



CARING FOR CAREGIVERS DURING COVID-19 AND BEYOND



SPEAKERS

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Requirements for Certificate of Completion

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Objectives

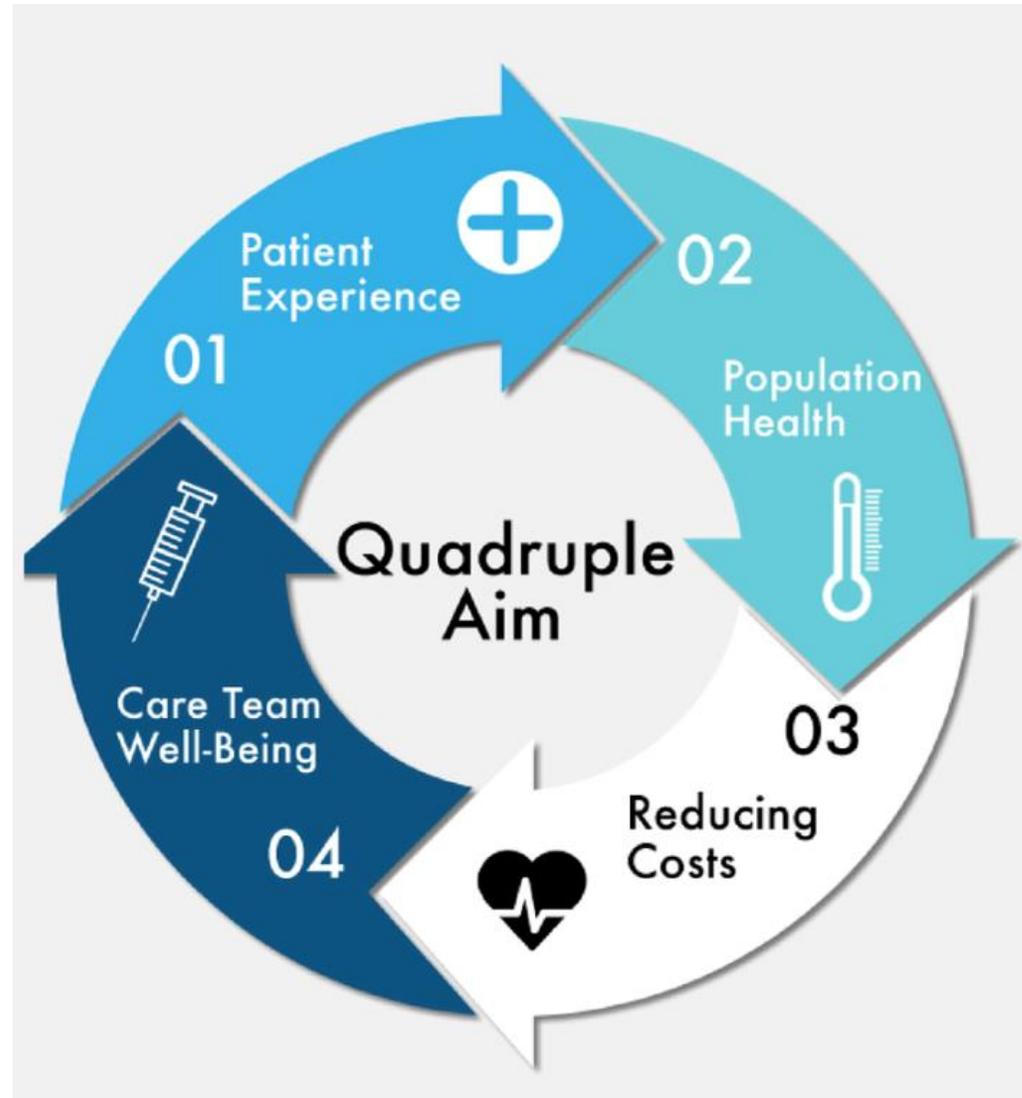
- Review key challenges of healthcare providers and organizations
- Identifying key signs of caregiver burnout
- Short-term caregiver management strategies
- The importance of building personal and organizational care plans for long-term success



