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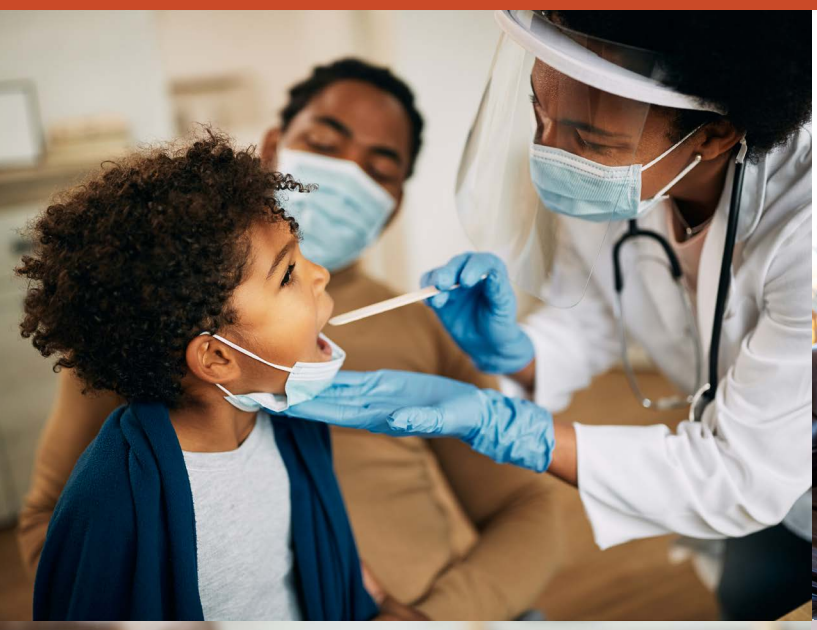
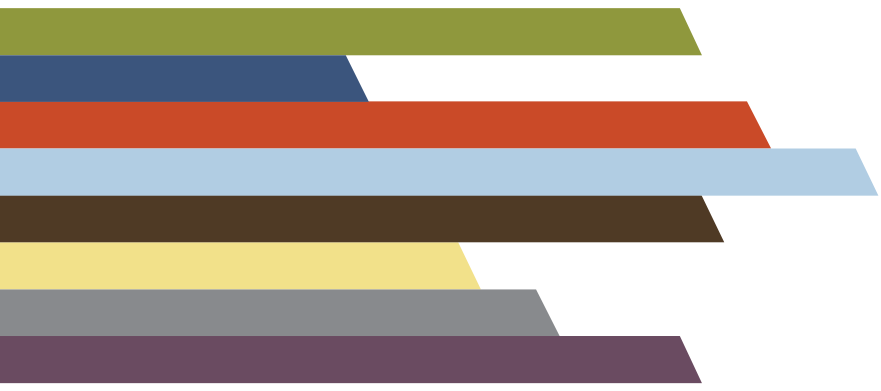



# Building Resilience Among Physical and Behavioral Healthcare Providers During a Global Health Pandemic

Shawnda Schroeder, PhD, MA
Per Ostmo, BA
Robin Landwehr, DBH, LPCC, NCC
Andrew McLean, MD, MPH
Thomasine Heitkamp, LCSW

SAMHSA
Substance Abuse and Mental Health Services Administration



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# INTRODUCTION

*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 medical 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.*

*This toolkit has been developed to encourage self-care and to assist in building resilience among physical and behavioral healthcare providers amidst the global health pandemic. It walks the reader through a case scenario of one rural primary care provider who learns to identify signs of common mental, emotional, and psychological concerns that have arisen because of the pandemic. Following the case presentation are strategies for developing a personal mental health and wellness plan as well as recommendations for the health systems that employ these essential, frontline workers. Organizations can and should consider adaptations to support their employees during the pandemic, and to follow.*

Mountain Plains (HHS Region 8)

MHTTC Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration


The Mountain Plains Mental Health Technology Transfer Center[1] (MHTTC) serves Health and Human Services (HHS) Region 8, which includes the states of Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming. The primary focus of the Region 8 MHTTC is to provide training, resources, and technical assistance to individuals serving persons with mental health disorders, including behavioral healthcare providers, primary care providers, leaders, and educators. Special attention is given to developing resources for those who serve persons in rural areas. The Mountain Plains MHTTC is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

In March of 2020, the Mountain Plains MHTTC team collectively redirected efforts to address the growing concerns around mental health and well-being in response to the global health pandemic. In the immediate, the Center collaborated to host a series of events focused on the use of tele-behavioral health to reach rural, vulnerable, and quarantined individuals (Schroeder et al, 2020). Following, the Center continued to develop resources, training, and technical assistance around addressing the growing behavioral health needs of K-12 students, educators, campus communities, tribal communities, and rural areas. In November of 2020, SAMHSA allocated additional dollars to the ten regional MHTTCs to begin to specifically address self-care and mental well-being among providers. This toolkit is in response to the new SAMHSA funding priority and the increased demand for clinically-validated or best practices in addressing provider well-being amidst an unprecedented global health crisis.

## MOUNTAIN PLAINS MENTAL HEALTH TECHNOLOGY TRANSFER CENTER

# 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.

| | |
|---|---|
| Ambiguous loss | A loss that occurs and lacks closure or any clear understanding.[4] |
| Behavioral health | A key component of overall health and includes one's emotional, psychological, and social well-being. Conditions include both mental and substance use disorders.[5] |
| Compassion fatigue | A state of tension and preoccupation with the individual or cumulative trauma of clients as manifested in one or more ways: re-experiencing the traumatic events; avoidance/numbing of reminders of the traumatic event; persistent arousal; and/or combined with the added effects of cumulative stress (burnout).[6] |
| 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.[7] |
| Post-traumatic stress disorder | Post-traumatic stress disorder (PTSD) is a "psychiatric disorder that may occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, or rape, or who have been threatened with death, sexual violence, or serious injury." [8] |
| Provider | Any individual holding a professional license to provide medical or behavioral healthcare. |
| Secondary traumatic stress | Describes the phenomenon whereby individuals become traumatized not by directly experiencing a traumatic event, but by hearing about a traumatic event experienced by someone else. In the most severe instances, where symptoms result in significant distress or impairment in functioning, it may warrant a diagnosis of post-traumatic stress disorder.[9] |
| Traumatic stress | It is not a medical term nor official diagnosis but is used to describe the reactive anxiety and depression that may result from experiencing distressing events that do not quite rise to the level of post-traumatic stress disorder.[10] |
| Well-being | Among many definitions, one is that "well-being includes the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment, and positive functioning." [11] |

# PROVIDER WELL-BEING BEFORE THE PANDEMIC

According to the 2018 Physician Workload Survey,[12] even before the global health pandemic, 74% of physicians reported frequently seeing symptoms of burnout in others, with more than half (52%) regularly feeling burned out themselves. Experts were also reporting higher rates of death by suicide, with roughly one doctor dying by suicide every day; nearly double the rate of the general population.[13-16] Over half of behavioral health professionals also report moderate or high burnout.[17-18]

Workplace stress, compassion fatigue, and moral injury among providers leads to a loss in workforce as highly skilled and trained professionals leave the field. This is costly for the healthcare system and leads to access concerns for the public. Those who remain in healthcare but are experiencing prolonged stress are more likely to make errors, provide poorer patient care, and are at risk of developing substance use issues and/or experiencing suicidal ideation.[19]

### PROVIDER "BURNOUT"

**Burnout occurs when health and behavioral healthcare providers experience long-term stress marked by depersonalization, emotional exhaustion, and a lack of a sense of purpose or personal accomplishment.**[14-15, 19]

## CAUSES OF PROLONGED PHYSICAL AND EMOTIONAL STRESS

Prior to the global health pandemic, stress and workplace fatigue were generally associated with a provider's decrease in time spent delivering direct patient care, increase in administrative responsibilities including time spent charting in electronic healthcare records, and lack of support for a positive work-life balance.[14, 19-20] Several studies on provider stress and workplace fatigue point to these additional common stressors.[14-15, 18-19, 21-23]

- A focus on treatment and not prevention
- Chaotic work environments
- Complicated electronic health records
- Complicated and changing compensation formulas
- Concern for keeping one's own family safe from infectious disease
- Fear of failure
- Increase in administrative work
- Increased and constantly changing regulation
- Interprofessional conflict
- Lack of collegiality at work
- Lack of meaningful work
- Life and family responsibilities
- Lack of social/peer support (work isolation)
- Lack of strong or clear leadership
- Loss of autonomy
- Low or no control over pace/caseload
- Moral injury (ex. discharging patients to unsafe environments, triaging, cost of care)
- Perfectionism
- Pressure to treat data and not people
- Quality metric scores
- Rules and regulations that conflict with their ideas of good patient care
- Sense of powerlessness
- Time pressure

## SYMPTOMS, SIGNS, AND CONSEQUENCES

Symptoms of physical and emotional fatigue from prolonged work stress among providers center around three common indicators.[9, 14-15, 21, 23]

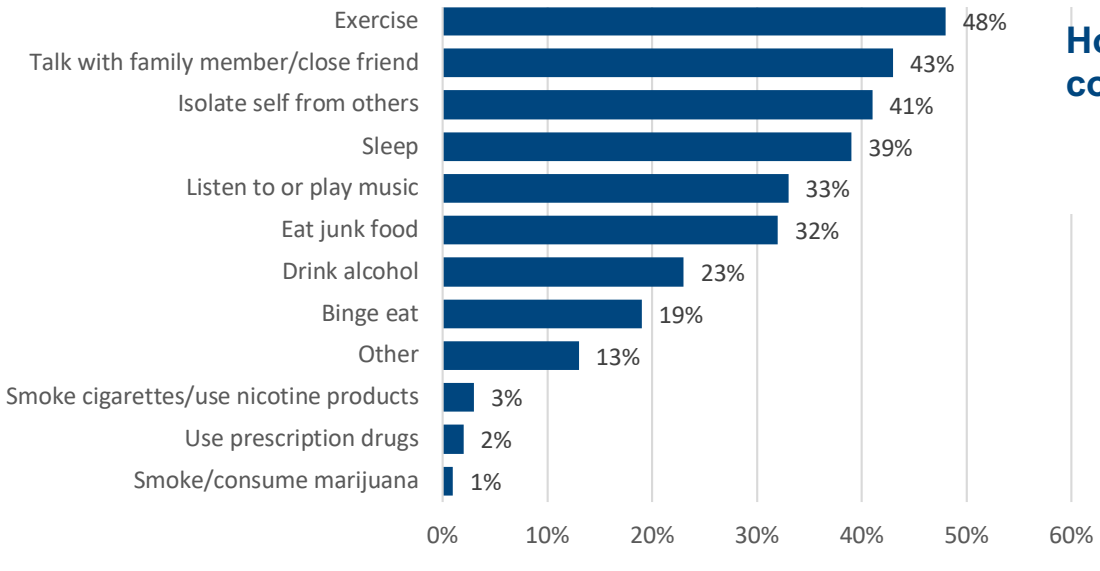
1. Noticeable emotional and physical exhaustion.
2. Compassion fatigue, depersonalization, emotional detachment, or a cynical attitude toward patient care.
3. Feeling useless or that your work is meaningless; a decreased sense of self and/or a reduced sense of accomplishment.

