



BEYOND BURNOUT AND BULLIES: ADDRESSING HEALTHCARE OCCUPATIONAL STRESS

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Disclosures

- ✧ The presenter has no financial disclosures, and will not be discussing non-FDA approved uses of drugs or devices.
- ✧ The concepts and applications in this presentation were originally developed and sponsored by the U.S. Navy and U.S. Marine Corps.
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Bottom Line Up Front (BLUF):

- ✧ A focus on Burnout and Bullying may mask the stress problems in the environment of care
- ✧ Teaching a workforce to take two deep breaths and get back to work is not an effective occupational stress mitigation strategy
- ✧ There is a need to shift occupational organizational culture and policies from mental illness response to mental health promotion
- ✧ Occupational stress injuries can be observed, are predictable, and amenable to interventions.

Bullying and Burnout

- ✧ Bullying: Repeated, unwanted, harmful actions intended to humiliate, offend, and cause distress in the recipient (ANA, 2018)
- ✧ Burnout: To fail, wear out, or become exhausted by making excessive demands on energy, strength, or resources (Freudenberger, 1974)
- ✧ Most studies reflect the prevalence and outcomes on individuals and individual coping responses
- ✧ Indicators of Stress Injury
 - ★ Bullying: Shame and displaced aggression
 - ★ Burnout: Demands of a greedy institution or role

Traditional Interventions

- ✧ Focus on individual characteristics and behaviors
- ✧ Anti-bullying interventions focus on building individual skills; assertiveness skills for victims and emotional intelligence skills for bullies
- ✧ Burnout interventions predominately focus on self-care strategies related to reducing autonomic arousal, mindfulness, and making healthy choices



Caregiver Occupational Stress Control

- ✧ Program developed to address the full range of stress injuries related to occupational stress
 - ✧ Hospitals, Fire, EMS, Law Enforcement
- ✧ A demand::resource balance model
- ✧ The focus is on the work environment and occupational stressors
 - ✧ Assessment
 - ✧ Training
 - ✧ Support
- ✧ Uses three conceptual elements
 - ✧ Stress Continuum
 - ✧ Sources of Stress Injury
 - ✧ Stress First Aid Interventions

Stress Continuum

READY (Green)	REACTING (Yellow)	INJURED (Orange)	ILL (Red)
<ul style="list-style-type: none"> • Good to go • Well trained • Prepared • Fit and focused • Cohesive units & ready families 	<ul style="list-style-type: none"> • Distress or impairment • Mild and transient • Anxious, irritable, or sad • Behavior change 	<ul style="list-style-type: none"> • More severe or persistent distress or impairment • Leaves lasting memories, reactions, and expectations 	<ul style="list-style-type: none"> • Stress injuries that don't heal without help • Symptoms and impairment persist over many weeks or get worse over time

