Reshaping Our Workforce to Prepare for the Future

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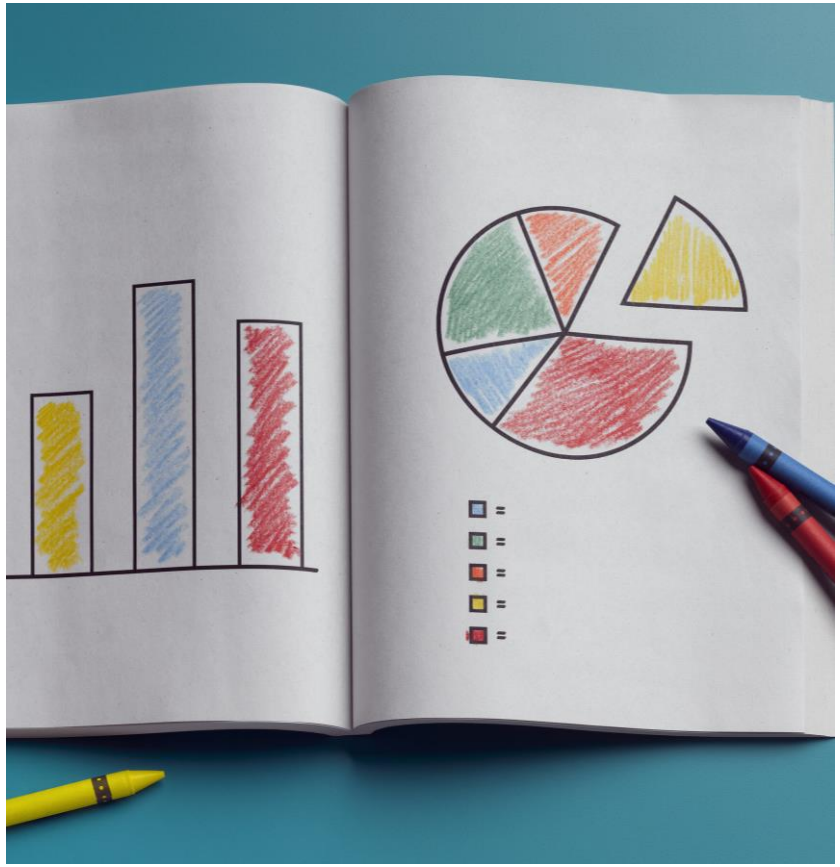
Learning Objectives

- Define and Distinguish Among Key Terms Including “Burnout” and “Post-Traumatic Stress Disorder-PTSD”.
- Describe the Prevalence of Burnout and PTSD in Healthcare Pre-Pandemic.
- Review the Extent of, and Ways in Which the Covid Pandemic May Have Impacted Our Workforce.
- Compare and Contrast Strategies to Mitigate Workforce Burnout and PTSD in General and That Related to the Covid Response.
- Furnish Additional Resources.



Key Terminology-Burnout Vs Post-Traumatic Stress Disorder (PTSD)

- ***Occupational Burnout:*** Results from chronic workplace stress that has not been successfully managed. Symptoms characterized by:
  - Feelings of energy depletion or exhaustion
  - Increased mental distance from one's job, or feelings of negativism or cynicism related to one's job
  - Reduced professional efficacy
- ***Post-Traumatic Stress Disorder-PTSD***: A mental disorder that may develop after an exceptionally stressful or threatening event(s).
  - Can occur after a single traumatic event or from prolonged exposure to trauma.
  - Symptoms include persistent intrusive recollections, avoidance of stimuli related to the trauma, negative alterations in cognitions and mood, and hyperarousal.
  - Predicting who will go on to develop PTSD is a challenge.
- ***Secondary Traumatic Stress Disorder***: A form of PTSD occurring in caretakers of those who have experienced traumatic events.