### Signs and Consequences: Things to Watch for in Yourself and Your Colleagues[18, 23]

- Cynical attitude
- Critical of others
- Impatient with patients/ clients
- Lacking energy to be productive
- Apathy
- Hard to concentrate
- Low job satisfaction
- Change in sleep habits
- Disillusionment
- Unexplained headaches
- Sudden stomach or bowel problems
- Feelings of intense sadness
- Increased use of alcohol or drugs
- High blood pressure
- Lower immunity, feeling sick a lot
- Change in appetite
- Isolating from others
- Skipping work or tardiness
- Lethargy
- Short fuse

## COPING STRATEGIES AND SUPPORTS FOR WELL-BEING

There are both healthy and unhealthy ways that individuals can cope with workplace stress and emotional fatigue. According to the 2020 National Physician Burnout & Suicide Report, the number one strategy employed by physicians in over 29 specialties included exercise.[24] However, more than one in three indicated they isolate or sleep and roughly one in four indicated they drink alcohol; one in five cope by binge eating.




**How do physicians cope with burnout?**

# PROVIDER WELL-BEING DURING THE PANDEMIC

Providers were already working in professions with high stress, competing demands, and increasing rates of turnover. In March 2020, as COVID-19 spread throughout the United States, health professionals on the front lines began to face unprecedented challenges. Health and behavioral healthcare providers had, and continue to have, fear of carrying the virus home and concern for their own health. They may have been, or currently are, working amid shortages of protective gear and self-isolation. They continue to be faced with making difficult and complex decisions for their patients, are working days and weeks without a break, and are witnessing death and human suffering at innumerable rates.[25-26]

## IN THE NEWS: HEADLINES

'It's just exhausting': rural Louisiana hospital workers tell of Covid burnout


As COVID-19 Takes Toll on Mental Health, Providers Push to Increase Workforce and Access Beyond the Pandemic


Therapists facing high risk of 'burnout' during pandemic


Sanford nurse recalls first weeks of COVID-19: 'Terrifying'


'Toxic Individualism': Pandemic Politics Driving Health Care Workers From Small Towns


'Nobody Sees Us': Testing-Lab Workers Strain Under Demand



# PSYCHOSOCIAL IMPACTS OF DISASTER

The global health pandemic can be understood as an experienced disaster, not only for providers, but for all individuals. When disaster strikes, people, as well as communities, respond in different ways. Part of the response depends on the impact of the disaster, i.e., severity and length of exposure. Common responses include emotional distress, loss of sleep, relationship difficulties, changes in motivation, and thinking more negatively among others. Most individuals who experience trauma or disasters do not develop behavioral health disorders; however, pre-impact behavioral health functioning can play a role in response and recovery. Depending on the degree of loss, severity of impact, and prior level of functioning and resilience, certain individuals can be at risk for either development of disorders such as post-traumatic stress disorder, major depressive episode, anxiety disorders, and substance use disorders or exacerbation of symptoms of previous disorders. While there are common traits seen in resilient individuals and communities, two significant elements which impact outcomes are access to necessary resources and social connectedness.

While individuals, especially providers, are experiencing a new set of challenges, it is important to remember that communities have experienced, and found ways to overcome, similar stressful environmental and health events in the past. Other events (such as tornadoes, hurricanes, floods, terrorist attacks, etc.) have taken a great toll on communities. Though each event presents unique loss and experienced trauma, people find ways to cope, evolve, and endure. The loss of lives of over 500,000 people underscores the significance of the pandemic and its impact on all citizens as families grieve across the United States.

## ADDITIONAL RESOURCES ON THE PSYCHOSOCIAL IMPACTS OF DISASTER

**Center for the Study of Traumatic Stress**[27]
**This page contains fact sheets and other resources to support the health and well-being of communities impacted by COVID-19.**

**IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings**[28]
**This publication contains guidelines for organizations/sectors on helpful practices and organizational planning for disaster emergencies.**

**Mental Health and Disasters**[29]
**This publication is considered a definitive textbook on mental health and disasters.**

Historical experiences of disaster have prepared us with the knowledge and resources required to adequately address provider mental well-being during the global health pandemic.

## CAUSES OF PROLONGED PHYSICAL AND EMOTIONAL STRESS

Providers, and those who surround them, need to be able to recognize the warning signs of prolonged physical and emotional stress. This stress can lead to conditions like secondary traumatic stress, post-traumatic stress disorder, depression, or suicidal ideation.

### FACTORS CONTRIBUTING TO PROLONGED STRESS

1. Direct patient care
2. A system of healthcare that is often frustrating to providers
3. Interpersonal issues between coworkers and supervisors
4. Loss of faith in our own self-efficacy

**Dr. Lorna Breen**

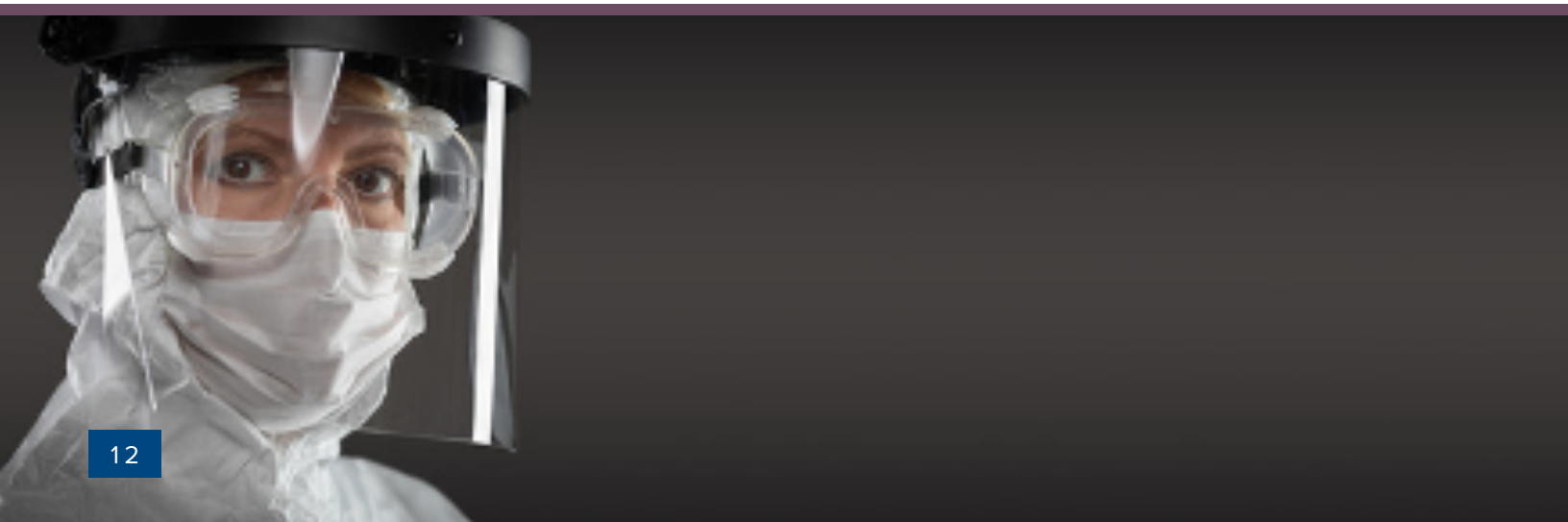
April 2020, only a few months into the pandemic, Dr. Lorna Breen's death by suicide attracted national attention. It was perhaps the first time that alarms began to sound warning us that our heroes in healthcare were vulnerable to harm from external and internal factors.[30]

### 1. Direct patient care

Direct patient care is always challenging, but throughout the pandemic healthcare providers have been forced to work under conditions they have never experienced. Providers posted pictures on social media of their swollen faces with pressure sores from wearing masks for hours on end. Many described the long hours and physical exhaustion due to sleeplessness, cumbersome equipment, and for some, recovery from the virus itself. Providers have reported the anguish of seeing so much loss of life and watching patients die alone. It is no secret there was not enough personal protective equipment in many locations and several providers completely isolated themselves from family to provide healthcare for others.

### 2. A system of healthcare that is often frustrating to providers

The system and business of healthcare can also hasten stress and frustration for providers. Healthcare providers and staff were outraged when they found out that the executive team in a Denver hospital would receive hundreds of thousands of dollars in bonuses the same week that they asked hospital staff to voluntarily cut hours, use all their paid time off, and volunteer to take leave without pay to help the hospital offset the financial burden of COVID-19. Frustrating situations such as these can add to stress and anxiety of the moment.[31]



### 3. Interpersonal issues at work amplified by pandemic related stress

Despite incredible displays of teamwork and focus while treating patients with COVID-19, interpersonal issues between co-workers or supervisors can fuel workplace stress and emotional fatigue. Even as the vaccine began to roll out, there were reports of conflict between healthcare staff related to the perception that the vaccine was not being distributed fairly. Individual stress and fatigue will also lead one to more readily lose patience and to react in uncommon situations. Prolonged stress makes it more difficult to cope with normal everyday interpersonal conflict.

### 4. Loss of faith in self-efficacy as a result of pandemic care

Healthcare providers can often hold up under seemingly impossible conditions if they can maintain one important thing: their belief in themselves. Once a provider begins to question their self-efficacy – begin pushing themselves too hard because they do not think they are doing enough – they are in real danger of emotional fatigue or worse. Many providers have reported that the situation with the pandemic has upended their sense of competency.

## DR. LORNA BREEN

According to Dr. Breen's family, many of these issues were present before she died. Dr. Breen's sister reported that she began to feel like she just could not help enough people and that she could not leave work because there was too much need. In addition to work stress, her family pointed out that she was a COVID-19 survivor, something they believed took its toll on her mental health.[30]

