

Hospitals look at longer-term solutions to support exhausted health care workers

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Health care workers may even be burned out by talking about burnout.

Dr. Vivek Cherian, an internal medicine doctor in Chicago, said it's a conversation he's had time and time again, in the two years since the pandemic began. Even before COVID-19, he had noticed exhaustion after working overnights and feeling like the job he loved could easily become a grind.

Then, as the virus created unprecedented concerns about hospital workers' own safety and some died after contracting COVID-19, the prolonged nature of the pandemic and its stressors has only furthered burnout and stress.

"One of the most common things that comes up with my colleagues, particularly when we were in the trenches of the pandemic, was exhaustion," Cherian said. "That's the one word I heard over and over and over again."

At first, [health care](#) workers were lauded as heroes and thanked with nightly applause. Then, people sent food and handwritten cards. Eventually, even these began to ebb.

Now, having watched colleagues walk out the door as hospitals face staffing shortages, many in health care are not only burned out but facing mental health struggles. The American Association of Critical-Care Nurses created a "hear us out" campaign about the "sustained and extreme demands" nurses face; even Illinois Department of Public Health Director Ngozi Ezike became emotional during a news conference while talking about how many had died.

For nearly two years, Chicago hospitals have implemented many things to retain and [support workers](#), from pizza to applauding them to carts with coffee that go around and subtly assess workers for signs of distress.

As workers drop out of the industry and variants continue to emerge, many are rethinking whether people need support one time—a difficult case and a patient dies—or ongoing support —constantly seeing patients upset about long wait times at an emergency room that they can't control.

"The thing we've been hearing is folks just feel pretty done," said Eve Poczatek, who leads the Center for Clinical Wellness at Rush University Medical Center. "This persistent burnout, it's really real."

In February, a grant through the Illinois Department of Public Health helped launch a "Caring for Caregivers" podcast. New episodes arrive every Friday and handle topics such as how the pandemic disrupted normal coping strategies and handling misinformation.

"We're all faced with difficult challenges from time to time, and now more than ever there's a growing movement encouraging us to focus on our own mental health and well-being," said clinical social worker and moderator Phil Rainer in a statement announcing the podcast. "But what does that look like in real life?"

At Rush, the Center for Clinical Wellness aims to address burnout and increase joy at work. Poczatek said they have registered more than 1,700 people—Rush employees, students and residents or fellows. Programs include a coaching pilot program, which 144 people are involved in, along with counseling and mini wellness retreats. They have continued to add new programs and pilots depending on what they hear people need.

During the omicron surge, for example, they reinstated ideas used

previously during the pandemics — carts that staffers push around with food and water for example, with people available to talk through any problems—and piloted new programs, including a Joy in Work program where 22 people ranging from entry level to vice president talked about self-care and how values affect [work-life balance](#). Poczatek said they plan to survey the group in six months to assess long-term benefit.

Poczatek started to think of this help as emotional PPE, the protective gear ubiquitous in the fight against COVID contagion. Masks, gowns, shields. People need that mentally too, she said.

"You need to build a consistent support system," she said. And that can look different for everyone. "I think the challenge is trying understand is what's the right quote unquote mask for you, what's really going to make sure that you're OK, and knowing that different populations lean on different techniques."

The issues aren't going away; a Society of Critical Care Medicine panel in December focused on moral distress during the pandemic and doctors' concerns about losing people unable to give more to the field.

Cherian faced more death during COVID-19 than he had ever before—something he noted other colleagues who had worked far longer careers could also say.

"I probably signed more death certificates in the past two years than I have in my entire career," he said. "It takes a toll on people."

Some hospitals are becoming more flexible with schedules and staffing, trying to meet needs of changing [family life](#) and tapped-out employees. Others are coming up with new programs to try to support employees. Many said staffers are working hard to create openness around the difficulty of the job.

At Northwestern, several suburban hospitals added new ways to try to reach and support employees. Northwestern Medicine Central DuPage Hospital and Northwestern Medicine Palos Hospital have self-care carts that visit units with treats, and they also keep a room with massage chairs and essential oils.

Northwestern Medicine Delnor Hospital in Geneva and Northwestern Medicine Kishwaukee Hospital in DeKalb added new walking trails surrounding the hospital.

In December, the American Academy of Nursing said programs on preventing nurse suicide should be vital. The group encouraged a screening program through the American Foundation for Suicide Prevention that can offer quick screening and confidential connection with mental health support.

Being more open about scheduling is one way to give people some breathing room. Lurie Children's Hospital associate chief medical officer Dr. Anne Boat said they have been trying to shift schedules and be more open to flexibility especially knowing how people are juggling child care challenges

"I know it's been exhausting for everyone," Boat said. Speaking in January as the omicron variant brought more cases and more patients, she said that wave "put a lot of pressure on our staffing, and at a time when many of our employees and our faculty were exhausted to start with."

Physicians are a resilient group, she said. They are, after all, trained to handle illness and death and difficult conversations. But the pandemic created more layers than many have typically had to handle. From the beginning, it's a virus that health care workers themselves were worried about contracting at work, and bringing home to their families.

And after a wait for vaccines, they now treat people who choose not to get them and get sick. Sometimes they field criticism over precautions such as masks or face harassment online for sharing information about vaccines. Two nurses in Chicago journaled about how the virus changed how they experienced everything from a wait at a pharmacy to time with loved ones.

"Even their resiliency is now being stressed," Boat said. "We have really tapped the level of resilience that they came into this job with."

Boat said they have created peer-support programs, and a phone line workers can access directly. "We don't want anybody to feel ashamed or uncomfortable about reaching out for help."

They're trying to create more opportunity for people to go part time, knowing many faculty are women with young children at home. Families in the sciences with young children face unique challenges trying to juggle work that isn't easily remote.

"What we've learned is that we're going to have to be more flexible. And we are going to have to think of different ways to work," Boat said. "That's an example of how the pandemic has changed our thinking."

Some doctors have turned to things such as art as therapy; others found comfort through faith and spiritual practices.

Often, the people helping health care workers are other [health care workers](#). Northwestern University's Family Institute psychiatrist Smita Gautam helped launch a Physician Support hotline at 888-409-0141 at the beginning of the pandemic, knowing physicians don't always speak openly about mental health but might be willing to open up to others in the profession.

UI Health has a Care for the Caregiver program, with peer support that can give one-on-one support for anyone who's seeking it. They also keep a COVID support line for staff coordinated by the psychiatry team. A spokeswoman said they also asked for alternates and backups to allow staff to take time off, as well as to provide coverage if staff become infected.

For Cherian, when he noticed he was losing some joy in his work, he began a daily gratitude practice. Each shift, after it ended, he would write down or mentally note three things that had gone well. That helped him focus on how he had been useful.

"Sometimes you forget, even if a patient says 'thank you so much,' and they want to give you a big hug, sometimes you just get lost in that, and it's just kind of, on to the next patient," he said. "Sometimes you may not realize the impact you had."

He also considered what he enjoyed about his work, realizing he loved conversations with patients and so prioritized speaking about medicine as well as practicing medicine. And just like he constantly repeated to patients, he began taking his own advice on diet, exercise and sleep. Even with three young children, if he can prioritize any of those categories, he congratulates himself.

Everyone might feel something different helps. Cherian encourages other doctors to think through what might restore joy or rest.

"A lot of times it gets to a point of, 'Hey, is this all worth it? Is what I'm doing making a difference?' " he said. "You're touching so many lives, but sometimes you don't always feel that."

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