Brief History on *Burnout in Healthcare*

- ***1961:*** Graham Greene novel A Burnt-Out Case, which dealt with a doctor working in the Belgian Congo with patients who had leprosy, the best-known use of the phrase use outside the psychology literature.
- ***1974:*** Herbert Freudenberger, an American psychologist, used the term "burnout" in his scientific article "Staff Burn-Out". The paper was based on his observations of the volunteer staff (including himself) at a free clinic for drug addicts.
- ***1981:*** Maslach and Jackson published an instrument for assessing burnout, the Maslach Burnout Inventory (MBI). It is the first such instrument of its kind and the most widely used burnout instrument. The MBI originally focused on human service professionals (e.g., teachers, social workers).[11] Since that time, the MBI has been used for a wider variety of workers (e.g., healthcare workers).
- ***1990's:*** The WHO adopted a conceptualization of burnout that is consistent with Maslach's, although the organization does not treat burnout as a mental disorder.

A Record Number of Americans are Quitting their Jobs

- According to a report from the Bureau of Labor Statistics (BLS), a record-breaking 4.3 million Americans across a variety of industries quit their jobs in one month. That is highest number of quits since the agency began tracking such data in 2000.
- The food service, retail, and ***health care industries*** were among the hardest hit.
- In particular, 534,000 U.S. workers in ***health care or social assistance positions*** resigned or quit their jobs last in August.
- According to Mark Zandi, chief economist at Moody's Analytics:
  - Workers now have an opportunity to exert pressure on their employers. "We are now seeing a labor market that is tight and prospects are becoming increasingly clear that it's going to remain tight,"
  - "It's now going to be a workers' market, and they're empowered. I think they are starting to ***flex their collective muscle***."

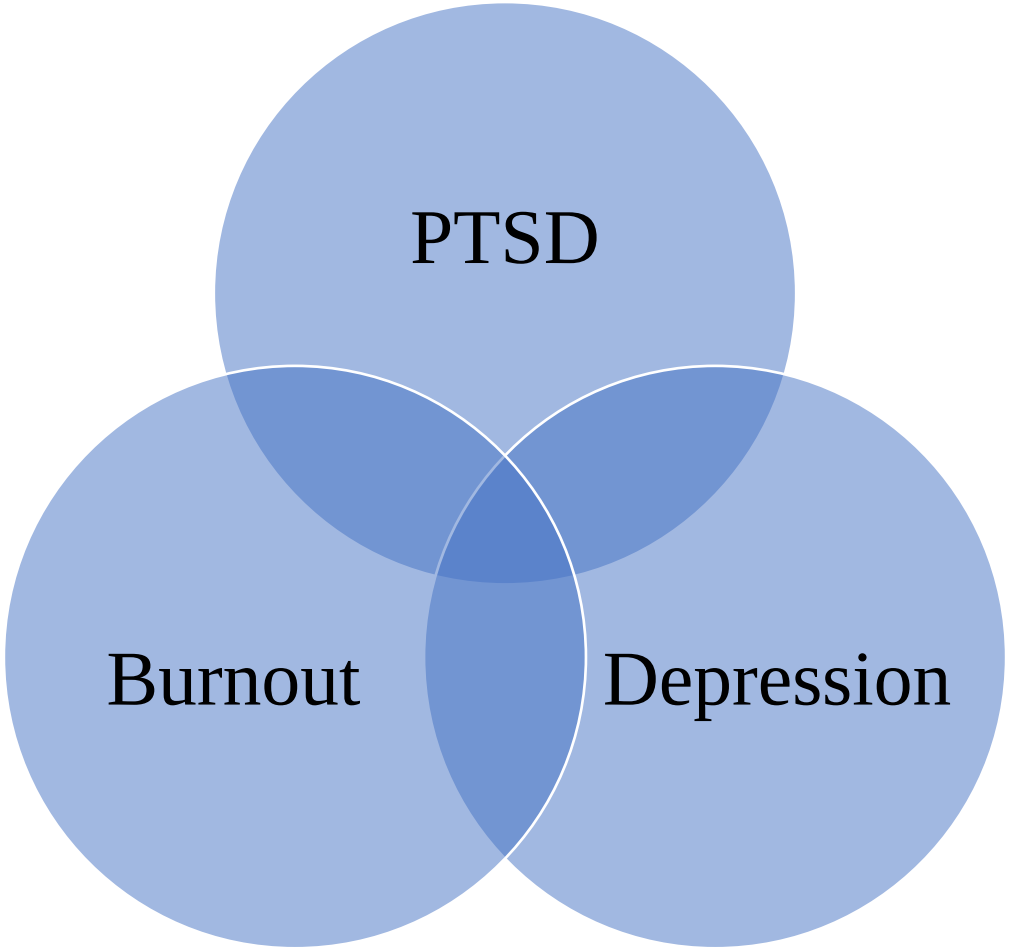
Quantifying Occupational Burnout--Maslach Burnout Inventory - Human Services Survey (MBI-HSS)

