

# Ways to promote health and well-being for trainees and reduce work related stress

Dr Claire Illingworth, Clinical Psychologist

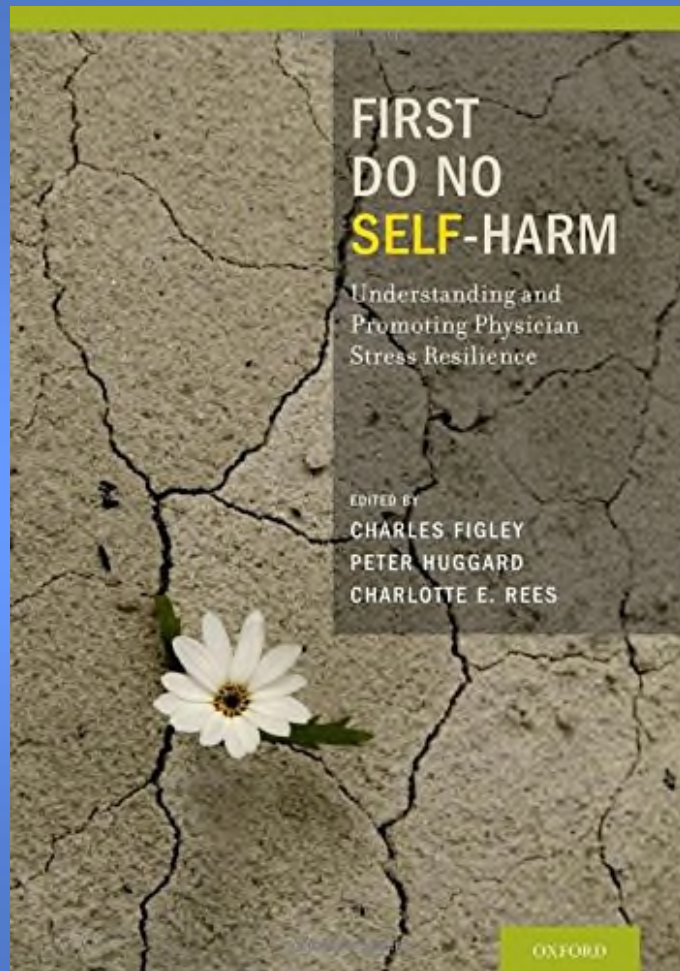


# Overview

- Stress
  - Common & extreme responses, effects of stress, secondary traumatic stress
- Resiliency
  - What it is, why it is topical, how we develop it
  - Links with Emotional IQ
  - Systemic factors
- Supporting trainees following serious incidents / difficult clinical events
- Creating a supportive culture and ethos



# Stress



- Processes involved in learning medicine
- Curricular factors
- Personal factors
- High levels of stress contribute to a broad range of psychological difficulties & health related outcomes

Innovation and excellence in health and care



# Common stress reactions

- Confusion, lack of attention, difficulties in making decisions
- Physical reactions - sleep problems, headaches, stomach aches, easily startled
- Irritability, anger, frustration
- Depressive or anxiety symptoms
- Decreased social activities



# Extreme stress reactions

- Irritability, anger, frustration directed towards loved ones, colleagues or patients
- Compassion stress - feeling helpless, isolated
- Compassion fatigue - feeling demoralised
- Burnout - feeling emotionally exhausted, disengaged
- Attempts to over-control in professional or personal situations
- Not feeling able to cope