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Quadruple Aim



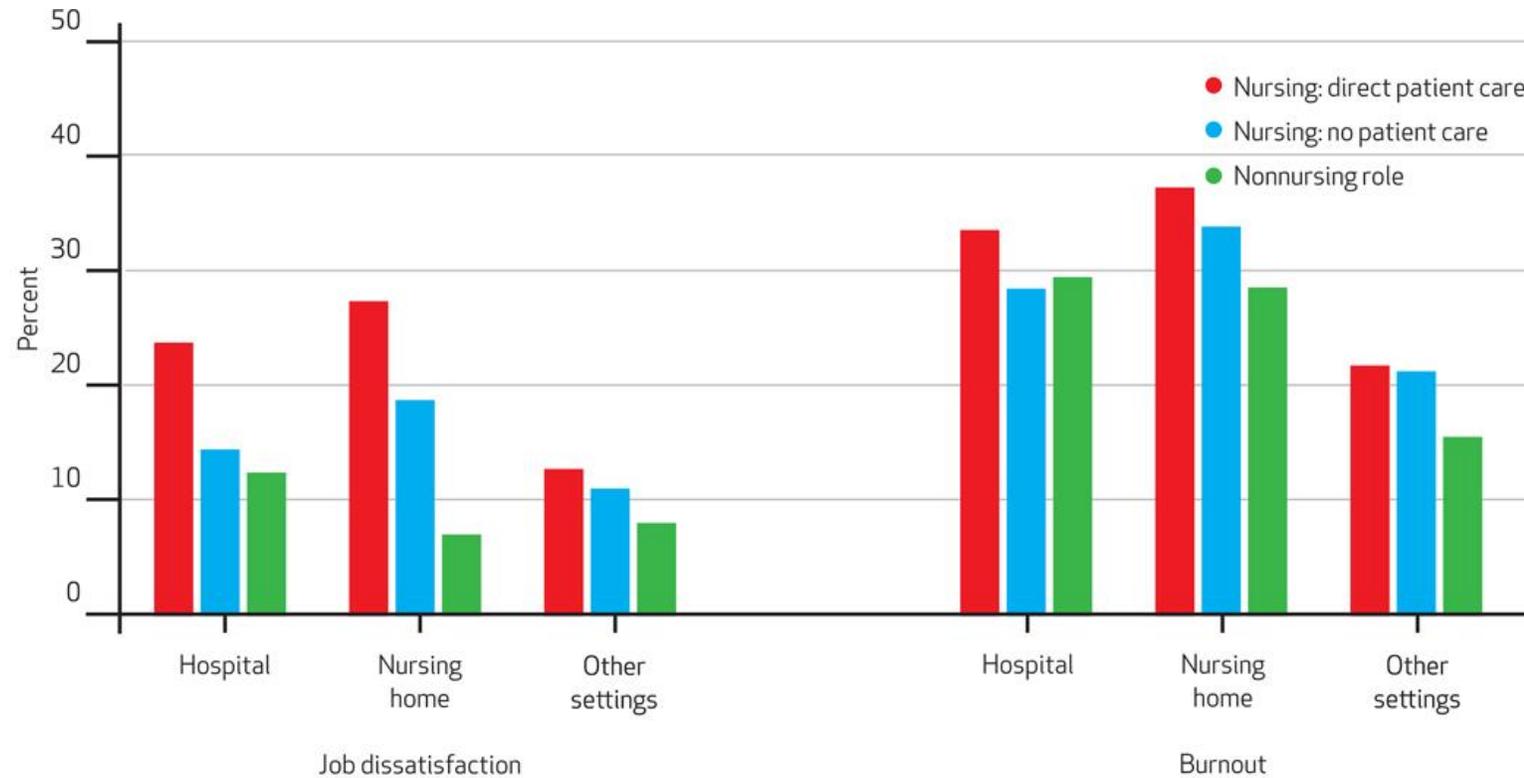
Burnout Among Caregivers (Prior COVID-19)

- Healthcare providers (caregivers) have experienced challenges prior to COVID-19
- Healthcare providers have higher stress levels and complaints than employees of any industry
 - CareerBuilder survey conducted February 13, 2014
 - 69% reported feeling stressed; 11% highly stressed
 - 25% reported looking for other work within the next year
- Professions that involve human contact and rapid decision-making skills, while those decisions can have a serious (financial, social or other) impact, are among the most stressful ones.