- The MBI-HSS consists of 22 items:
  - Individual Item Ratings (No Burn-out) to 6 (High Burn-out)
  - Total Score ratings: Score range of 0 (No Burnout) to 132 (High Burnout)
- The MBI-HSS scales are Emotional Exhaustion, Depersonalization, and Personal Accomplishment.
- It was designed for professionals in human services and is appropriate for respondents working in a diverse array of occupations, including nurses, physicians, health aides, social workers, health counselors, therapists, police, correctional officers, clergy, and other fields
- Focused on helping people live better lives by offering guidance, preventing harm, and ameliorating physical, emotional, or cognitive problems.

Maslach Burnout Inventory - Human Services Survey (MBI-HSS)

Item
1. I feel emotionally drained from my work.
2. I feel used up at the end of the workday.
3. I feel fatigued when I get up in the morning and have to face another day on the job.
4. I can easily understand how my recipients feel about things.
5. I feel I treat some recipients as if they were impersonal objects.
6. Working with people all day is really a strain for me.
7. I deal very effectively with the problems of my recipients.
8. I feel burned out from my work.
9. I feel I'm positively influencing other people's lives through my work.
10. I've become more callous toward people since I took this job.
11. I worry that this job is hardening me emotionally.
12. I feel very energetic.
13. I feel frustrated by my job.
14. I feel I'm working too hard on my job.
15. I don't really care what happens to some recipients.
16. Working with people directly puts too much stress on me.
17. I can easily create a relaxed atmosphere with my recipients.
18. I feel exhilarated after working closely with my recipients.
19. I have accomplished many worthwhile things in this job.
20. I feel like I'm at the end of my rope.
21. In my work, I deal with emotional problems very calmly.
22. I feel recipients blame me for some of their problems.

The Related Response to Prolonged & Severe Stress



Healthcare Workers are More Predisposed to Stress and Its Consequences

- Shiftwork
- Work Holidays & Weekends
- Healthcare is one of the most complex industries
- High Stress
  - Life and Death Situations
  - Heavy workloads
- Dynamic Environment - A manageable assignment can quickly change
- Disconnected Leadership – Tone-deaf to bedside care

How Did Covid-19 Exacerbate Things

- At first-Uncertainty
  - How contagious is it?
  - Why does it make some so Sick…And Spare Others?
- Heavy(er) Workloads
- PPE & Equipment Shortages
- Rapidly Changing Protocols and Procedures
- More Suffering, Death and Dying in the ICU
- Disconnected Leadership – Tone-deaf to bedside care
- Support for Long-haul Patients…but… Not Long-Haul Clinicians

Covid-Exacerbating an Existing Problem with Burnout & PTSD

Pre-Covid Factors	***Covid-Related Factors***
Shift work, High Stress	Higher stress, Uncertainty, Leadership Failures, Child care/School uncertainty

Increased Burnout & Turnover, Lower Morale

Burnout in Respiratory Therapy is ***Not*** a New Phenomenon

- What were you doing in 1981?
- Respiratory Therapy Journal Featured a piece entitled: Coping with burnout in respiratory therapists
- Findings: Factors such as inconsistent on-the-job training, heavy workloads and lack of acknowledgement by other health professions were contributing factors.
- Citation: Pullen EE, Coping with burnout in respiratory therapists, Respir Ther, Mar-Apr ;11(2):93, 95-6, 1981.

The Research Related Burnout and Respiratory Therapists-Omar, et al (2022)

- ***Overview/Aim:*** To report the prevalence of burnout and the impact of leadership and work condition on the burnout among respiratory therapists (RT) in critical settings.
- ***Conclusion:***
  - This study suggest a high burnout rate among RTs.
  - The reported rate was significantly correlated to work conditions and leadership behaviors.
- ***Recommendations:*** Organizational efforts should be directed to combating burnout through the identification and adequate management of the key precipitating factors.
- ***Citation:*** Omar, at al, Burnout among Respiratory Therapists and Perception of Leadership: A Cross Sectional Survey Over Eight Intensive Care Units. J Intensive Care Med. Mar 14;885066622108620 8. 2022.