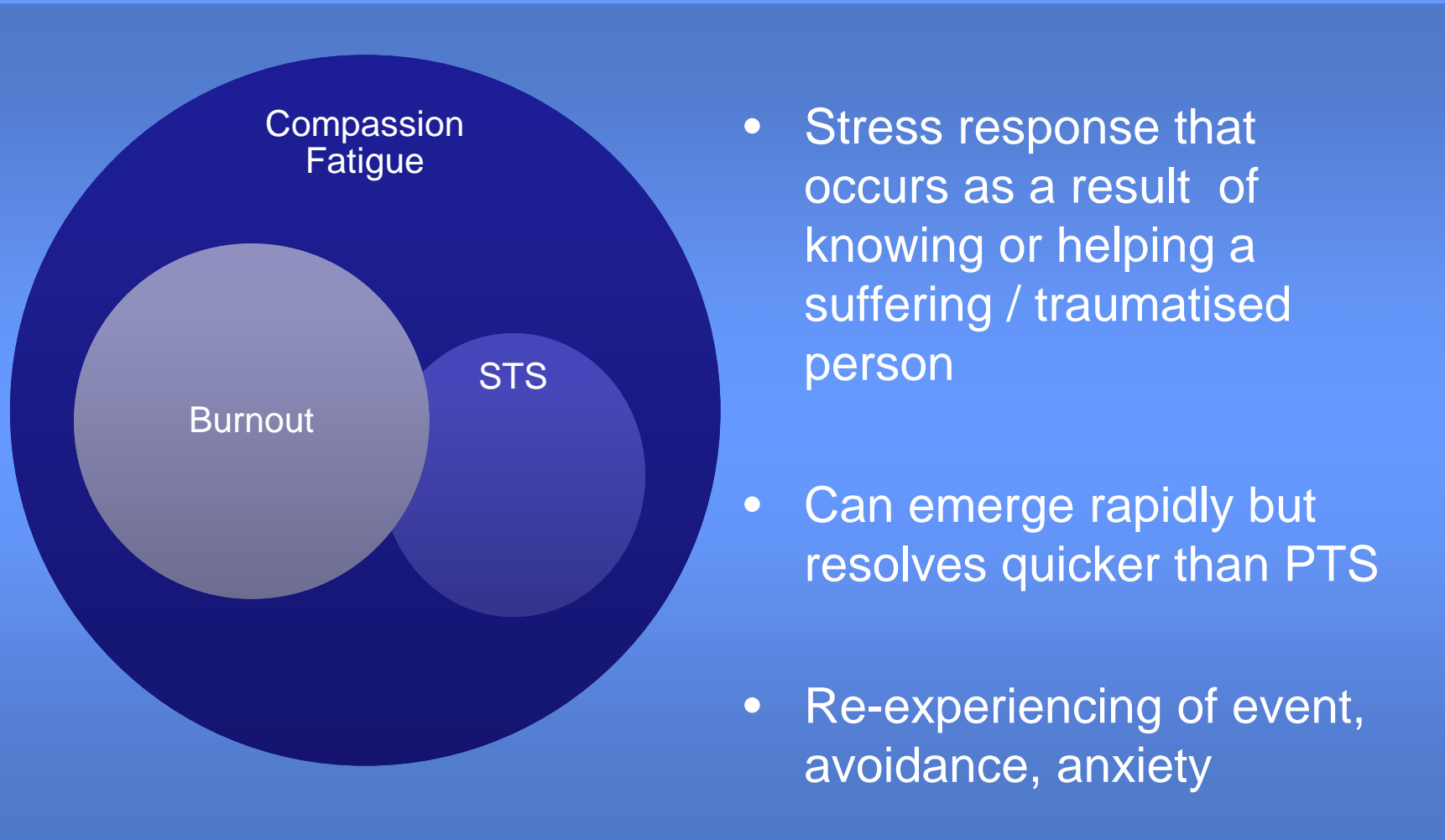


## Effects of stress (burnout)

- Physical & emotional exhaustion
- Difficulties investing in relationships
- Pessimistic outlook, unable to effect change
- Sick leave, absenteeism or limited motivation
- Medical errors
- Development of mental health difficulties
- People working part time
- People leaving the profession



# Secondary Traumatic Stress (Huggard et al, 2013)



# Why do some develop STS and not others?

- Health professionals with less experience, particularly those in training more vulnerable (Cunningham, 1997)
- Traumatic stress is one of the main sources of stress for health professionals working in A & E, intensive care and oncology (Maytum et al, 2004)
- Duration of the experience – prolonged exposure for medical staff (Mealer et al, 2007)
  - Patient interactions
  - Family systems
  - Delivering bad news





# Other Risk factors (Huggard, 2003)

- Doctor related factors
  - Over identification with the patient
  - Unresolved issues of loss/grief/trauma, mental health problems
  - The 'over-copers'
- Situational factors
  - Long term doctor patient relationship
  - Time pressures
  - Disagreements re: patient care
- Patient factors
  - Patient is a health professional / child of a health professional
  - Patient mistrust of the doctor
  - Complex or dysfunctional patient family dynamics