Cooper CL, Cooper RD, Eaker LH. Living with stress. Harmondsworth: Penguin; 1988.



Relationship Between Dissatisfaction vs Burnout



SOURCE Authors' analysis. **NOTES** The total number of nurse respondents for the calculation of burnout was 68,724, and the total number of nurse respondents for job dissatisfaction was 68,488. Nurses were classified as "burned out" if their score on the emotional exhaustion subscale of the Maslach Burnout Inventory was higher than the published average for health care workers. Nurses were classified as "dissatisfied" if they reported being either "very dissatisfied" or "a little dissatisfied" in their current positions on a four-point Likert-type scale.

Warning Signs of Possible Burnout

- Common symptoms of burnout:
 - Irritability
 - Frequently calling out sick
 - Intolerance to change
 - Exhaustion
 - “Checked out” mentality
 - Compassion fatigue

RN Network February 28, 2017



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Measuring Caregiver Burnout



Maslach Burnout Inventory™

How often do the following statements describe the way you feel about working as a doctor?

	<i>Every day</i>	<i>A few times a week</i>	<i>Once a week</i>	<i>A few times a month</i>	<i>Once a month or less</i>	<i>A few times a year</i>	<i>Never</i>
I deal very effectively with the problems of my patients							
I feel I treat some patients as if they were impersonal objects							
I feel emotionally drained from my work							
I feel fatigued when I get up in the morning and have to face another day on the job							
I've become more callous towards people since I took this job							
I feel I'm positively influencing other people's lives through my work							
Working with people all day is really a strain for me							
I don't really care what happens to some patients							

- Recognized as the leading measure of burnout
- Validated by 35+ years of extensive research
- Used in 88% of burnout research publications
- Measures burnout as defined by the World Health Organization (WHO)

Pandemic Experiences & Perceptions Survey™

- A tool to measure employees' experiences working during a pandemic. The PEPS uses a streamlined assessment and can be completed in five to ten minutes.
- The PEPS assessment provides critical information on:
 - **Disruption:** extent of workflow disruption
 - **Resources:** to what extent were key resources adequate to meet demands
 - **Risk Perception:** to what extent did employees feel at risk. What contributed to risk perceptions: Contact, Control, Potential harm
 - **Impact on work-life areas:** Workload, Control, Reward, Community, Fairness, and Values Congruence
 - **Perceptions of leadership** including Overall Leadership and Immediate Manager
 - Open-text items identifying what would help employees now and what gives them hope



American Medical Association

The screenshot shows a webpage with a purple header containing the AMA logo and a link to 'View Frequently Asked Questions'. The main content area features a large purple banner with the text 'Welcome COPING WITH COVID-19 FOR CAREGIVERS' over a background image of healthcare workers. Below the banner is a section titled 'Monitor the well-being of your physicians and care teams during COVID-19' with three buttons: 'How to Use COVID-19 surveys', 'Register Organization', and 'Frequently Asked Questions'. A central section asks 'Why should you survey your organization?' and lists four reasons with icons: conveying concerns, tracking stress trends, identifying stress drivers, and developing supportive infrastructures. Below this is a 'How to use COVID-19 surveys:' section with two boxes: 'Coping with COVID-19 for Caregivers Survey' (a 12-question survey) and 'PULSE Survey' (a 2-question survey).

View Frequently Asked Questions

Welcome

COPING WITH COVID-19 FOR CAREGIVERS

Monitor the well-being of your physicians and care teams during COVID-19

[How to Use COVID-19 surveys](#) [Register Organization](#) [Frequently Asked Questions](#)

Why should you survey your organization?