The Impact of COVID-19 on Respiratory Therapist Burnout, Evans (2021).

- ***Overview:*** An editorial review of related literature
- ***Findings:***
  - Personal Fears:
    - Becoming infected and infecting loved ones
    - Social isolation & emotional distress.
  - Workplace Fears:
    - Insufficient access to supplies (PPE) and equipment (ventilators)
    - Inadequate staffing paired with high patient volumes.
- ***Citation:*** Evans D, The Impact of COVID-19 on Respiratory Therapist Burnout, Resp Care May 66 (5) 881-883, 2021.

COVID-19 & Respiratory Therapist Burnout (cont.), Evans (2021).

- ***Findings:*** Summarized the findings of Covid Burnout Survey (by: Miller, A, Roberts K, Hinkson C, Davis G, Strickland S, Rehder K. Resilience and burnout resources in respiratory care departments. Respir Care 2021;66(5):715–723)
  - The majority of survey respondents strongly agreed that burnout is a major problem in health care (93.2%)
  - Respiratory therapists have a similar risk of burnout compared to other health care professionals (91.8%).
  - 72.4% stated that they had personally experienced burnout at some point in their career.
    - Of those, 31% stated they had experienced burnout > 1 y ago,
    - 23.8% within the previous year,
    - 20% within the prior 6 months
  - Not unlike studies of other health care professionals, RTs reported higher levels of burnout within their departments when taking the survey compared to pre-COVID-19.
  - Despite the high level of burnout, ***few*** respiratory care departments offer resources to staff
  - Only 10% of respondents stated that their departments measured burnout prevalence
  - Only 32.4% felt that their leadership provided adequate support for those experiencing burnout.
  - The most frequently identified key drivers for burnout included:
    - Poor leadership (31.7%)
    - High work load (30.8%)
    - Insufficient staffing (29.4%),

Women on the Covid Frontline - Rabinowitz & Rabinowitz (2021)

- ***Overview:***
  - The COVID-19 pandemic has represented a novel battleground, one of the first in which women have taken center stage…a physicians, respiratory therapists, nurses, and the like…
  - The pandemic ***disproportionally impacted women*** in health care, including shortages in correctly sized PPE, inadequate support for pregnant and breastfeeding providers, and challenges associated with work-life balance and obtaining childcare.
- ***Findings:*** While the pandemic has facilitated several positive advancements in addressing these challenges, there is still ***much work to be done for women*** to achieve equity and optimal support in their roles on the frontlines.
- ***Citation:*** Rabinowitz & Rabinowitz. Women on the Frontline: A Changed Workforce and the Fight Against COVID-19. Acad Med Jun 1;96(6):808-812, 2021.

Fear of COVID-19, psychological distress, work satisfaction and turnover intention among frontline nurses- Labrague & de Los Santos (2021)

- ***Overview***: This project sought to examine the relative influence of fear of COVID-19 on nurses' psychological distress, work satisfaction and intent to leave their organization and the profession.
- ***Findings:*** Overall, the composite score (of the five scales used) of the fear of COVID-19 scale was 19.92. Job role and attendance of COVID-19-related training predicted fear of COVID-19. An increased level of fear of COVID-19 was associated with decreased job satisfaction, increased psychological distress and increased organizational and professional turnover intentions.
- ***Significance:***
  - ***Addressing the fear of COVID-19 may result in improved job outcomes in frontline nurses***, such as increased job satisfaction, decreased stress levels and lower intent to leave the organization and the profession.
  - ***Organizational measures*** are vital to ***support the mental health of nurses*** and address their fear of COVID-19 through:
    - Peer and social support
    - Psychological and mental support services (e.g. counselling or psychotherapy)
    - Provision of training related to COVID-19 and accurate and regular information updates.
- ***Citation:*** Labrague & de Los Santos: Fear of COVID-19, psychological distress, work satisfaction and turnover intention among frontline nurses. J Nurs Manag Apr;29(3):395-403, 2021.