Innovation and excellence in health and care



# Prevention

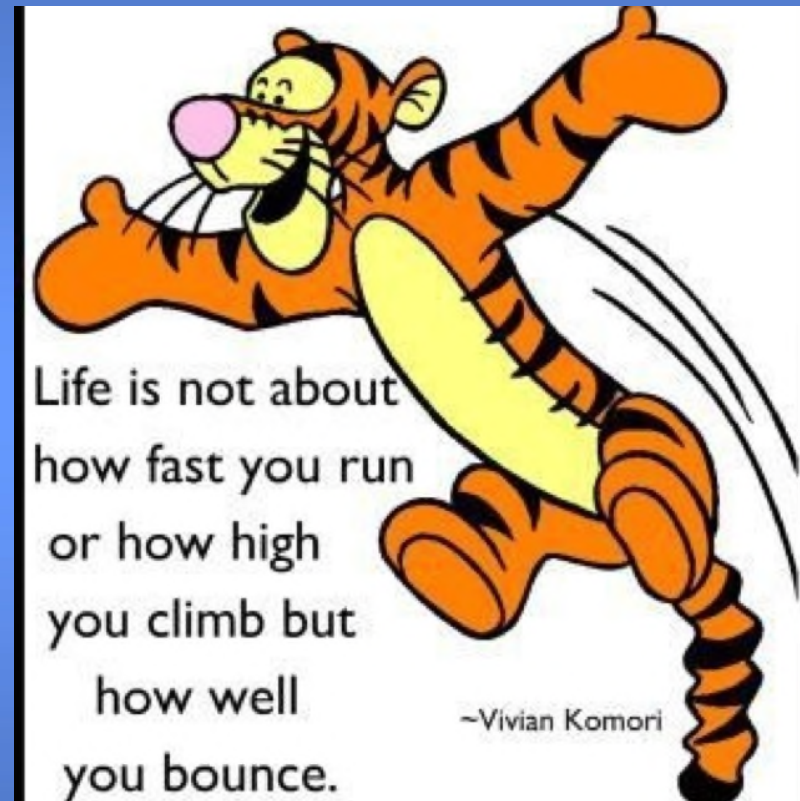
- Various protocols for treatment of STS all emphasise elements of prevention:
- Huggard (2003)
  - Basic self care
  - Recreational activities and relaxation
  - Work-life balance - setting boundaries
  - Seeking out support & supervision
  - Increasing self awareness
  - Strategies to deal with difficult emotions
  - Resiliency



# Resiliency

Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of **stress** — such as family and relationship problems, serious health problems or **workplace** and financial stressors.

It means "bouncing back" from difficult experiences.



## It does not mean.....

- Being resilient does not mean that a person doesn't experience difficulty or distress
- Emotional pain and sadness are common in people who have suffered major adversity or trauma in their lives
- It's about supporting people to become more resilient, not training them



# What determines it?

- Traits
- Experience
- Systemic factors - environment / context



# Trait

- Resilience is not a trait that people either have or do not have. It involves behaviours, thoughts and actions that can be learned and developed in anyone
- Involves developing self-reflection, self-efficacy, managing arousal, taking control & a commitment to self care
- Trait that affects resilience is locus of control – the extent to which individuals feel they can control events



# Traits



- Research looks at competencies associated with resilience



**The importance of emotional resilience for staff and students in the 'helping' professions: developing an emotional curriculum**

Louise Grant, Senior Lecturer in Social Work, University of Bedfordshire  
Gail Kinman, Professor of Occupational Health Psychology, University of Bedfordshire  
December 2013

Innovation and excellence in health and care



# Factors Influencing Resilience

Correlation with Resilience	r =	p <
Emotional Intelligence & Resilience	0.61	0.001
Social Competence & Resilience	0.46	0.001
Reflective Ability & Resilience	0.41	0.001
Empathetic Concern & Resilience	0.37	0.001
Perspective Taking & Resilience	0.41	0.001
Empathetic Personal Distress & Resilience	- 0.27	0.001
Psychological Distress & Resilience	- 0.54	0.001
Emotional Intelligence & Psychological Distress	- 0.29	0.001
Reflective Ability & Psychological Distress	- 0.38	0.001

(Kinman & Grant, 2010)





# Trait - Emotional Intelligence

- Goleman (1996):
  - Understand, regulate and express emotions
  - Using emotions to facilitate thinking, problem solve and reason
- High EI strongly correlated with ability to handle stress
- Shahid et al (2016) better doctor/patients relationships, increased patient satisfaction
- Empathy versus assertiveness