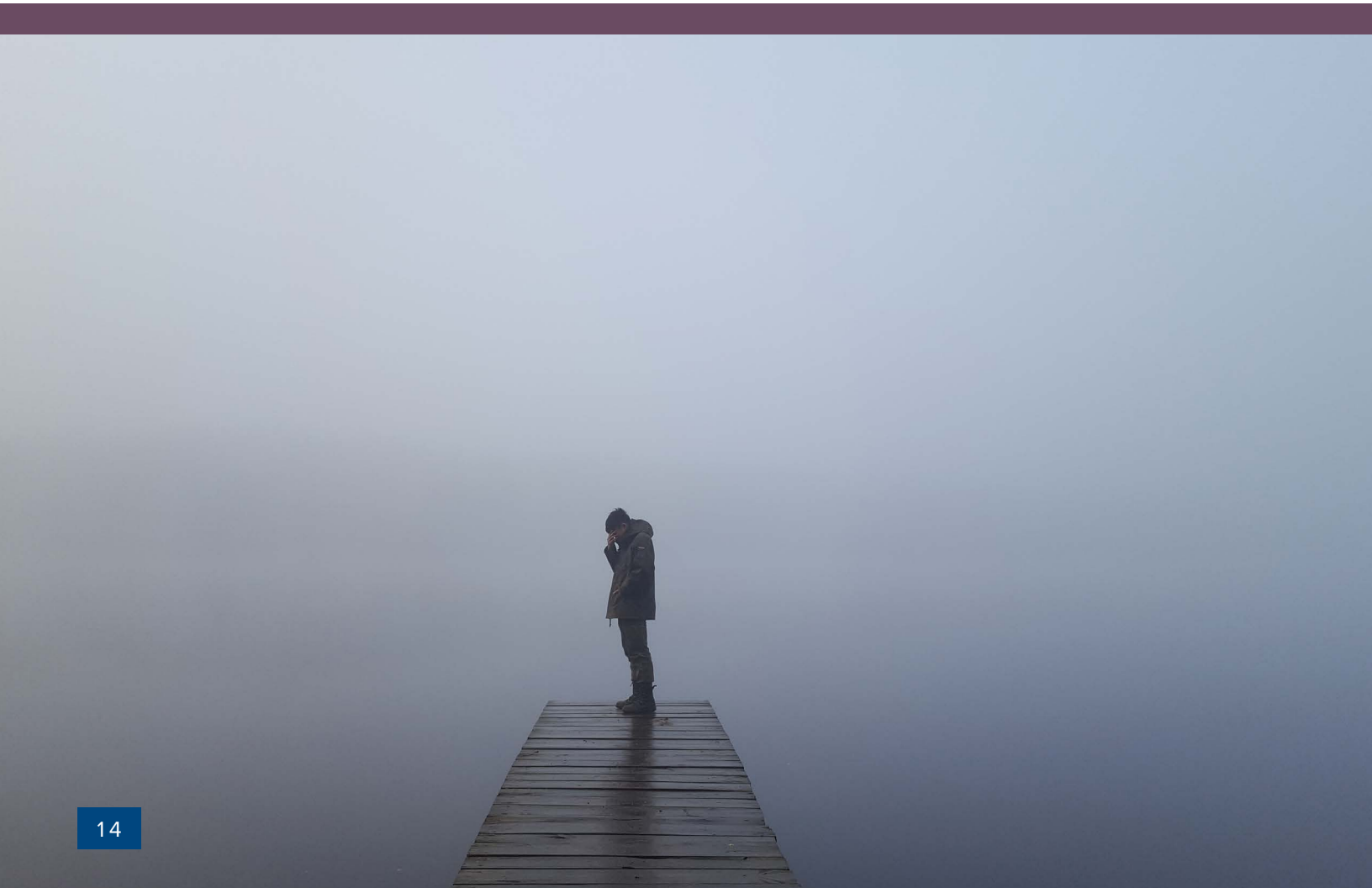
## CONSEQUENCES OF PROLONGED PHYSICAL AND EMOTIONAL STRESS

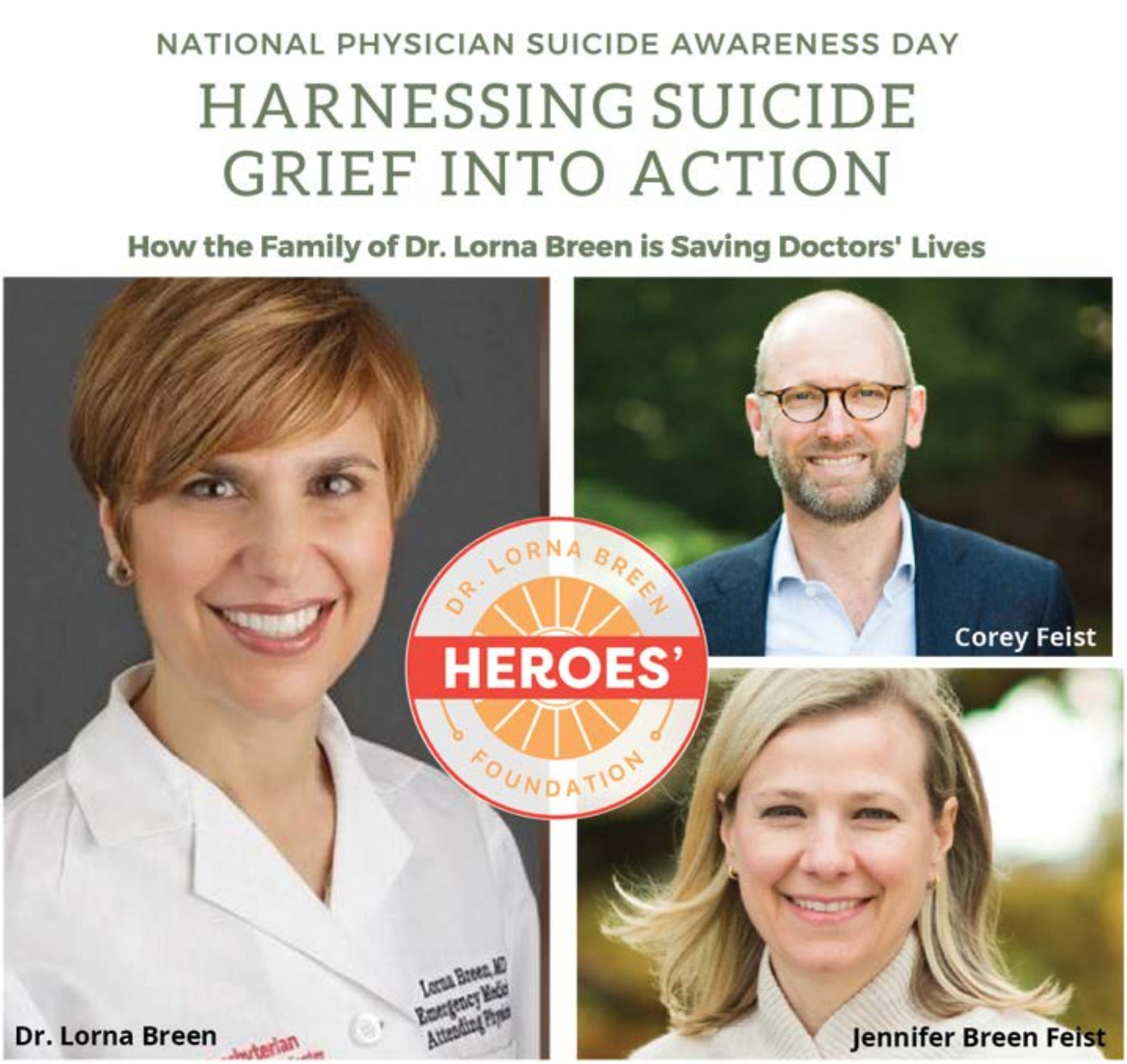
When people are suicidal, they often feel like the pain they are experiencing is too great to bear, that there is no end in sight, and that they cannot escape it. That seems to describe some of what Dr. Breen may have been experiencing. As discussed earlier in this guide, the symptoms of burnout are not benign. The consequences can range from exhaustion and substance misuse to depression and suicidality.[32] It can also lead to post-traumatic stress disorders that will require formal behavioral health treatment.

In primary and behavioral healthcare, which are often forgotten frontline providers, these symptoms can appear as quickly as they can in any emergency department. When COVID-19 numbers began to explode in New York City, many patients flooded into their primary care clinics for help because they were frightened and they wanted to consult their doctor where an established relationship existed. Similarly, patients losing access to in-person therapy scrambled to identify access points for care. To prevent a heartbreaking outcome and ward-off prolonged stress and emotional fatigue, providers and those who support them need to be aware of the signs and situations where it may occur.

### NATIONAL CENTER FOR POST-TRAUMATIC STRESS DISORDER

The mission of the National Center for PTSD[33] is to advance the clinical care and social welfare of those who have experienced trauma, or who suffer from PTSD, through research, education, and training in the science, diagnosis, and treatment of PTSD and stress-related disorders. The website offers free resources for families, friends, persons with PTSD, and for providers.






# DR. LORNA BREEN HEALTH CARE PROVIDER PROTECTION ACT

To many healthcare providers and legislators, simply being aware of the mental health risk to our healthcare workforce was not enough. Several of the provisions that have been passed in the American Rescue Plan, signed by President Joe Biden in 2021, have included elements of the *Dr. Lorna Breen Health Care Provider Protection Act*,[34] which will appropriate $140 million to support various behavioral health resources that target the mental health of healthcare professionals. The funding will support suicide prevention efforts, education, and awareness campaigns to encourage providers to seek help, and to programs that are promoting good mental health among the healthcare workforce.[35]

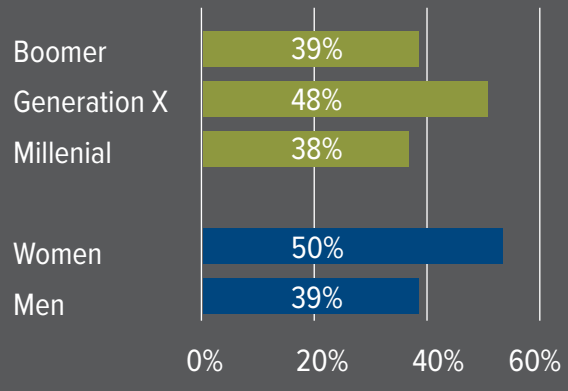
# CASE SCENARIO

## DR. ELIZABETH PATEL

**A 40-YEAR-OLD, FEMALE, PRIMARY CARE PHYSICIAN WHO WORKS IN A RURAL FAMILY MEDICAL CENTER**

THE CASE OF DR. PATEL IS FICTITIOUS AND WAS DEVELOPED BY THE AUTHORS TO ILLUSTRATE THE CHALLENGES EXPERIENCED BY PROVIDERS AMIDST THE GLOBAL HEALTH PANDEMIC. IT IS NOT BASED ON A PARTICULAR PROVIDER, BUT IS A COMPOSITE OF ISSUES PROVIDERS MAY FACE.

PERCENT OF PROVIDERS REPORTING FEELING "BURNED OUT"




## DR. PATEL'S RISK

**Prior to the pandemic, like other female providers in her age group, Dr. Patel was already experiencing symptoms of stress. A greater percentage of female providers identify as being "burned out" than male providers, and a larger proportion of Generation X providers (born between 1965 and 1980) identify as feeling burned out compared to baby boomers (born between 1946-1964) or millennials (born between 1980 and 1994).[24]**

# FEMALE PROVIDERS: RISK

Women have 1.6 times the odds of reporting burnout than men, and these odds increase by 12 to 15% for each additional five hours worked over 40 hours per week.[36] Female providers report less control over the daily aspects of practice, such as the details of office scheduling, selecting physicians for referrals, and the volume of patient load. They also tend to have a greater number of patients with complex psychosocial problems. This requires more time per patient and challenging decision making.[36] Despite these disproportionate burdens, female providers' mean income is approximately $22,000 less than their male counterparts.[36]

Experiences of prolonged stress and mental fatigue can have dire consequences for both patients and the provider, regardless of gender. Although male physicians are at higher risk for suicide than the general population, women physicians are 2.27 times more likely to die by suicide than women who are not physicians.[37] Additionally, while male physicians misuse alcohol at twice the rate of the general population, women physicians are at an even greater risk.[38]

Gender bias and discrimination also contributes to frustration and stress for providers. More than 70% of female physicians report experiencing gender discrimination, which may include disrespectful comments or treatment, lack of career promotion, and disparities in resources, rewards, and reimbursement. Consequently, fewer promotions of female providers to leadership positions result in a lack of women role models in the workplace. Furthermore, women who belong to racial or ethnic minority groups face additional discrimination at all levels of their careers.[37]

# GENERATION X: RISK

According to the National Physician Burnout & Suicide Report 2020, the top three contributors to "burnout" for Generation X include:[24]

1. Too many bureaucratic tasks (e.g., charting and paperwork)
2. Lack of respect from administration, employers, colleagues, and/or staff
3. Spending too many hours at work

