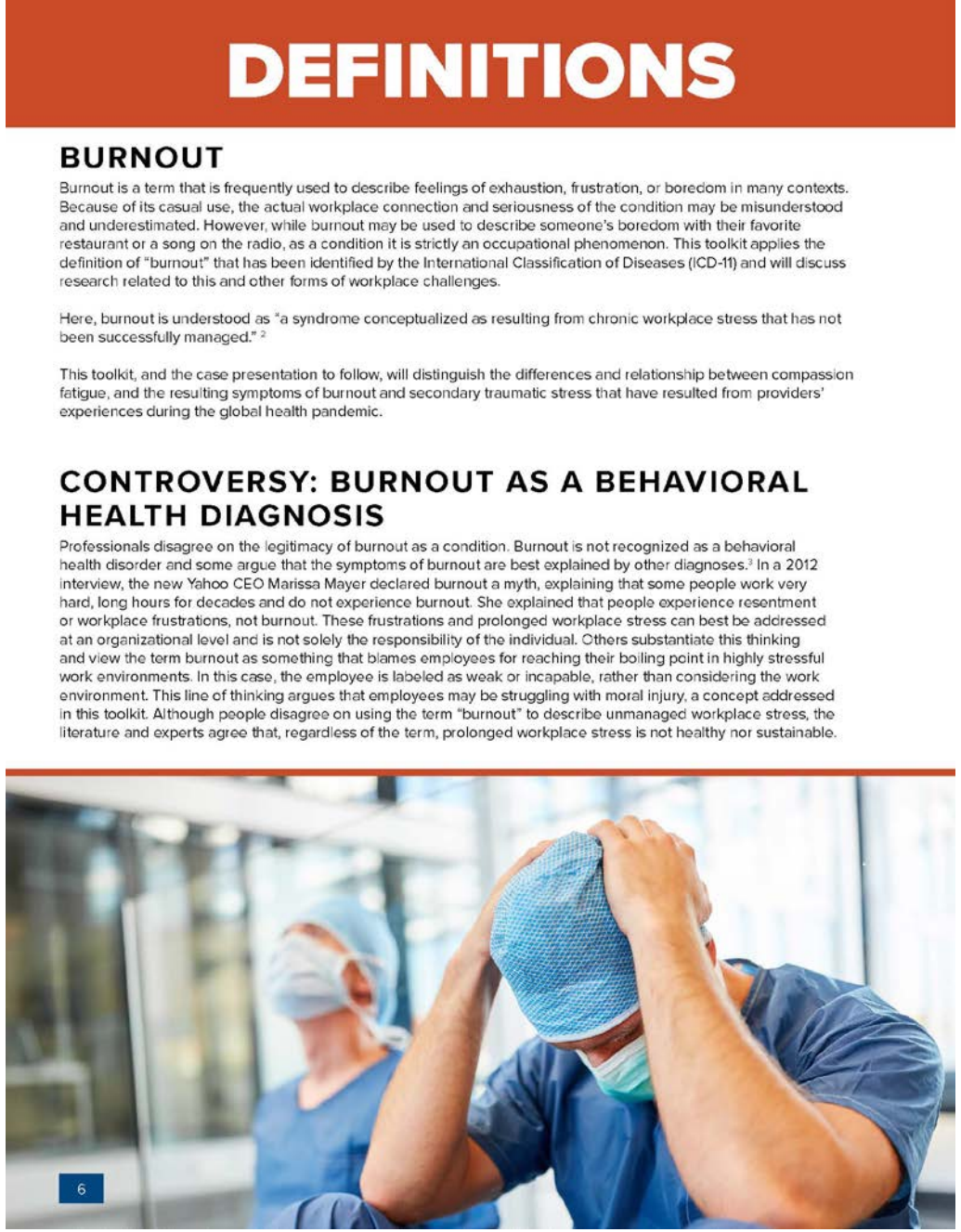
Who is responsible for managing burnout?