# Experience - what's your trigger.....

- In order to be ok I have.....
  - to be in control
  - to be perfect
  - to keep people happy
  - to be calm

## .....and if challenged.....

- Heightened arousal / distress
- Disproportional



# Systemic factors - environment / context

- Not enough just to think of the individual
- Clinical experience and research literature is suggesting systemic factors are crucial
- Shanafelt et al (2017) & Shanafelt et al (2019)
- 7 drivers of burnout caused by organisational factors not personal resilience
  - Workload, control, work/life integration, support, organisational values, resources, meaning
- Less optimal – burnout
- More optimal - engagement



## Systemic factors - environment / context

- Shanafelt argues that at the heart of being a doctor is the relational aspects of care - the doctor / patient relationship
- Volume of patients increased, staffing decreased, erosion of supportive relationships, IT demands, complex rotas, culture of blame all undermine this relationship
- This influences the quality of care, patient safety and patient satisfaction



# What helps trainees?

- Personal level:
  - Understanding personal & professional values / goals
  - Consideration of their patient's experiences
  - Being able to adopt a reflective attitude
  - Improve listening and communicating effectively
- Organisational:
  - Cultivating engagement
  - Putting in support, targeted interventions / training
  - Increased focus on what goes right
  - Increased flexibility in working patterns

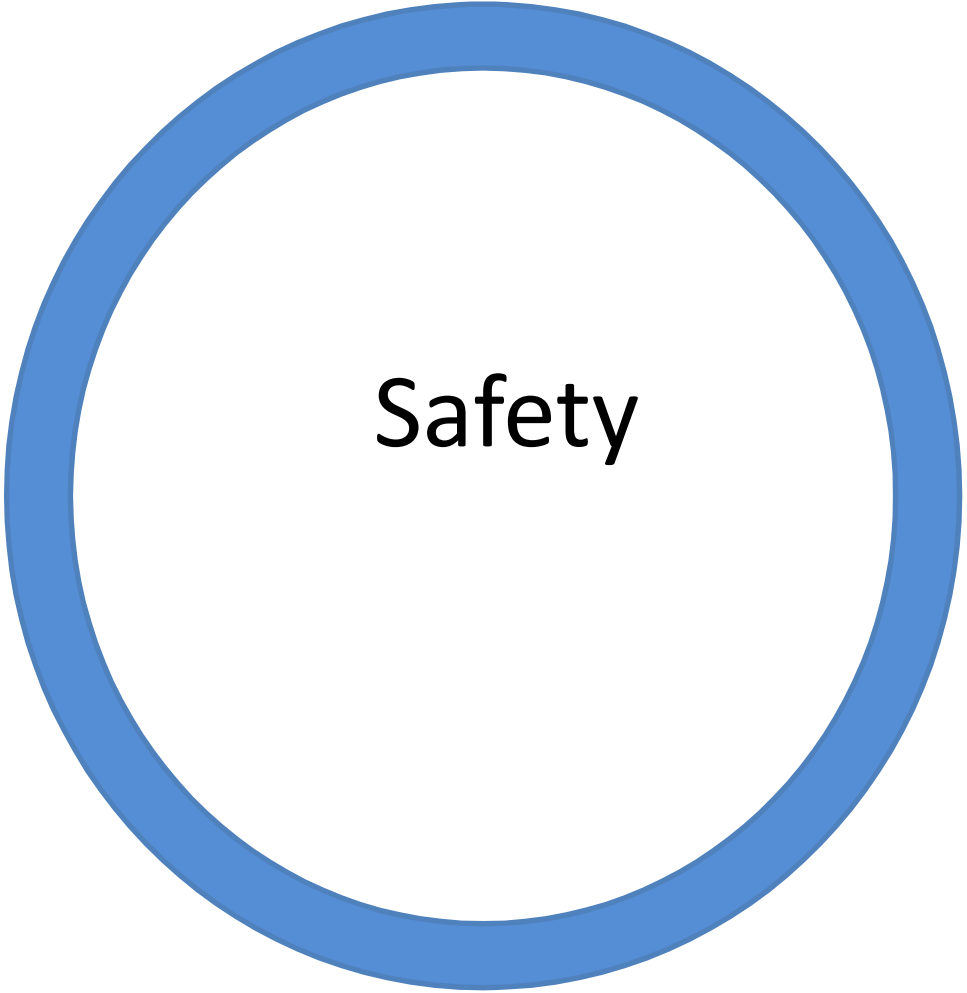


# Serious incidents / Difficult clinical events

- Aim to reduce risk of traumatic stress responses
- Learning for team & individual
- Legal requirement for organisations to follow procedures
- Supporting trainees - consider 5 key elements







