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Gerri Amori, PhD, ARM, DFASHRM, CPHRM: Hello, everyone, and welcome to *Healthcare Perspectives 360*, a podcast dedicated to exploring contemporary healthcare issues from multiple perspectives. I'm Gerri Amori, and today I am joined by Bryan Sexton, PhD, director of the Duke Center for the Advancement of Well-being Science; Donell Snyder, a registered nurse certified in critical care; and Ashley Meyers, also a registered nurse and a pain management specialist. Welcome.

Today we're talking about the need to address the issue of healthcare clinician well-being for the sake of both healthcare workers and patients. We're calling this Healthcare Clinician Well-Being: Condition Critical. Donell—and I'm hoping it's okay to call everybody by their first name, I'm seeing heads nodding, that's great—it seems like clinician well-being became a topic of concern during the pandemic. Clinicians were told or led to feel that burnout was, perhaps, their own inability to become resilient. How did the pandemic affect clinician burnout? What was the state before, as well as during and now, after the public health crisis?

Donell Snyder, RN: Well, the unfortunate reality is that burnout is not anything new in healthcare. Like, we had been experiencing it for some time, even before the pandemic, and there was a certain amount of movement towards addressing parts of it, but it was not on the forefront of people's minds. There was discussion about the impending nursing shortage that we're still looking at that they're expecting in 2030. But then, suddenly, while everybody's sort of thinking about it and chatting about it, then, bam, global pandemic. And that basically poured gas on a smoldering fire and turned on a 150-mile per hour fan that got people really thinking about it and talking about it. It took a job that is extremely difficult and made it more difficult in ways no one could have ever imagined or forecasted.

Wasn't just for a part of your shift, you just have a bad part of your shift, but now it's the entire shift, and that extra 4 hours that you stayed. And then you finally get home and the phone rings and there's still not enough help. There's still not enough people. And now your work family is burning to the ground, and you have to pick between taking care of yourself, taking care of your family, meeting your own personal needs, or going back and taking care of your work family, other patients' families.

The pandemic really woke everybody up. And I feel like now, the pandemic didn't really change the fact that it was there. It is just, like I said, a bigger priority, and people are looking at the metrics now and realizing staff turnover, patient care, so many things are affected by burnout that it is now catching the eye of the C-Suite and leadership so that we're discussing more realistic changes that can actually have longer-term effects instead of just saying, yeah, we're pretty sure this is a problem, but we got other things to do right now.

Amori: So you're saying that it was smoldering before, and there were signs and symptoms of the existence before that maybe there was burnout in some spots. But the

pandemic just sort of turned up the heat and and made it worse. Am I understanding you correctly and succinctly?

Snyder: Absolutely. Yes, healthcare workers might have been dismissed because, oh, it's just their personality, they can't handle it, it's this individual person. And now, suddenly, it's everybody. It's everywhere. It's its own epidemic.

Amori: So it became big enough to notice. Let me move on to you, Ashley. You know, you and I have talked about biases before, and we all have confirmation bias. We know that. We look for things that confirm what we think, right? If people are tired and they're saying, you know, I feel burned out, then we're only going to find literature that supports the fact that people are tired and burned out because that's what we see. It's like you buy a new car that's blue, and suddenly you see blue whatever it is is everywhere, right? That's confirmation bias. So, all this new literature right now that says that healthcare providers are burned out—how valid is it, and can we trust it? What do you think?

Ashley Meyers, RN: Geri, you know I can be inherently skeptical. I like to analyze a good article and...

Amori: I know that about you. That's why I asked.