- The individual?
- The organization?
- Are we really referring to moral injury?

https://mhttcnetwork.org/centers/mountain-plains-mhttc/product/building-resilience-among-physical-and-behavioral-healthcare

Moral Injury

"In traumatic or unusually stressful circumstances, people may perpetrate, fail to prevent, or witness events that contradict deeply held moral beliefs and expectations," which then leads to the experience of moral injury.



DEFINITIONS

BURNOUT

Burnout is a term that is frequently used to describe feelings of exhaustion, frustration, or boredom in many contexts. Because of its casual use, the actual workplace connection and seriousness of the condition may be misunderstood and underestimated. However, while burnout may be used to describe someone's boredom with their favorite restaurant or a song on the radio, as a condition it is strictly an occupational phenomenon. This toolkit applies the definition of "burnout" that has been identified by the International Classification of Diseases (ICD-11) and will discuss research related to this and other forms of workplace challenges.

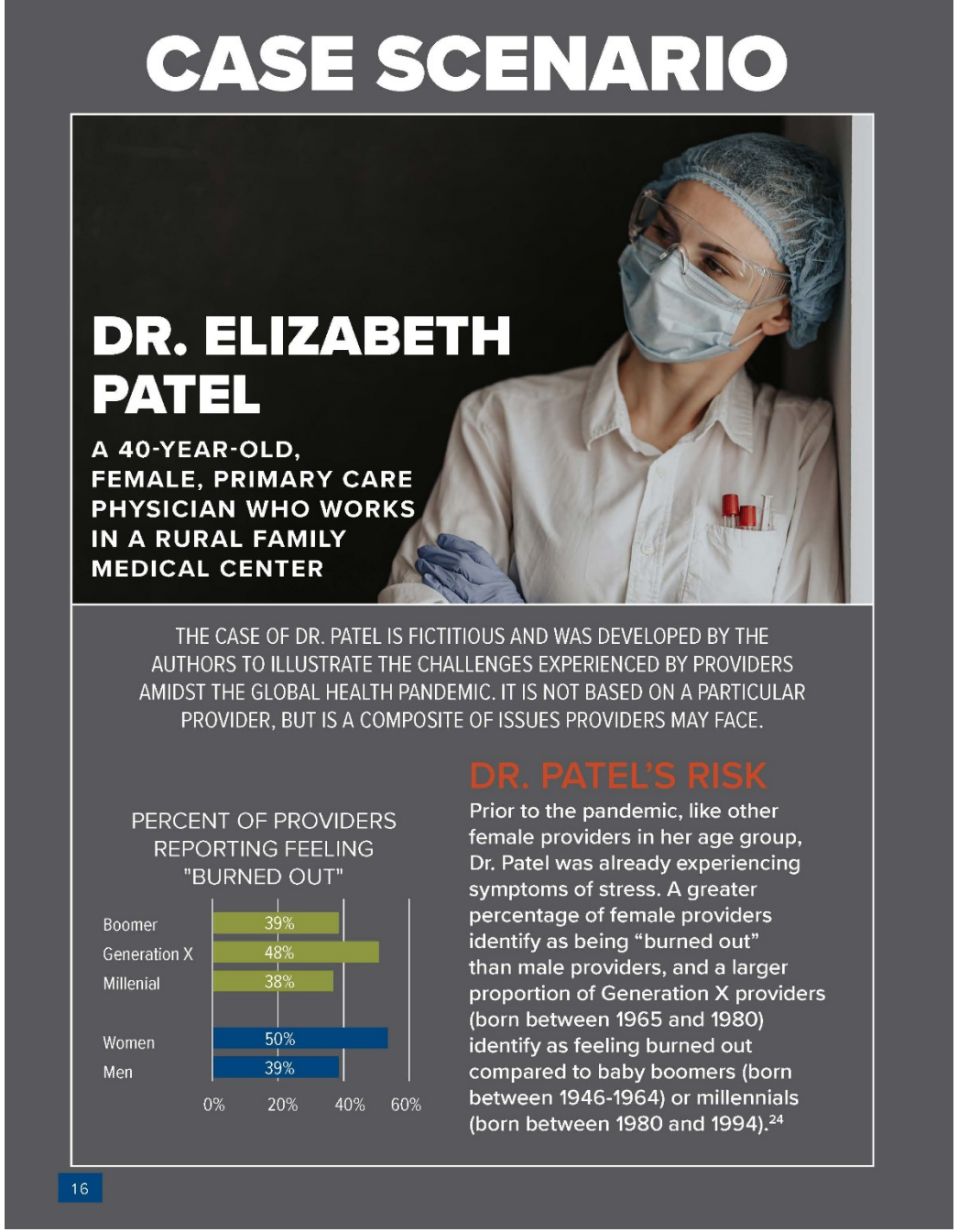
Here, burnout is understood as "a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed." [2]