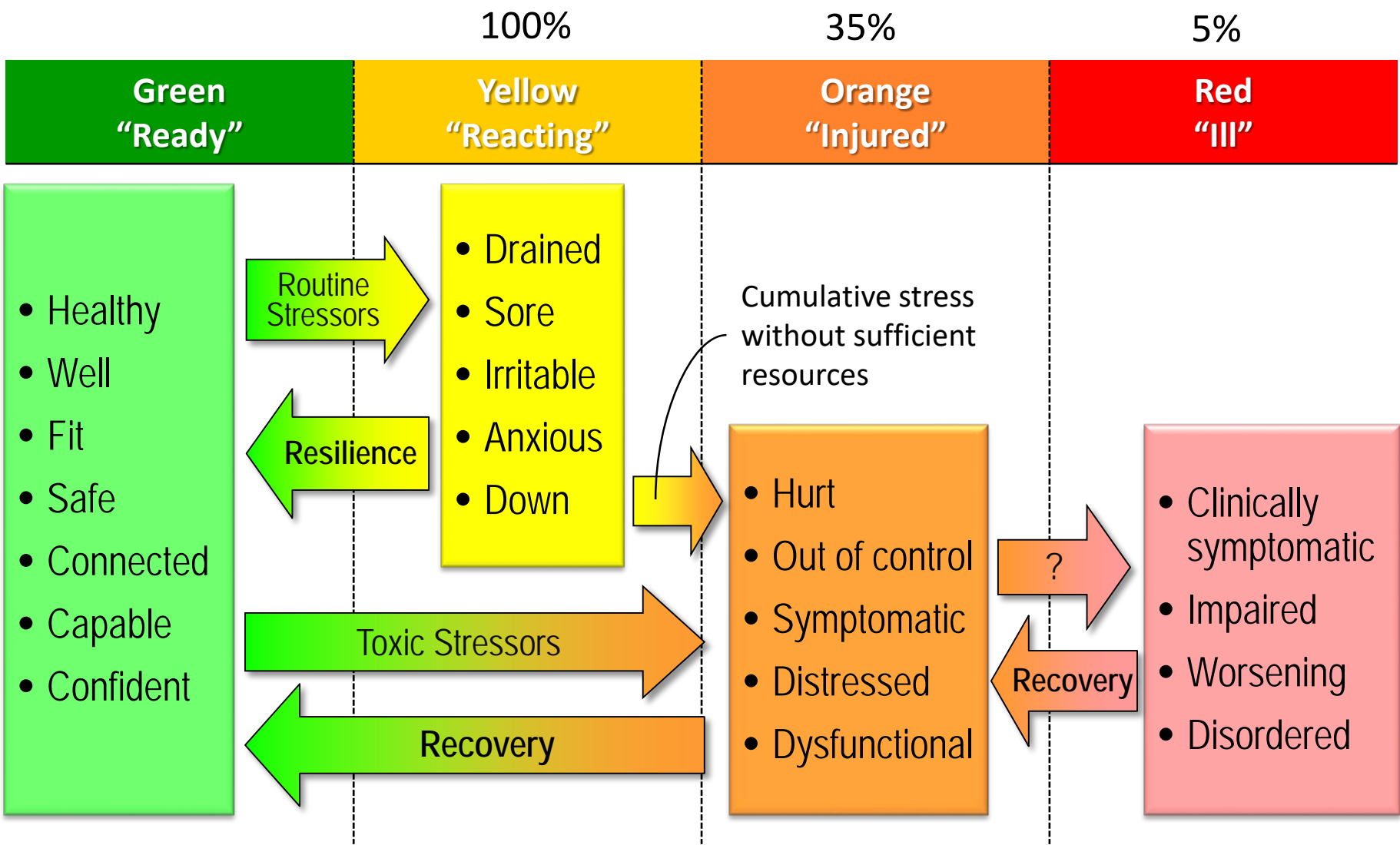
Stressor

Leader
Responsibility

Individual, Peer, Family
Responsibility

Caregiver
Responsibility

Stress Zone Transitions



Occupational Stress Injury

- ✧ Severe and persistent distress or loss of functioning caused by disruptions to the integrity of the brain, mind, or spirit after exposure to overwhelming stressors
 - ✧ Impaired or diminished role function
 - Work, Spouse, Parent, Friend
 - ✧ No longer feeling like normal self
 - ✧ Excessive guilt, shame or blame
 - ✧ Panic, rage, or depression
 - ✧ Loss of control

Four Sources of Stress Injury



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graph TD; A[Intense or Prolonged Stress] --> B[Life Threat]; A --> C[Loss]; A --> D[Inner Conflict]; A --> E[Wear & Tear];
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Intense or Prolonged Stress

Life Threat

A traumatic injury

Due to an experience of death-provoking terror, horror or helplessness

Loss

A grief injury

Due to the loss of cherished people, things or parts of oneself

Inner Conflict

A moral injury

Due to behaviors or the witnessing of behaviors that violate moral values

Omission

Commission

Bearing Witness

Wear & Tear

A fatigue injury

Due to the accumulation of stress from all sources over time without sufficient rest and recovery

Five Essential Human Needs

- ✧ NIMH Traumatic Stress Research Program and SAMSHA/HHS workgroup to identify best empirical evidence for post disaster interventions for short and mid-term period
- ✧ Identified five intervention principles that have empirical support for guiding practice and programs
 - ★ Promote sense of safety
 - ★ Promote calming
 - ★ Promote connectedness
 - ★ Promote sense of self- and collective-efficacy
 - ★ Promote hope

What Is Stress First Aid (SFA)?

A flexible multi-step process for the timely **assessment** and **preclinical response** to **psychological injuries** ...



...in individuals or units with the goals to **preserve life**, **prevent further harm**, and **promote recovery**.

STRESS FIRST AID MODEL



Seven Cs of Stress First Aid:

1. CHECK

Assess: observe and listen

2. COORDINATE

Get help, refer as needed

3. COVER

Get to safety ASAP

4. CALM

Relax, slow down, refocus

5. CONNECT

Get support from others

6. COMPETENCE

Restore effectiveness

7. CONFIDENCE

Restore self-esteem and hope



Training Modules

✧ Awareness Brief: 20-30 Minutes

- ✧ All personnel. Introduce the concepts and develop early recognition skills

✧ Unit Champions: 4 hours

- ✧ All personnel. Build knowledge and skills to recognize a stress injury and to act in a way that saves a life, reduces further injury, and facilitates recovery

✧ Leaders' Training: Leaders' Brief and a 3 hour course

- ✧ Leader training for SFA integration into existing leader skills and to apply SFA principles at a unit level following traumatic events or disruption of unit readiness due to stress injuries