Costs of Burnout and PTSD

- ***Individual-***
  - Physical and psychological debility--Unwillingness of most clinicians to look after their own welfare as well as they look out for their patients.
  - Higher levels of substance abuse.
  - Undermining of family dynamics-Further exacerbating the problem.
  - Lower level of self esteem.

- ***Organizational—The Great Resignation***
  - High turnover
  - Low morale & performance
  - Higher level of absenteeism
  - High cost of recruiting & training new employees
  - High cost of agency employees
  - ***More Unionization***!?
- ***Societal-***
  - Unemployment Rate versus Workforce Participation--Some just stop looking.
  - Lower quality of healthcare.
  - Higher cost of healthcare

Getting Through COVID-19: Keeping Clinicians in the Workforce, Barrett, et al (2021)

- ***Focus:***
  - The risk for contracting COVID-19, the challenges of caring for medically complex patients, and a polarized political environment compound the workplace hazards and stress that threatened clinicians before the pandemic.
  - The authors (physicians and educators) urge ***employers and organized medicine*** to take tangible steps to preserve the clinical workforce.
- ***Recommendations:***
  - 1. Ensure physical safety by ***reducing clinicians' risk for contracting COVID-19*** through vaccination mandates, policies and practices that guarantee universal masking and adequate ventilation in work areas, and access to personal protective equipment (PPE).
  - 2. Provide ***practical support in the areas that clinicians identify as causing emotional stress*** or moral injury.
  - 3. ***Extend support to clinicians who are parents or primary caregivers*** by offering flexible work schedules and support groups and advocating for policies to reduce SARS-CoV-2 transmission in school settings. Women and those who are primary caregivers for dependents may need special consideration…

Workforce Retention Recommendations (cont.) Barrett, et al (2021)

- Recommendations (Cont):

  - 4. ***Reduce administrative tasks that are not mission-critical***, such as lengthy online mandatory trainings that have not been shown to improve patient outcomes, burdensome reporting…
  - 5. Offer and promote free and confidential resources to ***support clinicians' mental health.*** Easy access to crisis hotlines, counseling, and peer support groups should supplement readily available medical care appointments.
  - 6. Actively ***encourage clinicians to use available vacation*** and professional development days to nurture a mentally healthy workplace.

Coping With Death & Dying: Death and Dying: Tools to Help Respiratory Therapists Handle Frequent Exposure to End of Life Care, Mahan (2019)

- ***Overview:*** Removal of mechanical ventilation is a duty of the respiratory therapist. Exposure to death, on a frequent basis, can take an emotional toll and lead to burnout, stress, and increased turnover.
- ***Findings:*** A vital component of respiratory therapy is managing mechanical ventilation and dealing with death and dying. Therefore, education and recognition of death anxiety are important for respiratory therapists.
- ***Significance:*** Managers and leaders in the hospital must make efforts to ***provide counseling and education*** to support respiratory therapists and their ongoing exposure to death and dying. Specific Measures:
  - ***Recognition that everyone handles this differently*** and reactions can change.
  - Maintenance and marketing of a ***formal clinician grief counseling program***.
  - Managing perceptions and stigmatizing of help seekers.
  - Peer support programs.
  - Education of management on recognizing and responding to employee stress

Mitigating Burnout- Recognition, Treatment and Resilience.

- **Employers**
  - Support your employees…actions speak louder than words.
  - Formulate, properly resource and promote programs to treat burnout and PTSD.
    - Meaningful, sustained, well supported Programs
    - Aimed at self identification, 3rd party recognition,
    - Evidence-guided treatment programs.
  - Provide health insurance coverage for such programs.
  - Where appropriate, debrief behavioral issues in more of a supportive and less of a punitive way.
  - De-stigmatize burnout and PTSD

- **Employees**
  - Educate yourself on available internal and external services.
  - Humility-If you feel like you need help, seek it!
  - Stay tuned to the behavior of those around you. Do they seem like they need help?
  - Avail yourself of support and treatment services.