This toolkit, and the case presentation to follow, will distinguish the differences and relationship between compassion fatigue, and the resulting symptoms of burnout and secondary traumatic stress that have resulted from providers' experiences during the global health pandemic.

CONTROVERSY: BURNOUT AS A BEHAVIORAL HEALTH DIAGNOSIS

Professionals disagree on the legitimacy of burnout as a condition. Burnout is not recognized as a behavioral health disorder and some argue that the symptoms of burnout are best explained by other diagnoses.[3] In a 2012 interview, the new Yahoo CEO Marissa Mayer declared burnout a myth, explaining that some people work very hard, long hours for decades and do not experience burnout. She explained that people experience resentment or workplace frustrations, not burnout. These frustrations and prolonged workplace stress can best be addressed at an organizational level and is not solely the responsibility of the individual. Others substantiate this thinking and view the term burnout as something that blames employees for reaching their boiling point in highly stressful work environments. In this case, the employee is labeled as weak or incapable, rather than considering the work environment. This line of thinking argues that employees may be struggling with moral injury, a concept addressed in this toolkit. Although people disagree on using the term "burnout" to describe unmanaged workplace stress, the literature and experts agree that, regardless of the term, prolonged workplace stress is not healthy nor sustainable.

https://mhttcnetwork.org/centers/mountain-plains-mhttc/product/building-resilience-among-physical-and-behavioral-healthcare



CASE SCENARIO

Dr. Elizabeth Patel is a 40-year-old, female, primary care physician who works in a rural family medical center.

- Female provider risk
- Gen X risk
- Home life stressors
- Clinical care
- Work relationships

https://mhttcnetwork.org/centers/mountain-plains-mhttc/product/building-resilience-among-physical-and-behavioral-healthcare