- Convey their concern/care to the workforce
- Track trends in the stress levels
- Identify specific drivers of stress
- Develop supportive infrastructures based on these drivers

How to use COVID-19 surveys:

Coping with COVID-19 for Caregivers Survey:

- A 12-question survey designed to assess the impact of COVID-19 on clinical staff. This survey should take less than 3 minutes to complete.
- It is recommended that this survey be used at baseline and redistributed every 4-6 weeks so that your organization may review change over time. All responses are anonymous.

PULSE Survey:

- A 2-question survey designed to take less than 10 seconds to complete on a mobile device or laptop, and to be deployed as frequently as twice weekly or at a useful interval for your organization.
- It is recommended that this survey be deployed approximately a week after the first survey has been distributed. All responses are anonymous.

PHQ-9 Depression Screen

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3

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Addressing Caregiver Burnout



Locus of Control

External

The consequences of my behavior are outside my control

- News about COVID-19 scares me
- Infection cannot be prevented
- Afraid to allow anyone into my home
- Stressed out due to COVID-19



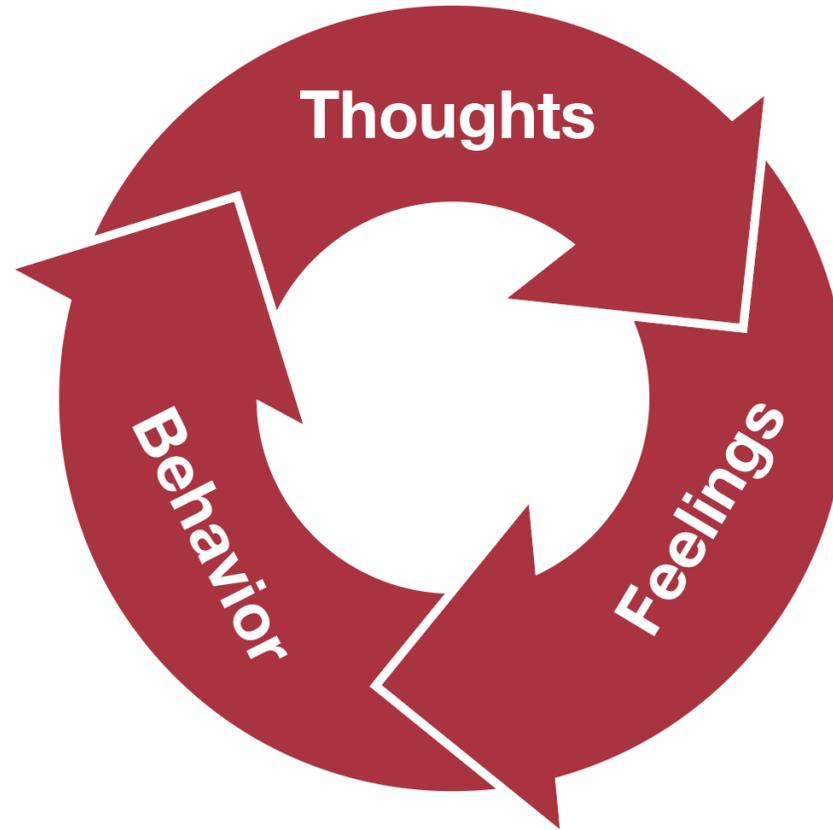
Internal

I control the consequences of my behavior

- Learn about COVID-19
- Plan how to prevent infection
- Reduce watching distressing news
- Improve interpersonal relationships
- Manage stress

Individuals locus of control is on a continuum between external to internal.

Cognitive Behavioral Therapy



Rational Emotive Behavior Therapy

- Rational Emotive Behavior Therapy (REBT) is a type cognitive therapy first used by Albert Ellis which focuses on resolving emotional and behavioral problems.
- The goal of the therapy is to change irrational beliefs to more rational ones.
- Common irrational assumptions:
 - The idea that one should be thoroughly competent at everything.
 - The idea that is it catastrophic when things are not the way you want them to be.
 - The idea that people have no control over their happiness.