Meyers: ...I do like to look for that bias. I try to always be aware of that other perspective. But the fact of the matter is, as Donell mentioned, this was already an issue within nursing. We had a huge problem with what we referred to as nurses eating their young. That was when I was in nursing school. I don't like to say it, but I mean like, quite a while ago now, 15 plus years ago now, it was an issue then. We know that research is lagging, right, 7 to plus years, the data, so, I think while the research is coming out and it's profound and we need to look at it and be aware of it, we see it every day. It is in front of my face every day and, as Donell mentioned, it's not just 1 or 2 people. Pretty much everyone is feeling impacted in some way, shape, or form with how this is impacting their overall life. I don't think that we need research to tell us that we need to wear a parachute when we're jumping off a cliff, right? I think for me, as a nurse who works it all day long, like absolutely this is valid. Please trust it. If you don't trust it, go talk to someone who is working at the front line and ask them because they will validate it for you.

Amori: Okay, all right. So, Bryan, I'm going to move to you now. We've heard about burnout, burnout, burnout. I mean, before, back in 2018, I was doing research on burnout and EMTs and doctors. I mean we've been talking about this stuff for a long time. Now all of a sudden we're talking about well-being. Can you discuss, I mean, how the focus on clinician burnout—then well-being—moved from being what we looked at as a person needing to take care of themselves towards this occupational phenomena?

Bryan Sexton, PhD: Yeah, it's such an interesting question. I'm not sure that burnout itself actually evolved. But the way we talk about it certainly did.

Amori: Yeah.

Sexton: And at the societal level and especially in healthcare, as you heard in our previous episode, we historically praised the heroic clinician for being awake for 72 valiant hours and carrying the life of the patient on their shoulders. Instead of apologizing to that clinician for putting them in the position of having to be awake for 3 days with no sleep, without eating, or without peeing, and without doing things that humans generally need to do. Today, there is widespread acknowledgement of a high prevalence of burnout in healthcare. This wasn't the case, as you said, Geri, even 5 years ago.

Today it's easier to label it as an occupational phenomenon than to give it the more nuanced answer. So the occupation—"oh it's the system, we've got to fix the system. Oh, the system is breaking us." But really the more nuanced answer, I think, is much more true and that is that burnout is both the result of an individual's capacity to do stuff and the institutional availability of resources to support and recover from emotional upheavals. So it's both of those things at the same time. And I'm sure it's fun to shake your hand at the sky and say damn the system, but really, it's a more complicated interaction of an individual within an environment.

Amori: Okay, well that's from your perspective. I'd like to ask Ashley—being a frontline nurse here—you know we're being told now, well that was stupid, it is the system's fault. And yes, it's the system's fault, and we're realizing it's partially the system's fault. But from your perspective, Ashley, is there anything the individual clinician—that you see on a day-to-day basis, whether it's a nurse or a doctor or an aide or whatever—can do to take care of themselves in this sick system?

Meyers: Yeah, absolutely. We're a puzzle. Healthcare is complex, and we're a puzzle, and individually, we have a part to play in that. I do feel like even without adequate or accessible support from our organization, that individually, I have the ability to foster, enhance, and maintain my own wellness. I mean, I made it all of 1 month into the pandemic before I was on the phone with my therapist saying, I need to talk to you again, please. I think that also in doing that and in doing these very small, bite-sized pieces of things that I can do to maintain my own wellness, that it helps me show up as more of a positive individual at work and trying to role model that for my peers, as well, knowing that I have a piece to play in this entire culture in which I'm working in.

I also felt like especially during the time of the pandemic, there was a lot of organizational censorship in healthcare that prevented caregivers from being able to speak about what was really going on within the walls of our hospital. And that, to me, felt like a barrier to improving the situation. I felt like it was a barrier for me to advocate for change, so I turned to journaling. So I did a lot of journaling. But any way that someone can acknowledge what they're going through and work through it instead of stuffing it down and pretending that it's not happening or it's not there, I think all of that will help fill that piece of the puzzle.

Amori: So that's from your perspective as frontline. I really wanted to jump back to you,

Bryan, about something. There's been a lot of literature that discusses that clinicians have lost trust with the healthcare organization. And, of course, this is your work here. So, how do you feel that a valuable, skillful clinician actually does survive—nurses, doctors, anyone—in a broken system? Can you elaborate a little bit on that? Like, what does it look like?