Female Provider Risk

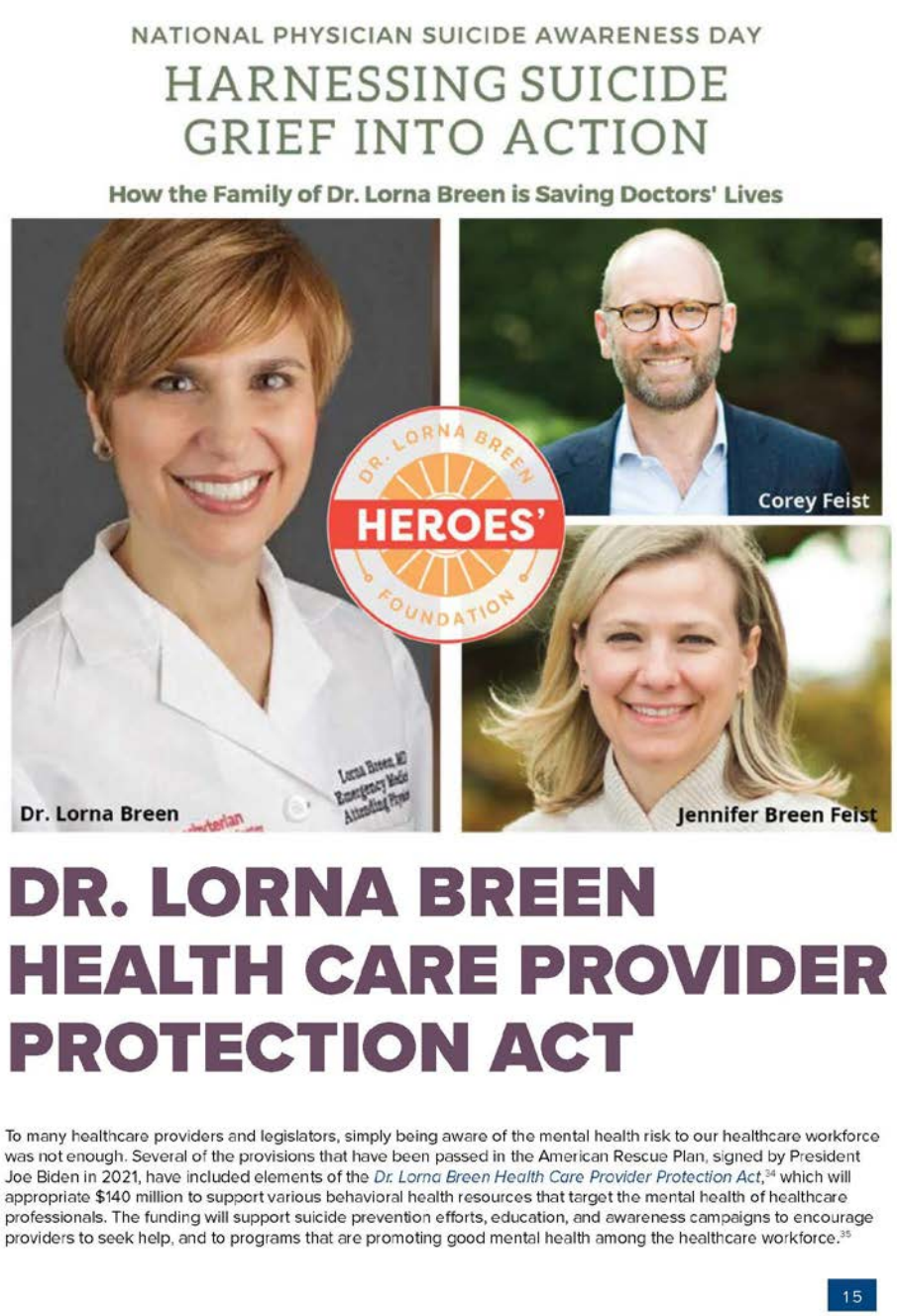
- 1.6x the odds of reporting burnout than men
- Less control over daily aspects of practice
- Patients with complex psychosocial problems
- Discrimination
- Salary discrepancies

https://mhttcnetwork.org/centers/mountain-plains-mhttc/product/building-resilience-among-physical-and-behavioral-healthcare

Suicide Risk & Stigma

- Physicians die by suicide at more than double the rate of the general population
- Approximately one physician death by suicide per day
- Women physicians are 2.27 times more likely to die by suicide than women who are not physicians
- Both male and female physicians misuse alcohol at twice the rate of the general population