✧ Peer Support Personnel: 8 hours

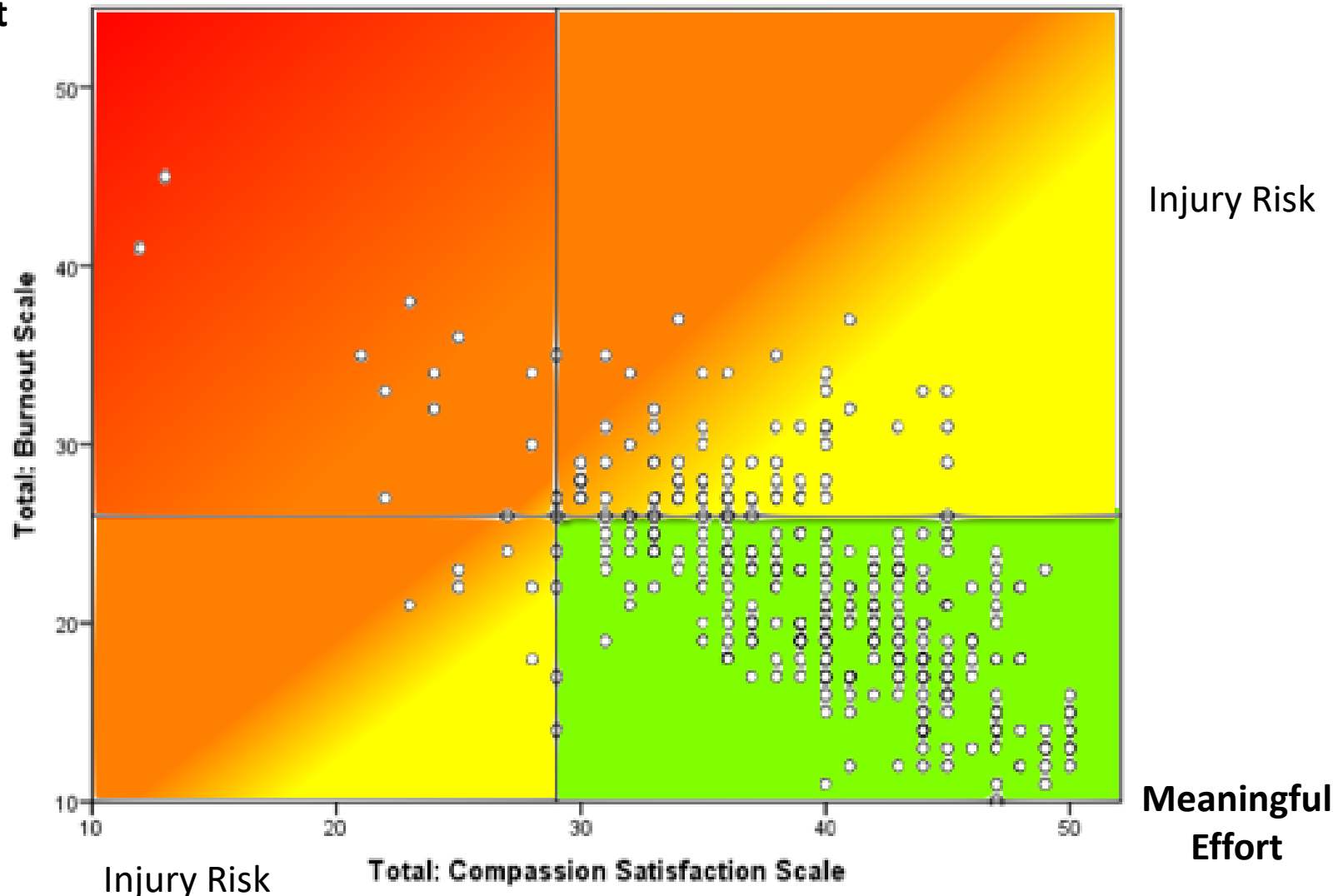
- ✧ First aid responders, caregivers, and members who are the most likely to be a point of service contact for a distressed officer or advise leaders on the health and readiness of a unit

✧ Train the Trainers' Development: 2 Day Instructor's Course

- ✧ Development of internal training and and consultation personnel

Assessment: ProQOL: Burnout v Compassion Satisfaction

Burnout





Stress First Aid Framework for Unit/Department Assessment

	Cover	Calm	Connect	Competence	Confidence
Trauma/ Life Threat					
Loss					
Inner Conflict					
Wear and Tear					

1. First Assess: Do not assume all have been affected or need an intervention
2. Look for themes at intersections of stress injury source and essential needs
3. Identify strengths and vulnerabilities
4. What have the leaders already done or current status?
5. What resources are available?
6. Which factors need clarification to implement a plan of action?

Conclusion

- ✧ Burnout and bullying are indicators of stress injury within individuals and units
- ✧ Proactive peer support creates a low stigma culture that results in early recognition and actions to address burnout and bullying behaviors
- ✧ The environment of care is a major source of occupational risk factors that increase burnout and bullying behaviors and is amenable to occupational health and safety interventions to reduce risk



Questions or Comments

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