# 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.**

## HOME LIFE STRESSORS FOR ALL PROVIDERS DURING THE PANDEMIC

Dr. Patel's stress and concerns around transmission of the virus to those she loves, conflicts with scheduling, and the pressures of meeting the needs of her children are not unique. In fact, caregivers experience pandemic-related stress in their home lives, regardless of gender and profession. Common pressures that individuals may be experiencing at home include:

- Competing demands for time
- Increased hours spent in the home
- Caring for older parents
- Loss of personal and social time
- Arranging safe and often unpredictable childcare
- Fear of bringing the virus home
- Stress associated with partner's new work schedule and/or environment
- Balancing decisions around remote and in-person education for children
- Balancing needs of college-aged children and their potential return to home
- Providing emotional support to children living through a pandemic
- In some regions, shorter and colder days limit safe, outdoor, distanced social engagements
- Typical leisure activities that would bring joy are canceled or postponed
- Households that carpool or take public transportation may need to find safer options
- Worry and anxiety causing insomnia
- Potential job loss or reduced hours for partner
- Less time for exercise and healthy meal preparation
- Single parents struggling with an inability to rely on their traditional supports because of fear of spreading the virus
- Parents who share custody struggling to balance exposure and household rules that may not align between households related to COVID-19

## RESOURCES AND STRATEGIES TO PROMOTE RESILIENCY AT HOME

Individuals can practice proactive prevention behaviors in three domains: personal, home, and work. Two of these domains specifically reflect actions Dr. Patel can take at home to improve her overall well-being. The "personal" domain focuses on improving or maintaining physical health and psychological well-being by exercising, maintaining a healthy diet, putting stressful situations into perspective, approaching problems with a positive attitude, and engaging in relaxing activities. The "home" domain emphasizes increasing or maintaining autonomy and social support at home and reducing work-home conflict. By distancing oneself from work and reducing after work obligations, individuals can choose how to spend their leisure time and help prevent physical and emotional fatigue.

# PRACTICING RESILIENCY AND FLEXIBILITY AT HOME

It is common knowledge, especially among providers, that eating well, exercising, sleeping well, and maintaining a positive work-life balance is essential for personal well-being. They provide this advice to their patients daily. However, individuals need specific and practical tools and tips on how to execute these tasks. Below are some examples.


## TIME MANAGEMENT

Even a five-minute walk is better than no walk at all. Do not forgo exercise all together because you cannot carve out 45-60 minutes of consecutive activity.

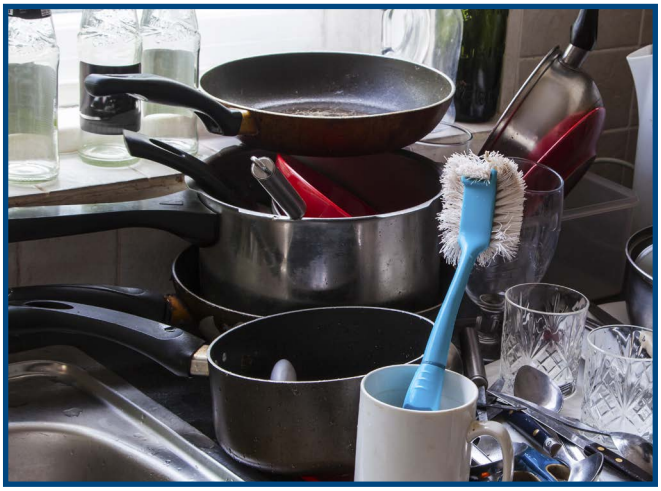
Start small. Incremental changes to diet and exercise are more likely to become permanent than large, drastic changes.

Schedule time for relaxing activities into a calendar or planner and recognize that this is not time away from patient care, but instead, time spent improving your health to better care for your patients.

Think about your morning and evening routines. You may find some time-saving strategies.

Manage the responsibilities of work-related phone calls and emails outside of traditional work hours.

Make a “Not” to do list and stick to it.[39]



## ASK FOR, AND ACCEPT, HELP

Create a schedule with all members of the household to distribute chores.

Recognize that, during a pandemic, it is important to give yourself grace. Meaning, it is ok if some chores and household improvements are temporarily put on hold.

If living with someone, place more responsibility on your partner, but be clear that this is needed now and is not necessarily the new normal for household responsibilities. Evidence suggests that for women with young children, their odds of burnout were 40% less when they had support of colleagues or a significant other to assist in balancing work and home.[36]

When appropriate, ask friends and family for help and advice.

When you feel like you have exhausted all your resources and you are still feeling overly stressed, consider help from a professional.

## MAKE SPACE FOR JOY WITHOUT GUILT

Consider a hobby that does not take much effort, but can provide a profound sense of satisfaction, such as starting an indoor garden. There are several companies you can choose from online. Click and Grow is just one option.[40]

Be creative with what some are calling "virtual adult play dates." This may include a family brunch over Zoom or playing scrabble over the same phone application.

Daily journaling promotes self-reflection, which can help identify the sources of stressors and put them into perspective.[41]

## HEALTHY EATING

Meal-preparation saves time in the long-run and allows for a careful consideration of dietary intake. If possible, see if there is someone in your support system who will meal-prep for you or consider if you can afford a meal prep service.

Pre-ordering groceries for pick-up or delivery can save time and energy and is frequently inexpensive or free.

Stash healthy snacks everywhere. Finding time for a full lunch may not be possible. Keep snacks in your office and car.

### ADDITIONAL SELF-CARE TOOLS TO PROMOTE BETTER REST AND MINDFULNESS

**Headspace**
The website provides helpful tips on meditation, sleep, stress management, and mindfulness.[42]

**Calm App**
Answer a short series of questions on the Calm app to develop a personalized program to improve sleep quality, reduce stress or anxiety, improve focus, and work on self-improvement.[43]

**#SelfCare**
#SelfCare is a free artificial intelligence companion designed to promote joy and self-connection. It's not a traditional game or app. It's more like having a friend inside a phone.[44]

**Sleep School**
Sleep School's app and video clinics offer drug-free, evidence-based tools to help individuals and businesses sleep better and become more productive.[45]

# 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.

## PANDEMIC CLINICAL CARE CHALLENGES FOR ALL PROVIDERS

Working in a rural primary care clinic already requires a provider to be prepared to meet a variety of patient needs. There is also the risk that, as a sole provider in the community, one can experience isolation, lack of professional support, and increased work demands and hours. The provider may also be filling multiple roles within the health system. These roles could include nursing home director, county coroner, chief of staff, public health director, home health supervisor, and more. With the onset of the global health pandemic, many providers began to experience significant challenges in the workplace that they had never encountered before.

- Increase in the number of patients needing to be seen
- Providers may feel undeserving of time spent on self-care while patients are struggling on ventilators
- Time spent putting on and taking off protective gear
- Frustration over the spread of the virus and patients self-reporting high-risk behaviors
- Increase in the number of patients presenting with behavioral health concerns
- Increase in child abuse and intimate partner violence among patient population
- Medication non-adherence among patients who can no longer afford their prescriptions
- Concern over patients not coming in for regular exams because of fear of contracting COVID-19
- Policies and procedures around patient and provider safety are constantly changing
- An immediate need to use telehealth to serve patients without the necessary infrastructure
- Stress and frustration over needing to make difficult decisions with and for patients

## DR. PATEL'S KEY ISSUES AND SOLUTIONS IN PROVIDING QUALITY CLINICAL CARE

What Dr. Patel is experiencing is, unfortunately, not unique. Providers in the United States have all been grappling with these common concerns and experiences in providing clinical care during the pandemic.

1. Telehealth
   Demand for, and frustrations associated with, providing telehealth as reimbursement rates and regulations change constantly.
2. Time
   Increased work hours and time spent working at home over a prolonged period of time.
3. Patient Care Complexities
   New complexities in case load and presentation of increased behavioral health concerns.
4. Compassion Fatigue
   Worry and concern for patients presenting with complex health needs and personal loss.

# 1. Telehealth

## CONTRIBUTING TO STRESS

Increasing access to care among patients, particularly those residing in remote areas, limits the spread of the virus in her healthcare setting. This change resulted in both opportunities and challenges for Dr. Patel's well-being.

The increase in use of telehealth during the pandemic has been significant across the United States. In March 2020, only 13% of American Academy of Family Physicians had provided video or telephone visits to their patients. By May 2020, 94% of members were regularly doing so, aided by sweeping temporary policy changes that brought down many of the regulatory and reimbursement barriers that had previously inhibited the growth of telehealth. By spring 2020, physicians across the country achieved years of progress in a matter of weeks.[46] More flexible telehealth reimbursement structures resulted in greater opportunities for remote patient monitoring and video visits.

However, adaptations to telehealth created additional stressors for providers that include concerns regarding the effective use of technology and access to technology among their patients with both limited broadband and capacity to use technology. There is also concern that current waivers allowing for telehealth billing will dissipate following the pandemic after providers have adapted their workflow structures to offer more care in a remote manner. Providers may feel a lack of control over reimbursement decisions. Furthermore, determining who is most appropriate for telehealth visits is a "moving target."

## DR. PATEL'S COPING STRATEGIES

In response, Dr. Patel has secured the assistance of technical staff to prepare patients for online visits and has established trusts within her team that the coding for telehealth billing is accurate to ensure Medicare, Medicaid, and commercial insurance reimbursement. She has also reviewed effective telehealth practices and attended CME offerings on the topic. In meeting her patients' needs, Dr. Patel has been able to utilize allowable telehealth remote communications during the pandemic. In addition, she has harnessed the flexibility of in-person and virtual visits to address the complex diagnostic and treatment challenges of current practice. Having this sense of control during turbulent times has reduced her stress.

Many of the patients she serves have adjusted to use of electronic devices for reporting outcomes and use of patient portal technology. They appreciate the freedom from travel to an office during the cold winter months and imposing on family members and friends for transportation for those who cannot drive. Additionally, existing literature underscores the high levels of patient satisfaction with the importance of assuring privacy, efficacy, communication, convenience, and comfort when offering video visits versus in-person encounters.[47]

An abundance of material is available to assist providers in adapting to telehealth, including a practical Toolkit for Building and Growing a Sustainable Telehealth Program in Your Practice[46] authored by the American Academy of Family Physicians. The American Telemedicine Association[48] provides policy principles that ensure best-practice guidance, as well as additional resources with current telehealth reports and updates. The Center for Connected Health Policy[49] with the National Policy Telehealth Resource Center[49] provides updated guidance on state and federal billing for telehealth services.

# 2. TIME

An increase in patients requiring care can result in excessive workloads, unmanageable work schedules, inadequate staffing, and more time spent on administrative tasks, such as electronic health record documentation – all of which can increase provider stress and reduce leisure time. It is important for providers and their organizations to recognize how poor organizational time management and lack of support for work-life balance effect personal well-being. Inattention to the well-being of employees and policies that support their effective and ethical practice results in moral injury.

For every additional hour worked above 52 hours per week, the odds of burnout increase by about 2% among physicians. When those additional hours were spent working during a night shift, odds of burnout increased by 3 to 9%.[50] Nurses who work shifts greater than 12 hours are much more likely to experience low job satisfaction than those who work shifts of 8 hours or less.[51]

One argument for longer shifts is care continuity – fewer care transitions should lower the likelihood of errors and gaps in care. When schedules are actively managed and include structured handovers, the number of errors related to transition of care appear insignificant.[52] It is important to create and support these organizational structures so that providers are allowed more time to "recharge" before returning to clinical care.