Safety



# Promote Safety

- When something traumatic happens there is a threat to:
  - Values
  - Being sued
  - Relationships
  - Confidence
  - Competence
  - Reputation



## Make them feel safe

- If possible, remove them from the front line
- Identify concerns
- Reassure
- Correct misunderstanding
- Give information
- Show leadership





Calming

# Promote Calming

- Inform them:
  - Some anxiety is normal & healthy
  - Some avoidance or numbing is normal
  - Prolonged arousal - risk factor for post traumatic stress and other mental health difficulties



# Promote Calming

- Tea & biscuits
- Think environment
- Psycho-education about symptoms & self care
- Plan positive activities





Self-efficacy

# Self-efficacy

- Individual's belief that her/his actions are likely to lead to generally positive outcomes
- Trauma-related self efficacy - perceived ability to regulate their emotions and solve problems that follow on from the event
- Collective self-efficacy is the team / ward's sense that what they do leads to generally positive outcomes



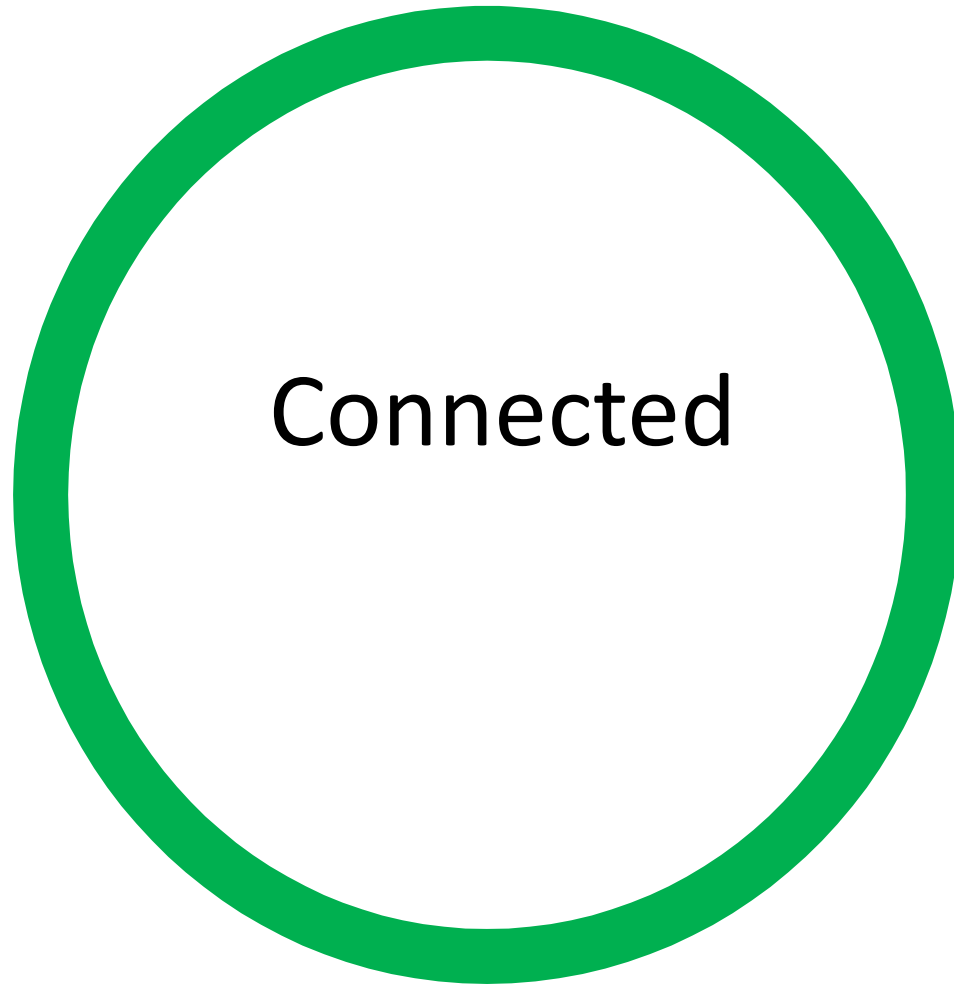
# Self & Collective-efficacy

Ask / consider

- What went well?
- What has been learned?
- Identify areas of need (training, communication)
- What skills and resources are available?







