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Geri Amori: Hello, everyone, and welcome to *Healthcare Perspectives 360*, a series dedicated to exploring contemporary healthcare issues from multiple perspectives.

I am your host Geri Amori, and I'm talking with emergency medicine physician Dr. Megan Ranney, hospital administrator Pierre Monice, and customer experience expert Jake Poore. Welcome, everyone.

Now, even before COVID burnout, clinician wellness and resiliency were buzzwords in healthcare. Let's talk about that today.

Dr. Ranney, I know you like yoga. How's your flexibility from all the yoga classes you're taking?

Megan Ranney, MD: Well, you know, I think yoga is a lovely self-care activity, but it is not the solution for the burnout and moral injury that is plaguing the healthcare profession today. I think it's really important for us, as we have this discussion, to separate out self-care, which matters deeply, from systemic change, which is what we know we need to do in order to address healthcare-provider stress, frustration, burnout, and departures from the healthcare profession.

Amori: All right. Well, thank you for that. That's good. Pierre, what is the impact of the current level of physician stress on healthcare operations in general?

Pierre Monice: Yeah, great question. You know, honestly, you know, the physicians definitely hold a large pulse with the organization. Everybody feels it, right? So not just the physicians, but it goes down to our security officers, our nurses, our techs, and there's typically less physicians than there are everybody else. So, you know, it's a huge impact.

And from an administration standpoint, it's a challenge that, you know, it's a high priority for us to ensure that, hey, we're able to recruit more physicians, but we're also able to invest in their wellness because that typically hasn't been at the forefront of the bottom line in our expense sheets, from an administration standpoint.

Ranney: I do just want to say, yes, I care about my fellow physicians' stress, but I care much more about the stress across the healthcare system. We are part of a team. And nothing stresses me out more than having my team members stressed out or missing.

So I will expand that question, Geri, far beyond physicians to every healthcare worker, from housekeeping staff and the folks that help do the laundry, through my radiology techs, social workers, physical therapists, and beyond.

Amori: How do you feel that stress as you're working in this team?

Ranney: Oh, gosh, there are a thousand ways. I mean, there's the simple stuff like folks who I've worked with for 2 decades, I know when they walk through the door that they're stressed out. You see it on their faces, the way that they walk, their smile...you know, whether or not they're

smiling. You see it in people's attitudes toward each other and toward patients. When people are stressed, they're crispier, they're less likely to be resilient when something additional happens, and they're less likely to be resilient in the face of conflict.

And you feel it because, unfortunately, it does affect patient errors when we're already at the top of our cognitive and emotional load—excuse me, not patient error, but patient safety. When we're already at the top of our cognitive and emotional load, we are more likely to make those little cognitive slips that increase the chance of medication, treatment, or diagnostic errors. So it has a knock-on effect.

Lastly, I feel stressed because people stop showing up. Some reports say that as many as 20% of healthcare workers have left bedside care over the course of the pandemic. And I will tell you, as someone who is on the frontline, I see that only accelerating in the months to come as we continue to be short-staffed. More folks are getting stressed and thinking about leaving. So that's the last and worst effect.

Amori: Oh, and so all these relationships because, as you have said before in the conversations, it's a team sport, and all these relationships are kind of falling apart, which makes it more stressful for you.

Ranney: That's exactly right.

Amori: Let me bounce back to Pierre before we get more perspective. Pierre, you were talking about this too. Does this trickle up to you?

Monice: Oh, most definitely. Most definitely. And it's not just, you know, I appreciate Megan honing in on…it's the entire continuum. And I think we just got to understand that, you know, regardless of whether you're an EVS frontline worker or a physician, I mean, you're a person, and you feel that impact.

I think what has been the typical verbiage is we never ever work in top of license. But the way things are, guess what, all hands on deck. You know, we have physicians cleaning rooms. We have EVS techs walking patients down the hall. So we need to understand that when we're looking at our staffing situation, it's not just a numbers game; we got to look at the people and start changing our processes as we're trying to kind of close the gap when it comes to burnout.

Amori: Jake, why don't you jump in and give us your perspective on this?

Jake Poore: I'd be happy to. You know, I think most people know that when a baby's in the womb, the baby's heartbeat kind of mirrors Mom's heartbeat. And when the baby is born, Mom could be carrying the baby…and it's interesting, if the mom is stressed, the baby gets stressed and vice versa.

I think the same domino effect or yin and yang happens with patient caregivers and the patients. They're feeling the stress when the staff are stressed. But we have to differentiate between stress, burnout, and trauma. We're not talking about stress anymore…the inability to cope with mental

and emotional pressure and psychological strain. We're not even talking about burnout, which is that next level, right, a depletion of energy, exhaustion, mental distance from one's job, feelings of negative and cynicism. We're talking about trauma, full on, we're in the middle of COVID-19. But we're in another pandemic, and they're dealing with trauma. This is that feeling of helplessness, that sense of self and an inability to feel a full range of emotion experiences.

And the other thing I think that exacerbates this is this toxic positivity we get from well-intended leaders, you know, saying, oh, it'll be fine, instead of how can I help? You should smile more, versus everything's going to be okay, I'm here with you, right? Don't worry about it, versus what can I do to make this less stressful on you?