However, time out of the office does not always correlate with time for self-care. Prior to the pandemic, the average family physician was spending approximately 28 hours per month completing documentation while not on duty, resulting in less leisure time on nights and weekends.[53] Healthcare providers and administrators must work together for an honest accounting of work being completed off duty, utilize strategic debriefing or care team huddles during care transitions, acknowledge additional stressors caused by the global health pandemic, and practice gratitude toward coworkers and colleagues.

# 3. PATIENT CARE COMPLEXITIES

Chronic disease management is a challenge for patients and providers during the best of times. When routines and resources are significantly disrupted, like during the pandemic, it can be even more difficult. For Dr. Patel to feel more effective at providing patient care, she has revisited her professional toolbox and is working to consciously apply the skills she has learned in motivational interviewing and shared decision-making.

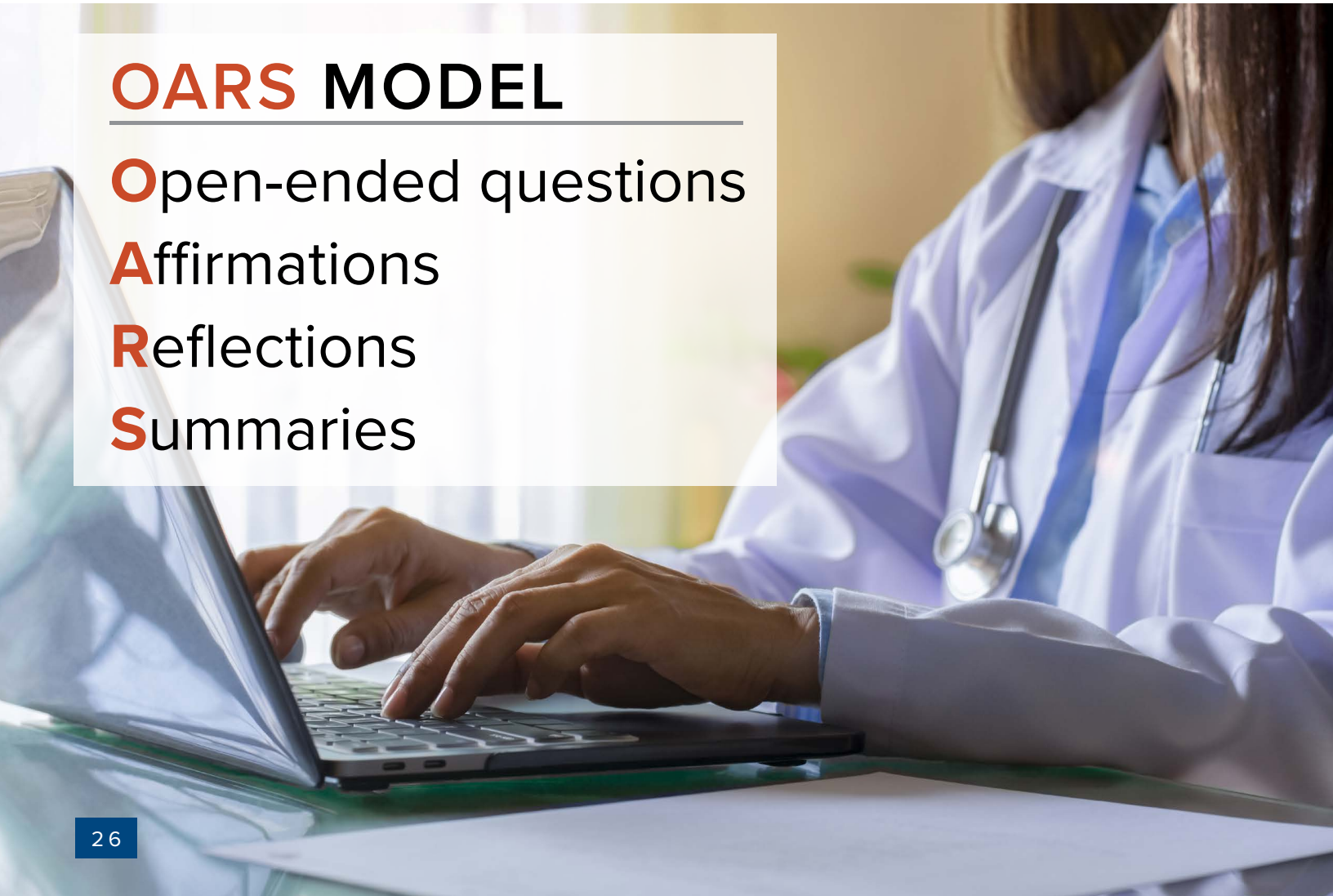
These activities have helped her maintain perspective on her own responsibilities as well as those of her patients. During high points of stress in clinical care, she also practices employing STOP (slow your breathing, take note, open up, pursue your values).[54]

## MOTIVATIONAL INTERVIEWING

Most patients with chronic diseases struggle with lifestyle choices and habits that impact their health. Healthcare providers often find that education and persuasion techniques have limited impact. Motivational interviewing (MI), however, allows for movement in the conversation and focus. The goal is to help the patient identify their goals and how they might be successful in reaching them. Utilizing motivational interviewing skills that empathically call attention to discrepancies in health behaviors while supporting patient autonomy can be "freeing" to both the healthcare provider and patient. This, along with an understanding of the stages of readiness for behavioral change, can be particularly beneficial in situations in which patients are highly resistant to change, and visit time is limited.[55] OARS provides some basic interview considerations for implementing MI into practice. It forces providers to focus on the needs of their patients in the moment.

## SHARED DECISION-MAKING

Shared decision-making is a clinical process in which providers and patients are active participants in review of information about best evidence for evaluation, treatment, and care. Decisions are arrived at mutually, with attention given to the patient's specific values, preferences, and needs. This model is useful in preventive, acute, and chronic disease management, though the input/activity by participants varies given the circumstance. It is also grounded in the elements of medical ethics, with patient autonomy being paramount. Shared decision-making alleviates the pressure from the provider, and places them as a member of the decision-making team. In this situation, the provider and the patient are both responsible for deciding on next steps in treatment. Dartmouth-Hitchcock have several toolkits available including, Decision Support Toolkit for Primary Care.[56]



# 4. COMPASSION FATIGUE

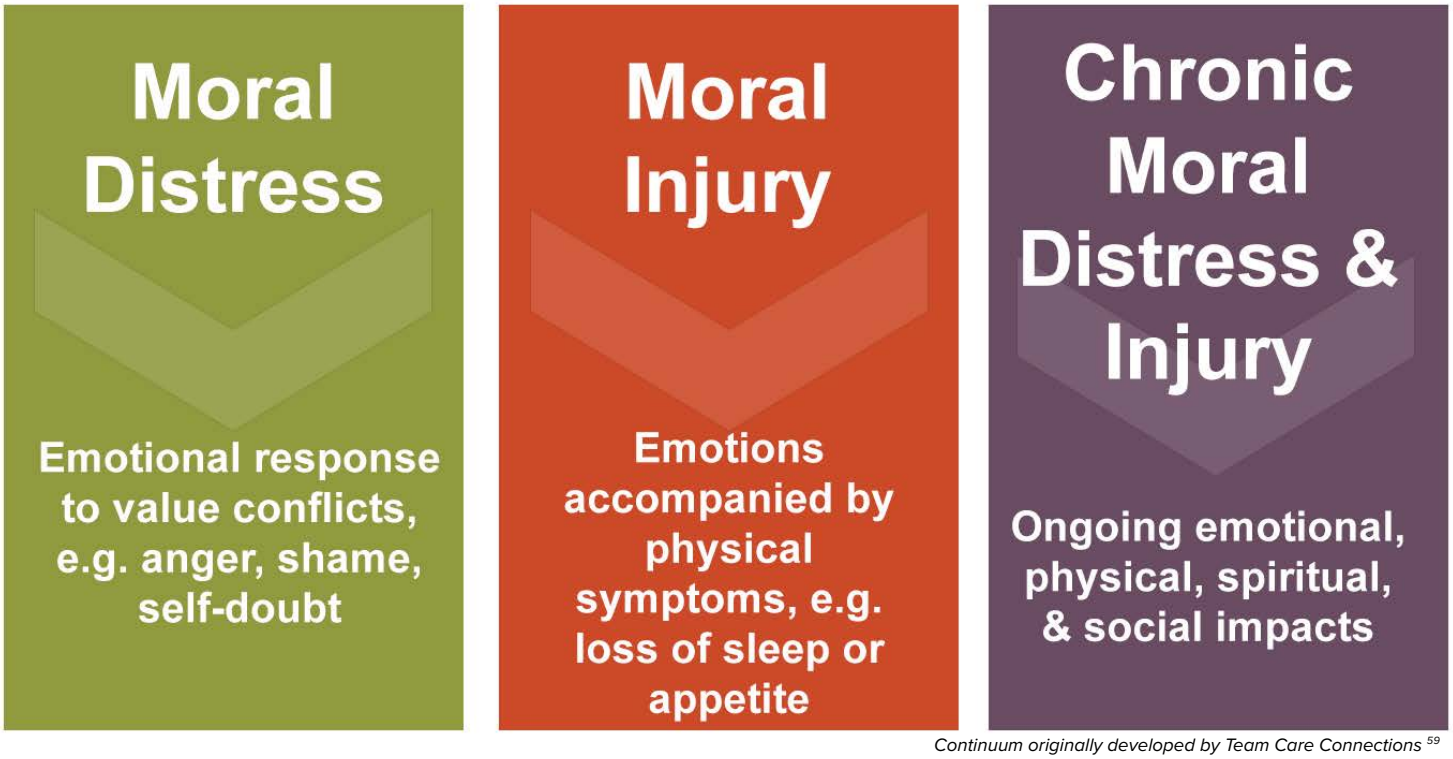
The global health pandemic presents an unusual case where the provider may be both a secondary and primary victim of COVID-19-related trauma. A primary victim of trauma has been directly impacted by an event. Many providers who have been devastated by watching their patients and their families suffer with COVID-19 have also contracted the disease or lost family, friends, and coworkers to it.

Compassion fatigue describes the mental and physical taxation of caregivers. It is a state of tension and preoccupation with the individual or cumulative trauma of clients. As a condition, compassion fatigue may include symptoms of both burnout and secondary traumatic stress (STS). To review, burnout is a condition that tends to occur over time as the result of cumulative stress. It is generally the feeling of being "run down" or exhausted and can come with feelings of inadequacy and deep frustration from caregiving itself or the systems around the caregiver that have slowly eroded the caregiver's resolve. Secondary traumatic stress, however, usually has a faster onset and is related to the caregiver's exposure to traumatic event(s) because of their relationship with the person who experienced the trauma. Secondary traumatic stress is often accompanied with a fear of the workplace after such events, and the desire to avoid it. Many providers have described a fear of going to work due to concerns about contracting and spreading the virus and in witnessing death and suffering at levels beyond what is traditionally expected in the profession. STS is also addressed in the topic of grief and loss.