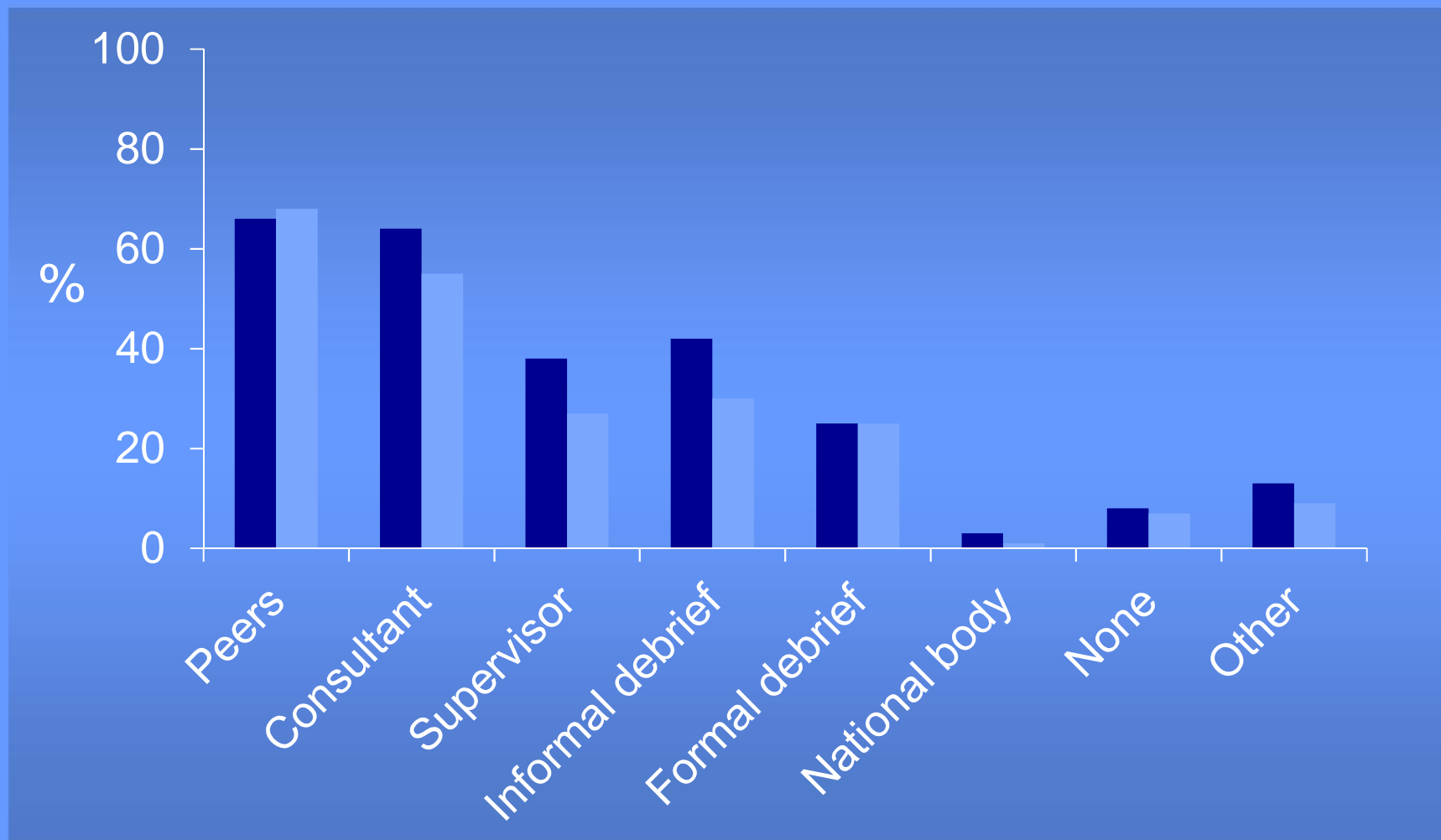
Connected

# Promote Connectedness

- Social support
- Practical problem solving
- Emotional understanding
- Acceptance
- Sharing of traumatic experience