And of course, the data is in, and patients are reading it, right? The data is in. When you are feeling trauma, you're 4 times more likely to become an alcoholic, you're 4 more times likely to inject drugs, 15 times more likely to commit suicide. All of this is having a domino effect on the patient experience because the employee experience mirrors the patient experience.

Amori: That's excellent. That's an excellent perspective and an excellent addition to that whole soup, if you will, of the issue.

But we also have other things that are playing into this, which is the supply chain shortages.

And Megan and Pierre, to what extent—whichever of you wants to go first, here—to what extent do you think that that supply chain shortages are really affecting your colleagues? Megan, you kind of raised your hand there. What do you think?

Ranney: Yeah. So I mean, I think the supply chain shortage just kind of started at all, if I go back to March of 2020, and the lack of personal protective equipment. The fact that we were showing up to take care of folks with COVID-19, but it felt like no one could be bothered to provide us with proper protective equipment to keep ourselves and our families safe. That started us down this cycle of stress, burnout, and, to Jake I would say, even more than trauma and post-traumatic stress—moral injury.

It has only worsened. Folks say, oh, the PPE crisis has been resolved, and I can talk about that for an hour in and of itself. Yes, we have largely resolved the PPE crisis for those of us in acute care hospitals. But those working in nursing homes or home healthcare workers, working in homeless shelters, or senior care centers may still have reduced access.

And there's now a host of other shortages that have developed as well. Shortages in medications, some of which predated the pandemic but have worsened during it, shortages in durable and disposable medical goods. I have days where we don't have adequate suture supplies, or where we can't get the type of cover for our ultrasound probes that we depend on, or where we've run out of the ability to find a certain cleaning solution. That has a knock-on effect on us as well, both because we have to use things that we're not used to, which stresses us out even more and puts it at risk of making mistakes, and because it sometimes means that we can't provide the care that we want to provide because we simply don't have the tools at hand.

Amori: What do you think, Pierre, about the supply chain shortages?

Monice: You know, I appreciate…I kind of resonate with everything Megan said, you know, it just adds stress on everyone. You know, it's no longer predictable. And I definitely try to empathize, but on administration, we're trying to get creative, but we need to do a better job of getting input from the frontline. You know, it's easy to say, okay, we don't have, you know, this set of sutures or this brand, let's just go to the next best thing. But then, you know, it arrives, and the frontline team's saying, wait a minute, why in the world did you get this one? If you would have asked us, we would have told you, you know.

So we need to do a better job, even from administration's standpoint of, you know, let's get input before making these tough decisions. We mean well, but that's why kind of rounding, having a visibility, and colleague feedback, especially when it comes to clinical supply, is very important.

Amori: So we've got stress from the environmental situations with both pandemic and being overworked and understaffed, and we have stress from supply chain not having what you need once you even get there. So, Jake, what's the reverberation from your perspective?

Poore: Well, it's hard to be patient first when you're not taking care of your caregivers, right? So I think this has got to be the year of the caregiver. I mean, as much as I'd like to put the patient in the bullseye of everything we do and be patient-centered and patient first, we can't do that if they don't have the tools to do their job. They don't have the appreciation for showing up.

So a couple things that I've picked up in my journey—because I get to play in a lot of different hospitals—number one, there's a hospital or a healthcare practice in San Diego. He's an ex-US Army physician, and he created something called "Battle Buddy." We are in battle, right? This is war. COVID-19 and this great resignation, it's a new battle.

So when you start as a new physician, or as a new clinician, or as the new frontline employee, you're assigned a battle buddy, just like you are when you deploy for Afghanistan or the US Army overseas. This is a person usually of a similar age, similar background, somebody who's your buddy, who's got your back, somebody you can ask dumb questions to, somebody who you can call when you're really stressed out and you need some help. I think we need this in healthcare, not just PPE. I mean, that's just Maslow's hierarchy of need, PPE, right?

The other thing is, I picked this up in an emergency room at a children's hospital in New Orleans, is, how charged is your battery? A physician, Jay Kaplan, came up with a great idea. When they start team meetings, they simply asked…like they do at church, you know, put your hand in front of your chest or put your hand up. Everybody had all heads bowed, right? Who's dealing with this? But instead, they said, how charged is your emotional battery today?

So you just came into work, you're going to work 12 straight hours, or 24 or whatever it is, how charged are you? And they look at the numbers that people put up. If it's a 1 or a 2, your battery is depleted. Something's going on. If you're a 5, you know, you're fully charged, you're ready to go. You just came off a 2-week vacation in the Bahamas, then good. We're going to lean on you to help recharge other people's batteries.

Ranney: Yeah, so Jake, I love that point. And I actually want to go off of that to point out another cause of stress on healthcare providers, which is that we are living in the same world that everybody else is, right? And so whether we're talking about rising housing costs, rising costs of gas, the challenges that our kids are facing, the mental health crisis that is overtaking our country, we are subject to those exact same stressors.

And I do want to take just a second and talk about that there is this difference between burnout and mental illness. And I think that folks often overlook or kind of conflate the two. Burnout is due to that work environment, and it's addressed best with systemic causes. There is some self-care involved as well.