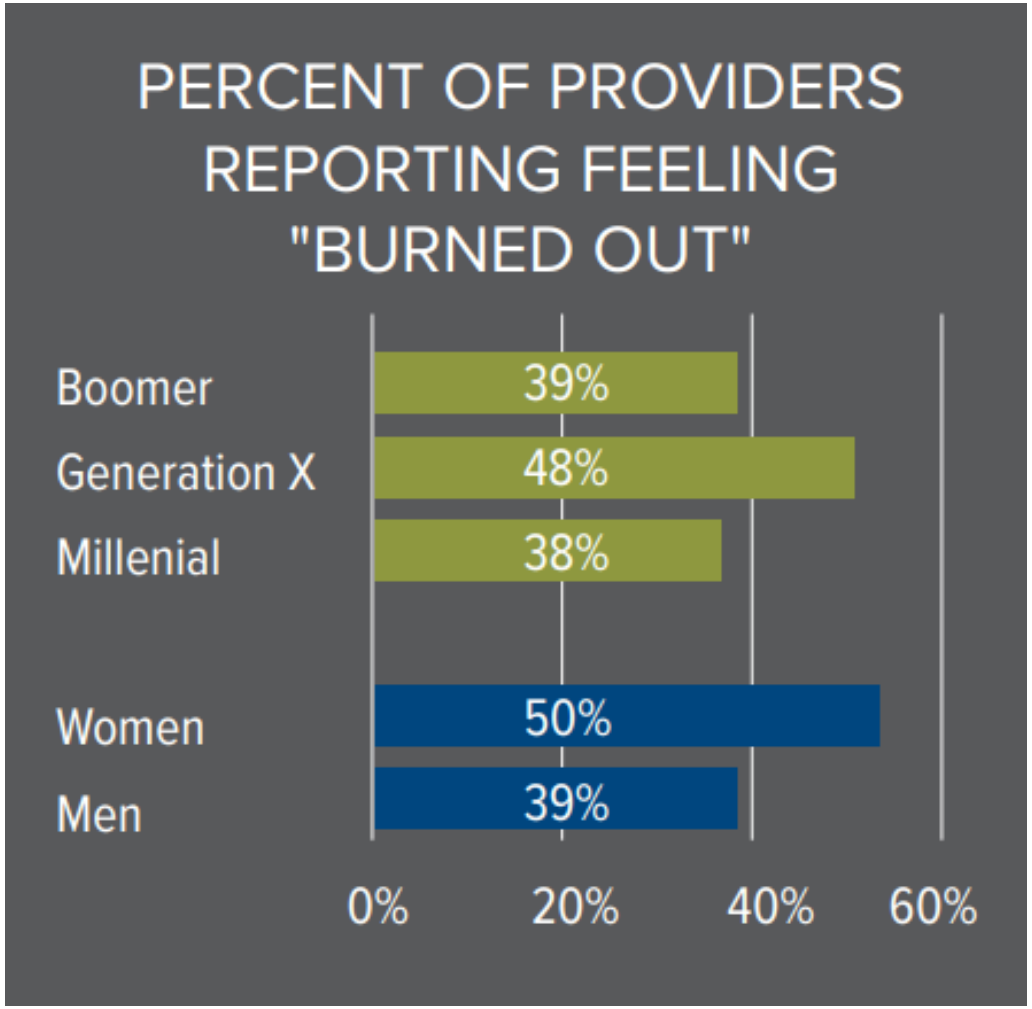
https://mhttcnetwork.org/centers/mountain-plains-mhttc/product/building-resilience-among-physical-and-behavioral-healthcare



- Expectations of perfection
- Loss of career is *not* an irrational fear
- Preference for handling things by oneself
- “Only the strong survive” culture of medical training
- COVID-19 is very political, and healthcare became even more political

https://mhttcnetwork.org/centers/mountain-plains-mhttc/product/building-resilience-among-physical-and-behavioral-healthcare

Burnout among Generations



Top contributors to burnout among Gen X

- Too many bureaucratic tasks
- Lack of respect from administration, employers, and colleagues/staff
- Spending too many hours at work

National Physician Burnout & Suicide Report 2020

DR. PATEL'S HOME LIFE

Prior to the pandemic, Dr. Patel was already experiencing the stress associated with managing her home and work life. Dr. Patel and her husband have three children ages four, six, and seven. Like many female providers, Dr. Patel performs most of the work within the home, leading to increased time pressures and less time for self-care. Women employed full time spend 8.5 additional hours per week on domestic activities.[37] The hours Dr. Patel spends providing childcare and managing virtual learning have increased exponentially given the new challenges presented by the global health pandemic. Simultaneously, her work is requiring additional hours.

As a result of COVID-19, Dr. Patel's home life has experienced significant adjustments.

She needs to find safe and reliable childcare for her four-year-old but cannot rely on grandparents because of the risk of transmitting COVID-19.

She cannot predict the school schedule of her kindergartner and second grader because school is continually at risk of moving to virtual learning.

- Dr. Patel eliminated her morning workout routine to help with the additional preparation of sending her kids off to school. This routine now includes packing additional face masks, packing up electronics that come home each day in case of a switch to virtual learning, packing individually wrapped snacks, refilling personal water bottles, completing a symptom and temperature check for all three kids, sending a fresh blanket each day with her preschooler, and adjusting to a new COVID-19 safe drop off routine for all three children at two locations.
- Prior to the pandemic, Dr. Patel had played games and read with the kids each night before beginning dinner. However, because of her risk of exposure at work, she now showers once she arrives home, losing some of the time she had previously been enjoying with her kids.
- To accommodate the growing demand for direct clinical care during the day, Dr. Patel spends her nights reviewing patient records and updating her notes. Additionally, she and her husband have had to split responsibilities that they had once shared which leaves little, if any, time for them to spend together.
- Dr. Patel spends many nights restless and worried about the risk she poses to her family, worried about her patients, thinking about how to meet the emotional needs of her children, worried about her husband's employment status if his workplace must close, and frustrated over the lack of community and local government support for mask wearing and physical distancing.