Mitigating PTSD

- ***Social Support*** (May Be Protective): Some evidence suggests that high levels of social support are perceived as protective.
- ***Group Trauma***-Focused Cognitive Behavioral Therapy-Guided group sharing is also effective. These include: Therapist-guided grounding techniques to manage flashbacks (e.g., focusing on the here and now), Relaxation training (for example, controlled breathing), Positive thinking and self talk (for example, repeating positive phrases such as “I can deal with this”.
- ***Guided self help*** interventions for depression and anxiety disorders are being used as an alternative to face-to-face therapy as these interventions offer enhanced access to cost effective treatment. Some evidence suggests that internet based guided self help therapies effectively alleviate the symptoms of traumatic stress
- ***Medications***: The α 1 adrenoceptor antagonist Prazosin was found to reduce nightmares and symptom severity in veterans with PTSD.
- ***Immediate and intensive treatment (inpatient if needed) should be initiated in cases of severe depression associated with PTSD.***
    - Especially in cases of suicide contemplation or harm to oneself or others).
    - In-patient if appropriate
    - Combined Therapies: Medication, professional counseling, group therapy

AARC's Best Practices in Respiratory Care Productivity and Staffing (Excerpts)

- Any system that is used to define respiratory staffing levels should ***recognize and account for all the activities required of a Respiratory Care Department and uniqueness of each facility.***
- Unweighted metrics such as patient days, etc., ***should <u>not</u> be used to determine respiratory therapist staffing levels and…***and ***result in underestimating the number of staff needed.***
- ***Adequate staffing levels decrease the potential for error and harm*** by providing respiratory therapists adequate time to perform required functions and can contribute to greater levels of patient satisfaction.
- ***Understaffing Respiratory Care Services places patients at risk for unsafe incidents, missed treatments, and delays in medication delivery, as well as increases the liability of risk for the facilities***. Patient harm directly related to inadequate staffing must be reported to the appropriate state and federal regulatory agencies.

The Math: Fewer RT Schools + Fewer Graduates + More Turnover = Things are not Likely to change too fast

- 10% fewer RT programs
- 10% fewer graduates
- Aging workforce…disproportionate retirements
- Higher turnover…some who have left the field…

Bridging the Gap-Supply Side—Attracting & Retaining

- ***Create a more nurturing environment-*** Millennials and Generation Z's may demand it.
- Offer and promote programs targeted at preventing and treating burnout and PTSD.
- ***Offer value-added rewards*** versus other employers.
  - Career ladders.
  - Reward and recognition programs.
  - Employee assistance programs.
- ***Keep salaries/compensation competitive***.
- ***Don't show discipline-specific favoritism***.
  - Nursing gets retention bonus, RT does not
- Re-evaluate and revise all of the above.

Bridging the Gap—Demand Side—Redesigning How We Deliver Care

- ***Don't expect to do the same (or more) with less.***
  - If consistently short staffed, shift to nurses doing floor-based care.
  - VBG's done by techs or nurses.
- ***Manage RT dept customer expectations***.
  - If you are short staffed, let nursing units and pulmonologists know.

- ***Expand the use of protocol-based care***.
  - Not everyone need bronchodilators…
  - Metanebs are not for all ICU patients…

- ***Reduce low-dividend activities***…Increase high-dividend ones.
  - Manual CPT versus bed CPT or vest or aerobika

Take Home Points

- Burnout is a real phenomena and may or may not warrant medical attention.
- PTSD is a diagnosis/disease requiring medical intervention.
- They are both deleterious to clinicians and the organizations for whom they work.
- Covid 19 made them worse.
- More will be published in this area in the future.
- Measures can be taken to mitigate their effects.
- Healthcare organizations should demonstrate structured actions to mitigate burnout.

Recommended Readings

- Evans D, The Impact of COVID-19 on Respiratory Therapist Burnout, Resp Care May 66 (5) 881-883, 2021.
- Mahan, Death and Dying: Tools to Help Respiratory Therapists Handle Frequent Exposure to End of Life, J Allied Health, Spring 48(1):72-75, 2019.
- Labrague & de Los Santos: Fear of COVID-19, psychological distress, work satisfaction and turnover intention among frontline nurses. J Nurs Manag Apr;29(3):395-403, 2021.
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