But mental illness, diagnoseable depression, anxiety, post-traumatic stress disorder, and other types of more serious mental illness as well, those are all on the rise among healthcare providers, just like among the rest of society right now. And that deserves a different type of identification and treatment than the treatment that we would put in place to manage burnout and moral injury.

And so as folks are listening, I do want them to kind of be aware of both warning signs, the importance of screening, and the importance of healthcare facilities, making treatment for mental health problems available to their healthcare workers in a non-stigmatizing, low cost, easily accessible way, in addition to addressing these root causes of stress and burnout that we've been discussing.

Amori: Do any of you have any ideas for a solution to this, how this can all kind of be brought to a grinding halt?

Monice: I don’t know if I have a solution, but I think the best step forward is, especially from an administrative standpoint, we've got to be visible and listen. You know, we don't have to have the words and say, I have all the answers, look at me, but just be there, listen. You know, figure out kind of what's the atmosphere. Not just day shift…night shift, weekend…and in my experience, that goes a long way. You know, comments of just thanks for being here. Thanks for being present. Thanks for listening. Typically, in this seat, you want to really go out there with the answer and be the hero, but now, you know, heroes are people who are taking the time just to be there.

Ranney: I love that, Pierre. And I just want to put a pin on that idea of servant leadership. I've worked at some different hospitals, and the ones where the leaders really are there in the trenches, know what we're experiencing, that makes all the difference in the world.

I do want to say that there is some systemic change that is needed, and great administrators I have seen do that as well, to support staff in creative ways to help address some of the workplace and supply chain shortages that we're experiencing.

And the third thing is that access to treatment. I'm actually going to highlight Columbia and Penn have developed lovely programs to provide therapeutic environments to staff who are suffering from actual, mental health problems in addition to burnout. At Columbia, they've created peer

support groups. At Penn, they have a purely digital program to provide kind of a stepped care in a really anonymous and non-stigmatizing way. And so I want to give a shout out to those 2 healthcare organizations. And I know there are many others as well across the country that are doing a really good job to help link healthcare providers to treatment, recognizing the huge shortage of mental healthcare providers right now, which is another whole topic.

Poore: Geri, can I jump in from the nurses' perspective? My sister's a nurse, and my mom's a nurse. And I think to the point Megan and Pierre are bringing up, first of all, we have to know the difference between sympathy and empathy. We have to clearly identify the behaviors and the words that go because a lot of people think they're similar and they're not.

Secondly, we've got to take the taboo against getting mental help. I heard a statistic yesterday that I haven't found the source of, but I heard a terrible statistic that only 3% of healthcare workers are actually taking advantage of mental health ability through their EAP, their Employee Assistance Program. That's terrible.

Because I asked my friends, and my sister, and my mom, who are nurses, why don't you seek mental health? It's because it's taboo. It is the scarlet letter, not a badge of honor. And if you're heard to do that, then you get labeled as needy or weak. And we need to break that taboo.

Ranney: And Jake, not just labels, but actually, in some places, your medical license can be at risk.

Amori: Pierre, you want to make a comment about that quickly?

Monice: Yeah. And I loved what Jake was saying. You know, it has long been taboo, but we've got to look at how we introduce it and talk about it. You know, you mean, the EAP process more than just a crummy pamphlet that has been wrinkled in the drawer that has, you know, the most archaic graphic on it. But EAP is, let's talk, you know. I've known some individuals who've gone this route, and they were able to get so much relief and support. But that whole flyer thing, sorry, that's the former HR in me, but let's make it real. Let's make it relevant, and let's make it personal.

Amori: Okay. So we need to bring today to a close. Let's end with our usual summation, which is I'd like to ask each of you, what's the one thing you would like our listeners to take away from each of your perspectives today? Let's start with Dr. Ranney.

Ranney: Terrific. Thank you, Geri. So the one thing that I'd like folks to take away is that there are a lot of different arenas in which we can be working to address stress, burnout, moral injury, and mental health, ranging from systemic change to advocacy within one's own organization to support each other, to creating and making available those treatment resources, the therapeutic resources that are needed for so many of us right now. But one does not absolve us from needing the other.

Amori: Thank you. That's a great point to keep in mind. Pierre, what would you like everyone to keep in mind?

Monice: Yeah, I mean, I think the final takeaway would be, you know, letting people know it's okay to talk about your journey because you don't know who's listening and who it would help really empower on their own journey. So to eliminate the taboo-ness or eliminate that stigma, it's, hey, I've gone through it, you know, I've had these issues, and I had help. Or I'm still struggling through it, but guess what, it's okay. Because we're all in this together.

Amori: Thank you. And finally, Jake, bring us home. What would you like the one thing you'd like us to remember?

Poore: I think whether it's from the patient's perspective or the caregiver's perspective, that seeking help is not a weakness, it is a strength. And as administrators in healthcare, and as consultants, and trainers, we need to normalize that.

Amori: This has been a really great conversation and a great exchange. Thank you to our panelists.

And I hope you, our listening audience, found this discussion valuable. Thank you, again, and see you next time.

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