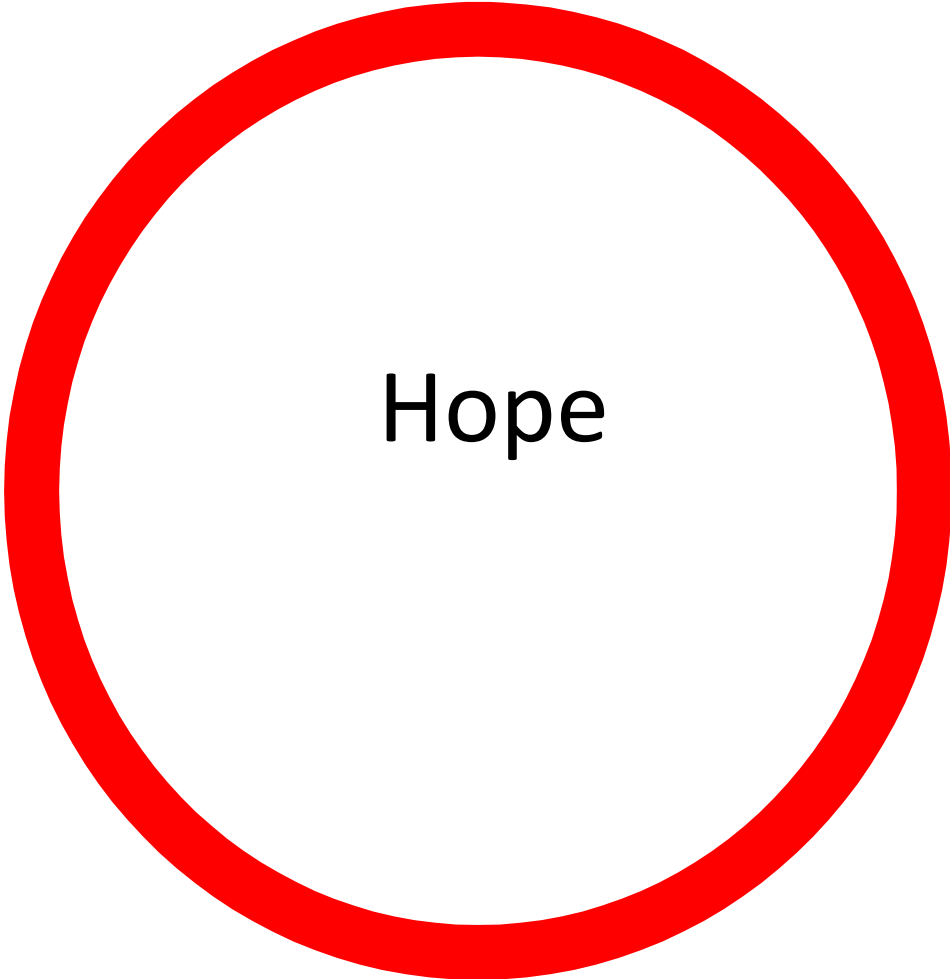


# Sources of support (N=104)



Innovation and excellence in health and care





Hope

# Promote Hope

- Those who remain optimistic likely to have better outcome
- Defined as 'positive, action-oriented expectation that a positive future goal or outcome is possible'



# Promote Hope

- Let them know that
  - The environment is predictable
  - Things will work out
  - There is practical & emotional support
  - Put their responsibility in perspective
  - Challenge catastrophic thinking
  - Their reactions are normal
  - Encourage them to move into problem-solving mode



# Creating a supportive culture and ethos

- Instigating conversations with trainees – asking them if they are ok
- Providing a dedicated space and time
- Normalise responses to difficult experiences but be aware when responses require further intervention
- Model the importance of discussing difficulties and accessing support to reduce stigma
- Make sure you know what support is available and be clear about how they access it
- Identify training needs



I find a formal meeting where we discuss the case... one of the most useful things. It helps me put the case "to bed" rather than keep mulling it over

You have to be really persistent if you want support... All many people seemed concerned about was whether it was affecting my ability to work, and when they found out it wasn't their relief was tangible and their involvement over...

More awareness of support, how to access it and to reduce the stigma associated with getting support

I have been to an informal debrief... that consisted of "Well you're alright, aren't you

I blamed myself for a long time and my confidence was immensely affected for a long while, I contemplated leaving paediatrics... I was very lucky, however, I had great support from one of the consultants who went out of her way to provide support, to listen and be there





# Thank you!

# Questions?

Innovation and excellence in health and care