## MORAL DISTRESS AND INJURY

Moral distress and injury are another element of suffering that many providers experience during the pandemic, and yet they may not be familiar with the terms. In short, moral distress and injury have been described as, "you know the right thing to do, but you're not able to do it." Many providers share their heartbreak and distress of knowing the kind of care they should be giving, but not having the resources or workforce to provide it. Because of a shortage of oxygen and bed space in hospitals, emergency responders in Los Angeles were told they should not bring a patient to the hospital if they are not likely to survive, which may run contrary to deeply held convictions that you should try to save every life.[57] Many providers are very aware that some patients get better treatment than others, and this disparity in care can be disheartening.[58]

### CONTINUUM OF MORAL DISTRESS AND MORAL INJURY




*Continuum originally developed by Team Care Connections* [59]

# ADDRESSING COMPASSION FATIGUE AND MORAL DISTRESS AND INJURY

To ward-off compassion fatigue and moral distress and injury, providers can concentrate on self-care strategies in the areas of work, health, relationships, and play. They can develop skills in self-compassion to allow themselves grace and flexibility. They can participate in providing feedback to administration, encouraging them to examine common practices that increase moral distress and injury in their facility.

It is not always possible to walk right out the door after a 40-hour work week, but wherever possible, it is important to build self-care strategies. This can include sharing on-call responsibilities, not skipping breaks, and taking a brief walk around the building. The approaches do not have to be complex to be effective, in fact, simplicity makes practicing them more likely. Personalizing your own approaches can be even more effective.

It is important not to neglect your own health. Providers have reported waiting weeks to schedule an appointment with their own providers because they cannot find the time off. In addition to diet, exercise, and sleep, staying up to date on your health visits is important.

Sometimes providers feel like they are at work more than at home, and that they spend more time with coworkers than with family. Nurturing primary relationships is critical, because it is family and friends who hold you up when you are feeling challenged and pushed to the limit. Making time wherever possible for those who have your best interest at heart can go a long way toward building resiliency.

Play is simply taking any time available to engage in activities that you enjoy. This can range from reading and painting to playing games and watching pet videos on your phone. Sometimes even the shortest break from the stress of the job can be enough to recharge.

In addition to the extraordinary pressure placed on providers to always be “on” and at their best, they can be their own worst critics, and can frequently have expectations for themselves that are not sustainable. Having self-compassion towards oneself by recognizing emotional pain, validating it, allowing yourself to be moved by it, and understanding that mistakes are all part of the human experience can help shield you from the effects of compassion fatigue.

### PROFESSIONAL QUALITY OF LIFE MEASURE

The Professional Quality of Life Measure (ProQoL)[60] is a freely available assessment to help individuals identify their professional quality of life. Professional quality of life is the quality one feels in relation to their work as a helper. “Both the positive and negative aspects of doing your work influence your professional quality of life.” Dr. Beth Hudnall Stamm, creator of the ProQOL, has more recently developed pocket cards about “caring for yourself in the face of difficult work for the current COVID-19 health crisis.”

# ADDITIONAL RESOURCES ADDRESSING COMPASSION FATIGUE AND MORAL DISTRESS AND INJURY

### Compassion Fatigue Awareness Project

In addition to webinars, this website has downloadable resources including The Caregiver's Bill of Rights, The Ten Laws which govern healthy caregiving, and the ProQoL Pocket Card that suggests 10 healthy activities to do each day.[61]

### Compassion Fatigue, Burnout and the Strengths-Based Workplace

This on-demand webinar defines and distinguishes burnout and compassion fatigue. It emphasizes both risk and protective factors for individuals and organizations. Optional CEs available.[62]

### Evaluate your Self-Compassion

Take a quiz to evaluate your self-compassion and access tips on how to practice self-compassion.[63]

### Self-Care during the Coronavirus Pandemic

The National Association of Social Workers (NASW) provides a collection of podcasts, free self-care activities, and publications that promote self-care and address burnout.[64]

### Team Care Connections

An interactive digital magazine designed in partnership with primary care teams caring for high-risk patients with very complex care needs. While this magazine does center on healthcare in a community healthcare setting, it is a great resource to help someone understand moral distress and injury and how healthcare systems can identify the causes and prevent it.[65]

### Tips for Healthcare Professionals: Coping with Stress and Compassion Fatigue

Provided by the Substance Abuse and Mental Health Services Administration, this brief identifies signs and symptoms of disaster-related distress and compassion fatigue and offers self-care and stress management tips.[66]

# DR. PATEL'S WORK RELATIONSHIPS

Although Dr. Patel has maintained high-quality, professional relationships with colleagues at her small healthcare organization, the global health pandemic has placed additional strain on typically easy-to-manage circumstances. There are frustrations between colleagues about appropriate treatment for COVID-19, when to test patients, community masking recommendations, and efficacy around the vaccine and its distribution plans. As a result of personal pressures, stress, and lack of sleep, smaller conflicts that would have historically been easy to resolve are now escalating and leading to interpersonal conflict.

The increased workload has made it difficult to trade shifts and has made it harder for providers to take time off. While Dr. Patel and her colleagues recognize the importance of self-care, feelings of resentment are building. Providers cannot take personal time without placing extraordinary burden on their colleagues. Dr. Patel has felt both guilt and helplessness when she has lost patients while taking time away from work. These feelings persist as patients of her colleagues pass away under her care. While all the healthcare providers at her facility recognize that avoiding time-off can cause further workplace stress, no one wants to be responsible for placing additional burden on their coworkers.

The pandemic has also presented team-level stressors. For example, there is a lack of team member expertise as people assume new roles and responsibilities in response to the pandemic which creates unfamiliarity with new team members, heightened consequences for mistakes, and new or unfamiliar care processes and treatments.[67] There is also fear about reporting poor patient care because providers worry if it will risk the financial stability of their facility.

## PERSONAL STRATEGIES TO SUPPORT POSITIVE WORK RELATIONSHIPS

The most important thing that providers can do to sustain or support positive relationships with colleagues, especially during a pandemic, is to practice empathy and cultivate compassion. Dr. LaVonne Fox describes methods providers can employ to cultivate compassion, and to improve relationships and overall well-being.[68-69] These recommendations include:

- Practice self-compassion and give yourself grace in your work, home, and personal life.
- Silence your own inner critic and release yourself from perfectionism, even regarding patient care.
- Practice self-talk that emphasizes appreciation of your efforts, even when you are not successful.
- Be kind to others, but not at the expense to yourself. Be kind without being people-pleasing.
- Acknowledge successes in the workplace, both large and small.
- Judging others can be an indication that we are struggling with empathy and objectivity. If you catch yourself judging, take a few breaths to refocus and reconnect.
- Practice authentic listening, especially as colleagues share their struggles with the pandemic.
- Be mindful and truly present in each engagement and conversation.
- Motivate others by building comradery that is based on shared values and goals.

*"Health care people focus on patients. We put our patients first. We don't pay a lot of attention to what we're feeling. In fact, we're probably the last ones to attend to ourselves."*

*Dr. Bill Nash*

## TEAM-LEVEL STRATEGIES TO SUPPORT POSITIVE WORK RELATIONSHIPS

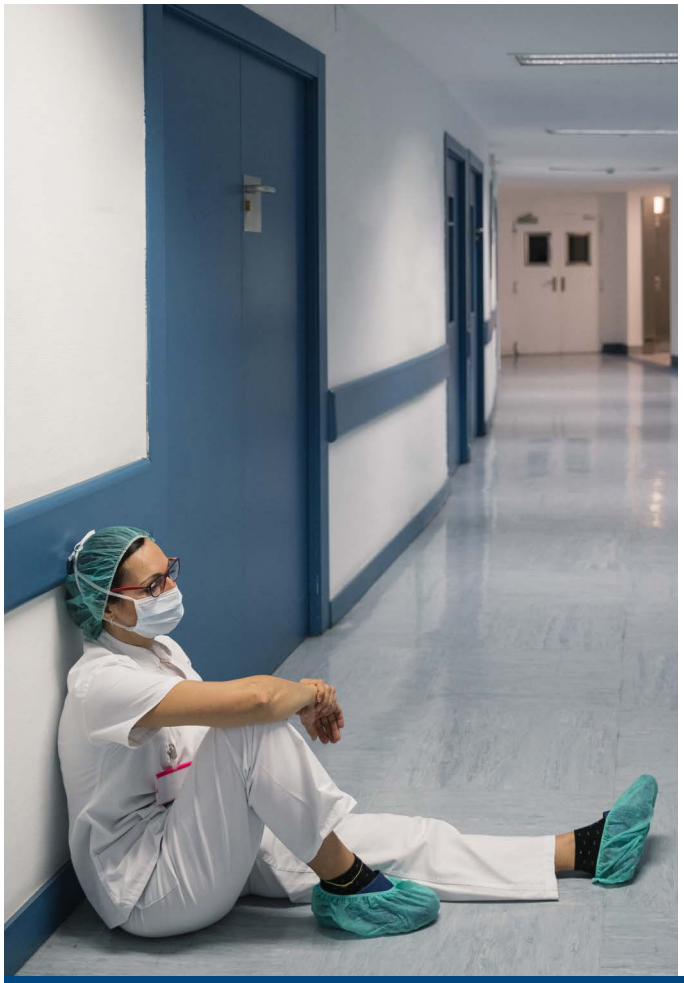
Administration, supervisors, and clinical care team leads can employ a variety of strategies to support and promote positive work relationships. These tips can be effective at any time, but are especially important when supporting colleagues during a global health pandemic or similar crisis.

- Promote the belief that the team can succeed by recognizing wins both large and small[67]
- Align priorities and clarify responsibilities among staff by conducting quick, periodic pre-briefs, debriefs, huddles, and thoughtful handoffs[67]
- Develop team cues for asking about and acknowledging moral distress
- Listen closely for recurring situations that "stay with" team members
- Designate a safe place to talk
- Buddy up to watch out for each other
- Implement quick successes within the control of your team
- Engage administrators in solving system level issues that contribute to moral distress and injury
- Empower staff by acknowledging challenges, sharing how they can personally improve, and thanking others for admitting mistakes[67]

## RECOGNIZE SIGNS OF DISTRESS IN YOURSELF AND YOUR COLLEAGUES

| BEHAVIORAL OR PSYCHOLOGICAL | PHYSICAL |
|---|---|
| Exhaustion | Insomnia |
| Anger | Headaches |
| Irritability | Stomachaches |
| Sadness | Increased heart rate |
| Frustration | Weight change |
| Shame | Body aches |
| Guilt | Low energy |
| Isolation | Hair loss |

# DR. PATEL'S GRIEF AND LOSS



At home, Dr. Patel reads the names of her patients in the increasingly long obituaries section of her newspaper. Prior to the pandemic, like many providers her age, she typically cared for younger patients and their families. Reading an obituary for one of her patients every week due to a global health crisis is an out-of-the-ordinary stressor. In addition, because of the lack of behavioral health professionals in the area, Dr. Patel is now spending more time addressing the mental and emotional well-being of patients who are experiencing isolation, depression, and the loss of their loved ones. Patients who have lost friends or family during the pandemic (whether the death was related to COVID-19, or not) are experiencing Ambiguous Loss because of the lack of closure. Providing emotional and behavioral health supports to her patients, grieving the loss of community members, and hearing about how her patients are dealing with ambiguous loss have led Dr. Patel to experience Secondary Traumatic Stress.[9]