The ABC Model



The ABC Model

Negative Event (A)



Rational Belief (B)



Healthy Negative
Emotion (C)

Negative Event (A)



Irrational Belief (B)



Unhealthy Negative
Emotion (C)

Physiological Response to Stress

- “The repeated activation of the stress response takes a toll on the body. Research suggests that chronic stress contributes to high blood pressure, promotes the formation of artery-clogging deposits, and causes brain changes that may contribute to anxiety, depression, and addiction.”

Harvard Health Publishing: Understanding the stress response: Chronic activation of this survival mechanism impairs health May 1, 2018



Parasympathetic and Sympathetic Nervous System

- The body's fight or flight response is controlled by the sympathetic nervous system, which is one part of the autonomic nervous system.
- Fight or flight response
- When the parasympathetic nervous system is activated, it produces a calm and relaxed feeling in the mind and body.
- Rest and digest response

What Is Different with COVID-19?

- Healthcare providers have always had an increased exposure to “fight or flight” experiences
- Article from a physician noted his parasympathetic system response was routinely activated during patient contact
- Human contact such as touch, eye contact, soothing facial expressions not only soothed his patients, but he responded positively as well
- COVID-19 precautions have limited our physical contact with patients
- Leaves the sympathetic system heightened for longer periods of time

Control the Parasympathetic Nervous System

- Need to learn ways to trigger your parasympathetic nervous system to immediately reduce sense of anxiety and stress. This will also lift your mood, strengthen your immune system, and reduces blood pressure.
- Just breathe
 - Inhale fully, hold for 1-2 seconds, exhale for one minute
- Change your focus
 - Walk outside if possible
 - Listen to music that evokes positivity
 - Focus on a calming word
 - Visualization
 - Repetitive prayer
 - Exercise
 - Meditation

The Stress Continuum Model

READY (Green)	REACTING (Yellow)	INJURED (Orange)	ILL (Red)
<p>DEFINITION</p> <ul style="list-style-type: none"> • Optimal functioning • Adaptive growth • Wellness <p>FEATURES</p> <ul style="list-style-type: none"> • At one's best • Well-trained and prepared • In control • Physically, mentally and spiritually fit • Mission-focused • Motivated • Calm and steady • Having fun • Behaving ethically 	<p>DEFINITION</p> <ul style="list-style-type: none"> • Mild and transient distress or impairment • Always goes away • Low risk <p>CAUSES</p> <ul style="list-style-type: none"> • Any stressor <p>FEATURES</p> <ul style="list-style-type: none"> • Feeling irritable, anxious or down • Loss of motivation • Loss of focus • Difficulty sleeping • Muscle tension or other physical changes • Not having fun 	<p>DEFINITION</p> <ul style="list-style-type: none"> • More severe and persistent distress or impairment • Leaves an emotional/mental "scar" • Higher risk <p>CAUSES</p> <ul style="list-style-type: none"> • Life threat • LOSS • Moral injury • Wear and tear <p>FEATURES</p> <ul style="list-style-type: none"> • Loss of control • Panic, rage or depression • No longer feeling like normal self • Excessive guilt, shame or blame 	<p>DEFINITION</p> <ul style="list-style-type: none"> • Clinical mental disorder • Unhealed stress injury causing life impairment <p>TYPES</p> <ul style="list-style-type: none"> • PTSD • Depression • Anxiety • Substance abuse <p>FEATURES</p> <ul style="list-style-type: none"> • Symptoms persist and worsen over time • Severe distress or social or occupational impairment • Hopelessness

Stress First Aid Model



Seven Cs of Stress First Aid:

- 1. CHECK**
Assess: observe and listen
- 2. COORDINATE**
Get help, refer as needed
- 3. COVER**
Get to safety ASAP
- 4. CALM**
Relax, slow down, refocus
- 5. CONNECT**
Get support from others
- 6. COMPETENCE**
Restore effectiveness
- 7. CONFIDENCE**
Restore self-esteem and hope