Sexton: That's a good question. Historically, I would usually say it's something about finding meaning in the work, but there's some new stuff going on. Not that that's not true. That certainly is. We're finding some compelling results now around well-being profiles. So it turns out, just like you have a personality profile, every individual has a well-being profile. And it's made up of different things like work/life balance and emotional exhaustion, and this really important domain that's really kind of come up in this research is emotional recovery. It's a domain that explains a lot of the variability in healthcare workers.

Emotional recovery is the idea that you can bounce back after an upheaval. You can adapt to situations that you can't change, right? It's this idea that you can recover after bad things happen. And you could be high on emotional exhaustion, you know, burnout, and you can be high on emotional recovery. So you can be super exhausted by the demands of the work that are placed upon you, but if you're really good at bouncing back after a bad day, you can go back again, again, and again, and you can almost thrive despite these really awful situations.

Also, having a modicum of emotional recovery, it lets you to kind of refill your tank when it gets low. This can be doing things like spending time in nature or engaging in a hobby. Like, I'm a woodworker, and when I get stressed, I like to go whittle a spoon. Or spending time with a friend or just a really good night's sleep. These are things that trigger your recovery.

Amori: Whoa! Whoa! Whoa! Whoa! That feels a lot to me like what we were saying in the beginning of taking care of yourself, how is that different? I mean, we used to tell people go do yoga and meditate and do things. So I'm confused. Can you help us out?

Sexton: If you're high on emotional exhaustion—so if you're really kind of burned out—and you're low on recovery and low on the ability to bounce back, you don't have enough gas in your tank to drive to the next gas station. For many of us, if your low fuel light indicator is flashing, that's a signal you need to go refuel. If you ignore the low fuel light, and it gets to where there's no more gas in the car, now you have to get out and push. It's a lot harder to get to your destination at this point. And that's what's happening right now. We have used up our reserves to the point where now we're all having to push the car, and that's why everything seems so much harder.

Amori: And our cars are pretty cruddy cars to begin with, so we're trying to push cruddy cars. Is that it?

Sexton: That's right. If they weren't so heavy, it would be easier, right?

Amori: Yeah, yeah, yeah. If the cars were better, it would be easier. Okay, well, that helps. So, we've kind of come to the end of the structured questions for this episode. And I would like to bring us to a close by asking each of you what your key point is for our listeners today. And, Donell, I'd like to start with you.

Now, you've been listening to us talk about is it the individual or the system and you sit right in the middle of that equilibrium. What is the one thing you'd like our audience to take home today?

Snyder: That regardless of where you're at in the system, if you feel like you need help, please reach out. Because there is just too much hardship out there for people to handle sometimes, and taking the steps to take care of yourself, there's no shame in reaching out for counseling or support or any of those things. If you can't find resources to look to other people in your organization or friends at home or anybody online, there's a lot of amazing things, but to not lose yourself in that burnout, no matter where you're at.

Amori: Thank you. I think a lot of our people need to hear that. Ashley, from the frontline, what would be your final thing you want everyone to hear today?

Meyers: So building off what Donell mentioned, I just want to convey that I really truly believe wellness is inherent, and it starts within ourselves. Even though it is largely within our control, there are lots of things outside of our control, and it is okay to hold those parties accountable. And I'm hinting at, like, legislation advocacy, safe staffing legislation, would love to see more of that.

Amori: Okay. Thank you. That introduces a new other topic that would be interesting. And, Bryan, finally for today, what would be the one thing you would like our audience to take home from today's episode?

Sexton: I think it's fascinating that having a lack—if you lack a meaningful interpersonal connection to other humans, that's the health equivalent of smoking 15 cigarettes a day, and so is a lack of spending time and having an emotional connection to nature. So, my advice would be to watch a sunset, have dinner with a friend, and laugh at the calamities of the world.

Amori: Thank you. That's beautiful. This has been a really, really great conversation. And I want to thank our panelists and our listening audience. I hope our discussion has provided you with some new and different insights. Thanks again for joining us, and we'll see you next time in *Perspectives 360*.

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