Dr. Patel is also experiencing her own loss and associated grief related to disruption of her normal routine like, spending time with friends, her weekly lunch with her grandmother, and other activities she is missing. Every day she feels the loss of quality time with her husband and children. She grieves over all the moments her children are missing. Although she sees herself struggling, she is **hesitant to seek behavioral health services. She holds self-stigma** and worries about what her patients or colleagues would think about a provider who does not have the skills to take care of her own health.[70]

## AMBIGUOUS LOSS

**A loss that occurs and lacks closure or any clear understanding. The pandemic has impacted the typical grieving process. Shortened timeframes from onset of symptoms to death, and physical barriers put in place to prevent the spread of disease have made coping with loss even more challenging. Public health measures have kept family members from hospital rooms and funerals.**

## SECONDARY TRAUMATIC STRESS

**Secondary traumatic stress (STS) is when an individual becomes traumatized not by directly experiencing a traumatic event, but by hearing about a traumatic event experienced by someone else. Such indirect exposure to trauma may occur in the context of a familial, social, or professional relationship. The negative effects of secondary exposure to traumatic events are the same as those of primary exposure including intrusive imagery, avoidance of reminders and cues, hyperarousal, distressing emotions, and functional impairment. In the most severe instances, where symptoms result in significant distress or impairment in functioning, STS may warrant a diagnosis of post-traumatic stress disorder (PTSD).[9]**

Providers commonly carry their patients' stories with them, and it is important that providers do connect with their patients. If providers feel nothing, then they cannot connect as strongly and may not be able to optimize patient care.[71] However, this connection, especially during a pandemic, can lead to secondary traumatic stress (STS). STS is the emotional impact experienced when hearing or witnessing the firsthand trauma experienced by someone else. Symptoms may include hypervigilance, avoidance, re-experiencing, guilt, anger, problems sleeping, impaired immune system, challenges with concentration, exhaustion, and sudden change in mood. If providers are to maintain pace with meeting the physical and behavioral healthcare needs of patients during a pandemic (and after), then their physical and well-being must also be recognized and protected.

## PREVENTING AND RESPONDING TO SECONDARY TRAUMATIC STRESS

### ORGANIZATIONAL LEVEL

The single most important thing an organization can do to prevent STS, or to help providers cope, is to recognize secondary trauma and begin to implement strategies and supports for providers experiencing STS. Agency acknowledgement reduces stigma and encourages peer sharing. Knowing others are experiencing similar feelings can decrease the potential for STS. More specifically, organizations and leadership can: [72-73]

- Balance provider caseloads so they do not only provide care to patients with complex need or high-trauma cases.
- Ensure accessible supervision and an open and safe place to share concerns.
- Provide leave and a safe physical environment for providers.
- Implement organization wellness programs that focus on both physical and mental wellness.
- Offer, and provide paid time to attend trainings on prevention of STS as well as reduction tools.
- Create peer support groups and train on how to identify symptoms in themselves and others.

### INDIVIDUAL LEVEL

The following are methods to remain connected to patients while preventing, or dealing with, STS. [71, 73-74]

- During this pandemic, providers need to recognize that you are doing the best that you can under these strained circumstances.
- Know what STS is and how to recognize symptoms in yourself and others.
- Pay attention to your body and mind. Know the signs that you are beginning to struggle with a patient or a patient's story and step out or take time for yourself as needed.
- Avoid avoidance. Ignoring feelings or symptoms of STS only works in the short term (and is sometimes necessary). However, be sure to create a time and space to reflect on those feelings.
- Plan ahead. Take control of your emotional health by setting aside time for yourself, even if it is a few minutes at a time.
- Learn what strategies work for you. Debrief/ share your experiences with colleagues, friends, or family as appropriate.
- Reflect on the meaning in your work.
- Know when to ask for help. Both cognitive-behavioral therapy and trauma-focused cognitive-behavioral therapy are evidence-based treatments that can assist providers dealing with STS.

# PROMOTING RESILIENCY AT AN ORGANIZATIONAL LEVEL

Research indicates that, although efforts to promote resilience at an individual level are important, addressing characteristics of the external environment are at least as important. Absence of organizational and leadership support for provider distress during COVID-19 may adversely impact organizational resilience, patient safety, and staff retention.[75] Dr. Patel, and other providers, cannot sustain their own well-being without the support of their leadership. Targets for improvement at the organizational level include ensuring:

1. Organizational efficiency through identifying inefficient workplace processes
2. A transformational work culture
3. Correction of any negative leadership behaviors[76]

**1. Organizational Efficiency**

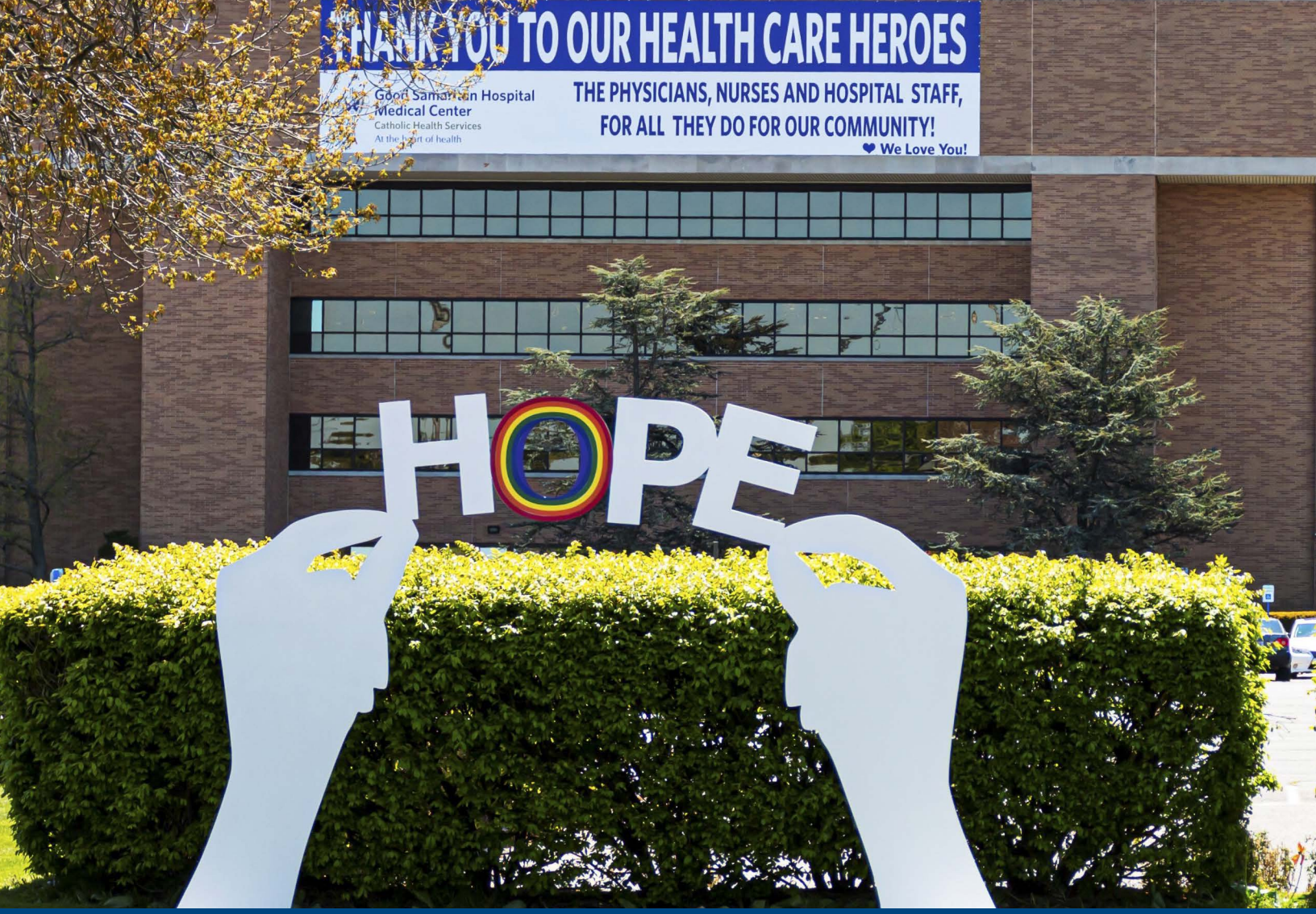
Efficient organizations allow clinicians to spend more time on tasks that utilize caregiving expertise, rather than administrative tasks. For example, primary care providers with more than 300 electronic messages per week had six times the odds of burnout compared with those with less than 150 messages per week.[77] Organizations can help reduce inbox volume by carefully routing messages and allowing healthcare providers to turn off redundant, or low-information messages.[77]

**2. Transformational Culture**

Leadership can adopt several strategies to promote a transformational culture that emphasizes "empower and encourage" over "command and control." Most importantly is examining administrative structures that can be adopted to prevent moral injury and burn out. Open-door policies can facilitate timely communication of issues that staff are experiencing. Eliminating early morning or late afternoon meetings allows providers with children to perform drop-offs or pickups. Institutionalizing peer coaching and mentoring helps providers identify and meet their goals, while lending an empathetic ear. Social events, such as collegial dinners, can strengthen informal social support structures. Human resources departments can address concerning behavior with positive interventions instead of punitive action whenever possible, utilizing employee assistance programs and self-care workshops to promote well-being throughout the organization. All these strategies demonstrate that an organization values its staff.[77]

**3. Positive Leadership**

Organizations can demonstrate their commitment to wellness by utilizing a Chief Wellness Officer to formally support provider well-being. However, it is imperative that employees see the value in the position of a Chief Wellness Officer and that this Officer is responsive to the needs of employees. Leadership should include measures of workforce well-being into the strategic plan and data dashboards of their organizations, making sure to include appropriate measures, such as time spent working with electronic health records, inbox volume, and the consequences of workplace stress (workforce turnover, early retirement, reduced clinical effort, etc.). It is imperative to share these results with leaders and stakeholders to enhance responsibility for improvement.[77]




Leaders can also carve out time for team meetings that specifically address well-being. Tasking specific team members to facilitate conversations about challenging and frustrating situations that are rooted in moral distress allows teammates to bond and work through stressors together. When listening to team members, words like “should” and “ought” can provide clues that values are at stake. When staff believe the care being provided is not consistent with what “should” happen, leaders can acknowledge concerns and talk about factors that create these kinds of situations. When identifying solutions, start with what is within control of the team before moving on to solutions that require broader organizational support.[69]

## ENHANCING RESILIENCY DURING A PANDEMIC AT AN ORGANIZATIONAL LEVEL

- Include shared accountability, meaning that responsibility for providers’ well-being does not solely rest with one leader, but rather is embedded within organizational structures that will persist across leadership changes.
- Balance standardization and customization so clinicians are able to implement their expertise without being unnecessarily restricted.[77]
- Address, or at the very least acknowledge, organizational stressors. For example, even if you cannot change the situation, acknowledge if there are insufficient resources. Recognize forced separation of patient care teams and other teams and financial stress from decreased elective procedure volume.[67]
- Recognize excellence in patient care and publicly celebrate and award teamwork.
- Invest in the physical and mental health of the providers and offer safe and supported space to seek help or a break from patient care.