18

Home Life

- Women employed full-time spend 8.5 additional hours per week on domestic activities
- Reliable childcare during the pandemic
- Virtual learning for her children
- Sacrificing leisure time
- Bringing work home

https://mhttcnetwork.org/centers/mountain-plains-mhttc/product/building-resilience-among-physical-and-behavioral-healthcare

Strategies to Promote Resiliency at Home

- Time management
- Asking for help
- Guilty pleasure *without* the guilt
- Making healthy decisions
- Using self-care apps

https://mhttcnetwork.org/centers/mountain-plains-mhttc/product/building-resilience-among-physical-and-behavioral-healthcare

DR. PATEL'S CLINICAL CARE

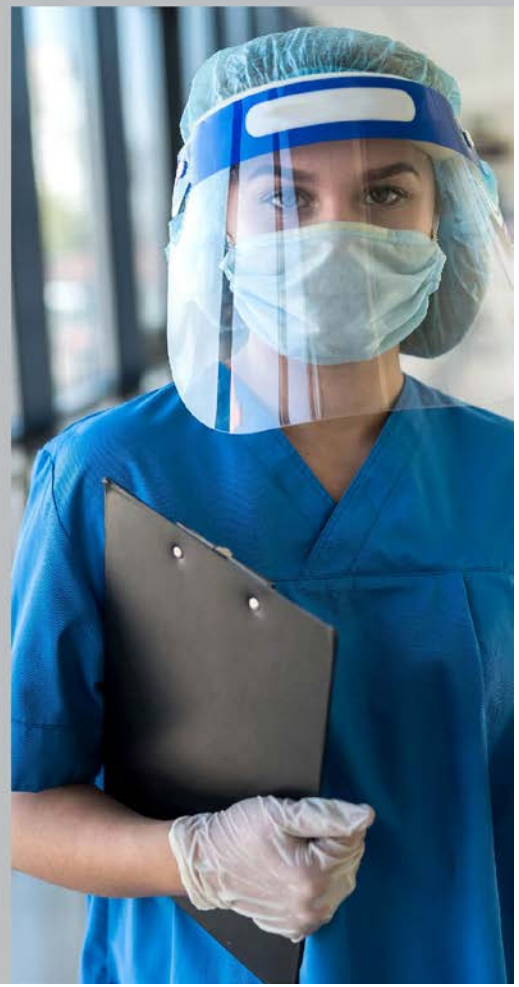
Prior to the pandemic, Dr. Patel primarily saw female and pediatric patients and all visits were onsite. A typical day included 25 patients on the schedule with two slots reserved for same-day appointments. Although some days were busier than others, requiring her to take work home, it was not the norm nor an expectation.

Since the pandemic, Dr. Patel is now seeing upward of 30 patients each day, and the time it takes to see each patient has increased because of safety protocols put in place to protect both the patient and the provider. Her patients now have a wide variety of diagnoses and she is beginning to see a trend in the number of patients reporting an increase in drinking behavior and feelings of sadness, anxiety, and depression. Her older adult patients are anxious as they listen to the news about their increased risks of death due to Covid-19.

Additionally, Dr. Patel has begun to provide telehealth for patients who are either not comfortable visiting the clinic or who are unable to come because of other barriers to care. Having never provided telehealth prior, these visits take extra time of Dr. Patel and she grows frustrated with the issues related to technology, privacy concerns, and the inability to provide the same care that she had grown accustomed to onsite. She is equally worried about what the technology challenges may be for her patients.