Source: William Nash, Richard Westphal, Patricia Watson, Brett Litz; 2009

Stress First Aid Interventions

Continuous	
SFA ACTIONS	POSSIBLE STRATEGIES
Check	<ul style="list-style-type: none">• Assess current level of distress and functioning• Assess immediate risks• Assess need for additional SFA interventions or higher levels of care• Reassess progress
Coordinate	<ul style="list-style-type: none">• Decide who else should be informed of the situation• Refer for further evaluation or higher levels of care, if indicated• Facilitate access to other needed care

Stress First Aid Interventions

As Needed	
SFA ACTIONS	POSSIBLE STRATEGIES
Cover	<ul style="list-style-type: none"> • Ensure immediate physical safety of stress-affected person and others • Foster a psychological sense of safety • Protect the person from additional stress
Calm	<ul style="list-style-type: none"> • Reduce physiological arousal (slow heart rate and breathing, relax) • Reduce intensity of negative emotions such as fear or anger • Listen empathically to the person talk about his or her experiences • Give information that calms
Connect	<ul style="list-style-type: none"> • Be a support, or encourage a connection to supportive others • Help the person problem-solve to remove obstacles to social support • Foster positive social activities and practical support
Competence	<ul style="list-style-type: none"> • Help mentor the person back to full functioning • Facilitate rewarding work roles and retraining, if necessary • Help the person problem-solve ways to deal with their own stress reactions • Encourage gradual re-exposure to potentially stressful situations
Confidence	<ul style="list-style-type: none"> • Mentor the person back to full confidence in self, leadership, and/or core values • Discuss any obstacles to confidence, such as the person's sense of guilt or anger, and if possible, shift them to a lessons learned perspective • Find out how the person makes meaning regarding their experiences, or connect them with someone who can

Addressing Dissatisfaction & Burnout (Organizations)

- Organizational Leadership
- Use of Incentives
- Work-Life Balance
- Peer Support
- Self-care and Mental Health



Preventing Burnout (Provider)

- Workloads are manageable
- Encourage and practice self-care
- Be okay with saying “No”
- Delegate appropriately
 - At work and at home
- Diversify (personally)
- Use of humor
 - Can be effective in the physical release of tension
 - Proceed with caution-we may all be in the same storm, but we are not all in the same boat

Addressing Depressive Tendencies

- Believe – the future will be better
- Purpose – remind yourself of your purpose and your “why”
- Focus – bring your focus back on the small successes that cumulate into larger successes
- Fun – find the fun things that invigorate you and laugh deep and loud
- Persistence – learning to pace yourself and not giving up

Review of Key Items

- The satisfaction of healthcare providers/caregivers is directly related to patient outcomes and patient experience of care
- Healthcare providers/caregivers have dealt with dissatisfaction and burnout prior to COVID-19
- The stress and uncertainty of COVID-19 has added to healthcare provider/caregiver challenges
- Organization and self-care combined is required to successfully combat burnout and future challenges
- COVID-19 is a defining care delivery opportunity of our generation



May is National Mental Health Month

- National Alliance on Mental Illness
- Helpline 800-950-6264
- <https://www.nami.org>



Closing Thought

**“Life is tough, my darling,
but so are you.”**

- Stephanie Bennett Henry



QUESTIONS?



Additional Information

Accreditation Commission for Health Care

www.achc.org



ACHCU is the educational division of the Accreditation Commission for Health Care (ACHC), a national accrediting organization known for providing value, integrity, and the industry's best customer service. With a comprehensive suite of resources designed to help healthcare providers excel in their fields and prepare for accreditation, ACHCU offers program-specific materials including workshops, workbooks, and webinars.

Visit www.achcu.com for more information.



References

- [Nurses' Widespread Job Dissatisfaction, Burnout, And Frustration With Health Benefits Signal Problems For Patient Care](#)
- [Maslach Burnout Inventory](#)
- [Pandemic Experiences & Perceptions Survey](#)
- AMA COVID-19 Provider survey: <https://clinician.health/>
- PHQ-9: <https://www.surveymonkey.com/r/D5BLNM3>