# DR. PATEL'S RESILIENCY

Dr. Patel has been responding to the global health pandemic for over a year now, and in that time, she and her organization have identified key strategies to promote resiliency and to prevent or respond to feelings of compassion fatigue, burnout, moral injury, and secondary traumatic stress. Dr. Patel has made changes in her home life, clinical care practices, work relationships, and with her leadership team that encourage and support her own well-being, and help her address her experiences of grief and loss.

## HOME LIFE

Dr. Patel's partner has stepped up to take on greater childcare and household responsibilities, recognizing her need for additional support during the pandemic. Dr. Patel has also given herself grace, and has begun to order delivery or picking up takeout on nights that are busy, even though she had once taken pride in serving clean, homemade meals each night. She knows this is temporary and provides the family more quality time together.

## CLINICAL CARE

Dr. Patel has grown more comfortable providing telehealth. She has also found efficiencies in donning and doffing protective gear between in-patient care. Workflow efficiencies have helped to streamline her care and have freed her to spend more time on direct patient services.

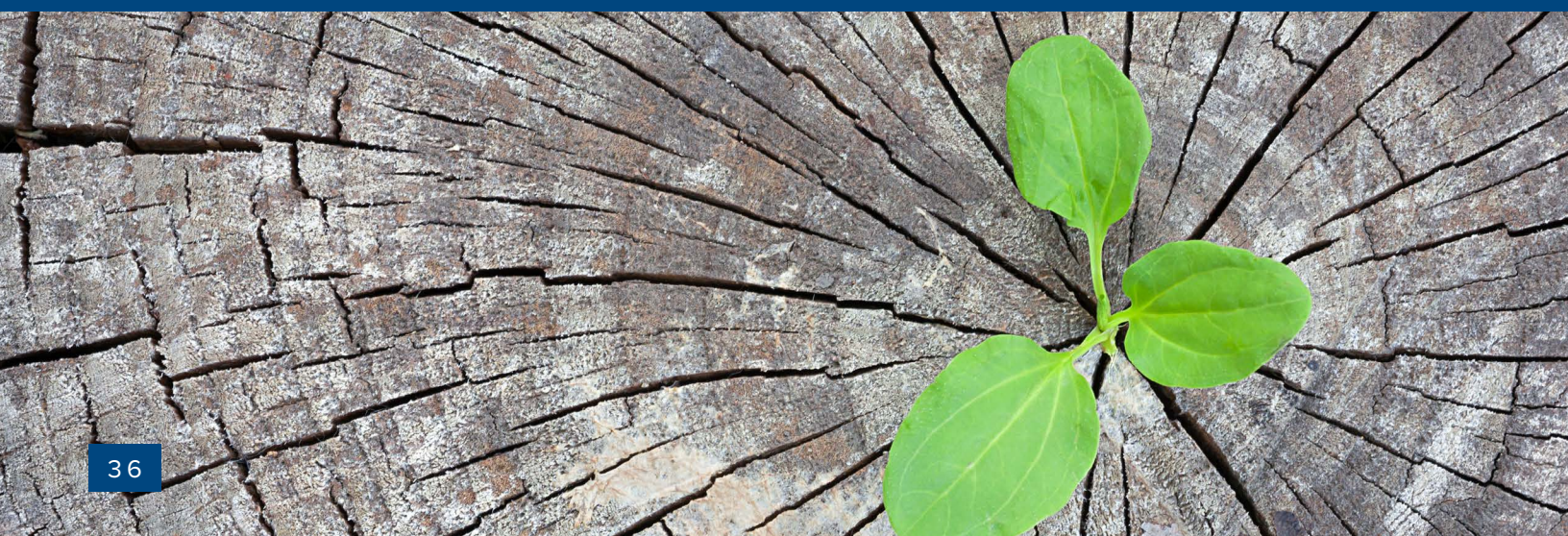
Implementing shared decision making with patients, especially in relation to COVID-19 care, COVID-19 precautions, and vaccination has reduced some of the stress and worry Dr. Patel had been experiencing. Finally, with the increase in vaccinations and other mitigation efforts the number of COVID-19 cases and deaths are beginning to decrease. Although Dr. Patel is beginning to experience some relief, she is now seeing many patients who had forgone preventive care, have poorly managed unrelated health conditions, patients who have increased their use of alcohol, and individuals who are experiencing behavioral health crises in response to the pandemic. Dr. Patel has already begun working with behavioral health partners in her community and in the surrounding area to implement behavioral health screening tools into clinical practice and to find tele-mental health referrals.

## RELATIONSHIPS WITH COLLEAGUES

Working with leadership, Dr. Patel and colleagues identified a physical space in the clinic that could be utilized for providers needing a break from care delivery and PPE. The room is also fitted with resources on stress, coping strategies, and signs of distress. Alleviating individual stress and offering providers the support they need has improved overall morale, and subsequently, professional relationships.

## GRIEF AND LOSS

Dr. Patel attended a webinar on the topic of secondary traumatic stress (STS) among healthcare providers. Following the session, she began to see the signs of STS in her own feelings and behavior. Recognizing the symptoms, Dr. Patel began to implement the strategies proposed in the training. After a few weeks, Dr. Patel realized that STS was still impacting her daily life and interfering with her personal and professional relationships. She secures therapy from a trusted provider every two weeks, utilizing tele-mental health services that had not been available in her community prior to the pandemic.



# WHEN TO SEEK CARE

Resilience does not mean being strong enough to handle burdens alone. Rather, it involves reaching out for help when you need it.[78] Choosing to seek behavioral healthcare is a personal decision based on several variables, but if you are having feelings of distress or are experiencing impairment in any of your roles in life, it is reasonable to consider seeking professional support. There are a range of services and providers who can help individuals who are experiencing stress or other mental health concerns. Providers can visit with their health system's employee assistance program, speak with a spiritual advisor, or seek assistance from a licensed professional to include a counselor, psychiatrist, or psychologist.

## Physician Support Line

The Physician Support Line is a free and confidential call line developed by psychiatrists to assist U.S. physicians and medical students in navigating the many intersections of their personal and professional lives during the global health pandemic. The line is open seven days a week from 8:00 am – 1:00 am ET. [79]


## National Suicide Prevention Lifeline

If you are having thoughts of self-harm, call the suicide prevention LIFELINE anytime at 1 (800) 273-TALK (8255). The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals. If this is an emergency, please call 911.[80]

NATIONAL SUICIDE PREVENTION LIFELINE™
1-800-273-TALK (8255)
suicidepreventionlifeline.org

## Behavioral Health Treatment Services Locator

The Behavioral Health Treatment Services Locator is a confidential and anonymous source of information for persons seeking treatment facilities in the United States or U.S. Territories for substance use/addiction and/or mental health problems.[81]

SAMHSA
Substance Abuse and Mental Health Services Administration

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# ABOUT THE AUTHORS

## SHAWNDA SCHROEDER, PHD

**Research Associate Professor, Associate Director of Research and Evaluation**
**Center for Rural Health, School of Medicine & Health Sciences**
**University of North Dakota**

Dr. Schroeder conducts rural health research, serves as lead on statewide program evaluation, and serves on several national and statewide rural and oral health work groups. She is the Director of the Rural Health Research Gateway, a federally funded program dedicated to the dissemination of rural health research, and serves on the editorial board for the *Journal of Rural Health*. Under the Mountain Plains MHTTC, Dr. Schroeder provides training on rural behavioral health, leads web content development, and conducts research on stigma as well as behavioral health training needs. She also serves as Chair of the Mental Health Workforce Working Group.

## PER OSTMO, BA

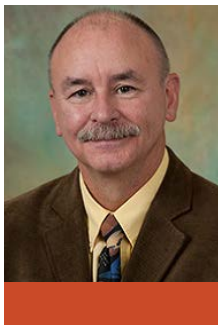
**Outreach Specialist**
**Center for Rural Health, School of Medicine & Health Sciences**
**University of North Dakota**

Per Ostmo is an Outreach Specialist at the Center for Rural at the University of North Dakota. He providers outreach and web support for two federally-funded programs. Per is responsible for social media management, web review, and exhibiting at national conferences. He also writes web content, develops summaries of pressing rural health research, and promotes these products.

## ROBIN J. LANDWEHR, DBH, LPCC

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

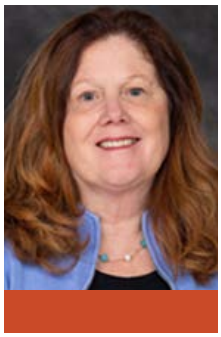
Dr. Robin Landwehr is a Licensed Professional Clinical Counselor and the Behavioral Health and Substance Use Disorder Program Manager for the Community HealthCare Association of the Dakotas where she is responsible for promoting the integration of behavioral health and substance use disorders services in community health centers. Dr. Landwehr has developed programming in behavioral health integration and assisted in the establishment of a Medication Assisted Treatment program. Dr. Landwehr's experience as a clinical counselor includes assisting individuals struggling with trauma, depression, anxiety, health behaviors, and substance use disorders.



## ANDREW J. MCLEAN, MD, MPH

**Clinical Professor and Chair,**
**Department of Psychiatry and Behavioral Science**
**University of North Dakota School of Medicine and Health Sciences**

Dr. McLean is the recipient of a number of awards, including the UND School of Medicine Distinguished Alumnus Award, the American Psychiatric Association Bruno Lima award for outstanding contributions to Disaster Psychiatry, and teaching excellence awards. Dr. McLean previously was the Medical Director of the North Dakota Department of Human Services. He has served on a number of clinical, administrative and regulatory boards including medical licensing and professional health programs. He has lectured internationally on pertinent behavioral and public health issues. Dr. McLean has a particular interest in working with and advocating for individuals with serious and persistent behavioral health issues. He also is interested in individual and community resilience.



## THOMASINE HEITKAMP, LCSW

**PI and Co-Director of the Mountain Plains Mental Health Technology Transfer Center and Addiction Technology Transfer Center**
**Chester Fritz Distinguished Professor**
**College of Nursing and Professional Disciplines**
**University of North Dakota**

Professor Heitkamp's academic work has focused on advancing inter-professional practice and expanding access to higher education curriculum and training through use of technology. Her expertise is in advancing workforce development in rural communities to address behavioral health issues. She currently leads two teams of faculty and staff who provide their expertise to K-12 educators and behavioral health practitioners to ensure positive treatment outcomes.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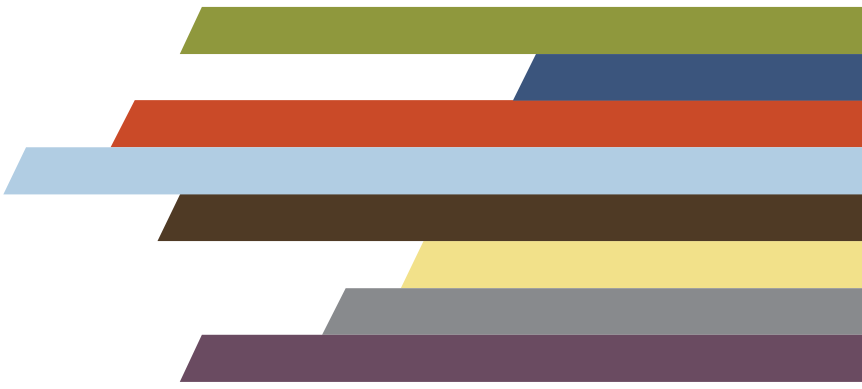


Mental Health Technology Transfer Center Network

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