Because of the increased time required to don and doff protective gear between in-person patients, the time required to log into and out of virtual visits, the increase in paperwork related to patients presenting with symptoms of COVID-19, and the time required to see more patients in a given day, Dr. Patel is working longer hours, and taking work home with her. Her routine and structure have been disrupted.

In addition to the work she takes home, she carries with her frustration, worry, and concern for her patients who are struggling both physically and mentally. She worries for her patients' health and safety and she also struggles with the quickly changing recommendations around COVID-19 care and prevention. When the pandemic began, she understood that these were necessary demands of her time and mental energy, and believes it could have been sustainable in the short-term. However, there has been no break from this experience for over a year and Dr. Patel is feeling overworked, stressed, and physically and emotionally exhausted.



22

Clinical Care and Work Relationships

- More patients, with each patient requiring more time
- Adapting to telehealth
- Cumulative effect of stressors on work relationships

https://mhttcnetwork.org/centers/mountain-plains-mhttc/product/building-resilience-among-physical-and-behavioral-healthcare

Strategies for Clinical Care and Work Relationships

- Telehealth has been a literal lifesaver
- Telehealth can be a stressor *and* a stress reducer
- Billing is complex but training can help
- Awareness of moral injury/compassion fatigue/ secondary traumatic stress and creating a space for staff to ask and receive help/Use ProQoL or another tool
- Practicing self-compassion

https://mhttcnetwork.org/centers/mountain-plains-mhttc/product/building-resilience-among-physical-and-behavioral-healthcare

Resources to Assist Providers in Promoting Resilience

Providers of all occupations render crucial care to individuals in high-stress environments while routinely experiencing secondary traumatic stress and compassion fatigue in the course of delivering care. Unaddressed secondary traumatic stress, compassion fatigue, and occupational stress can lead to provider burnout and a diminished capacity to provide highly effective care. The ongoing COVID-19 global pandemic has increased the stress and challenges that mental health providers face and place them at greater risk of experiencing burnout. The Mountain Plains MHTTC is committed to supporting and promoting provider well-being, self-care, and resiliency practices to ensure a functional mental and physical health workforce that can effectively respond to the needs of individuals and communities.

Free Online Courses with Continuing Education

- Compassion Fatigue On-Demand

Our Products

- Healing Our Protectors: Building Resilience Among Tribal Law Enforcement Officers Through Cultural Interventions
- Building Resilience Among Physical and Behavioral Healthcare Providers During a Global Health Pandemic
- Blog Series: Voices from the Field
- Understanding Anticipatory Anxiety

Our Past Training Events

- Riding the Wave of Stress and Trauma to Enhance Self-Care
- Responding to Provider Stress and Burnout - Cultivating Hope and Compassion
- Compassion Fatigue: Farm Stress and the Mental Health Provider

Building Resilience Among Physical and Behavioral Healthcare Providers During a Global Health Pandemic

Publication Date: April 29, 2021

Developed By: Mountain Plains MHTTC

DOWNLOAD

MP MHP PHARM RS AC

Building Resilience Among Physical and Behavioral Healthcare Providers During a Global Health Pandemic

Providing physical or behavioral healthcare to others during the global health pandemic can lead to increased levels of stress, fear, anxiety, burnout, frustration, and other strong emotions. It is imperative that physical and behavioral healthcare providers recognize personal signs of mental fatigue, are given supports in their organization to ensure continued productivity and quality care, and are provided with tools to learn how to cope and build resilience.

mhttcnetwork.org/centers/mountain-plains-mhttc/product/building-resilience-among-physical-and-behavioral-healthcare

Stay Connected

mhttcnetwork.org/centers/mountain-plains-mhttc/home

@Mountain-Plains-MHTTC

@MPMHTTC

mhttcnetwork.org/centers/mountain-plains-mhttc/subscribe-our-mailing-list

Thank you!

Per Ostmo, BA

Outreach Specialist
Center for Rural Health
University of North Dakota School of Medicine & Health Sciences
Per.Ostmo@UND.edu

Robin Landwehr, DBH, LPCC

Behavioral Health & Substance Use Disorder Program Manager
Community HealthCare Association of the Dakotas

Mountain Plains (HHS Region 8)
MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration