

Supporting the wellbeing of healthcare workers through difficult times

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- ✓ Context: Why talk about mental health for healthcare workers?
- ✓ Available Supports: Creating a Safe Space
- ✓ Value of patients and healthcare workers healing together
- ✓ Conclusion

Why talk about mental health for
healthcare workers?

In normal times....



In normal times....

LONG HOURS ✦ DIMINISHING RESOURCES ✦ HIGH PRESSURE
DECISIONS ✦ POTENTIAL OF PSI ✦ COMPLEXITY OF CARE ✦
SOCIAL AND ORG EXPECTATIONS ✦ LEGAL LIABILITY ✦
UNSUPPORTIVE ORGANIZATIONAL CULTURE...

✦ **PERFECTIONISM**

=

BURNOUT ◆ COMPASSION FATIGUE ◆ STRESS ◆ ANXIETY ◆
DEPRESSION ◆ ISOLATION ◆ SHAME ◆ GUILT

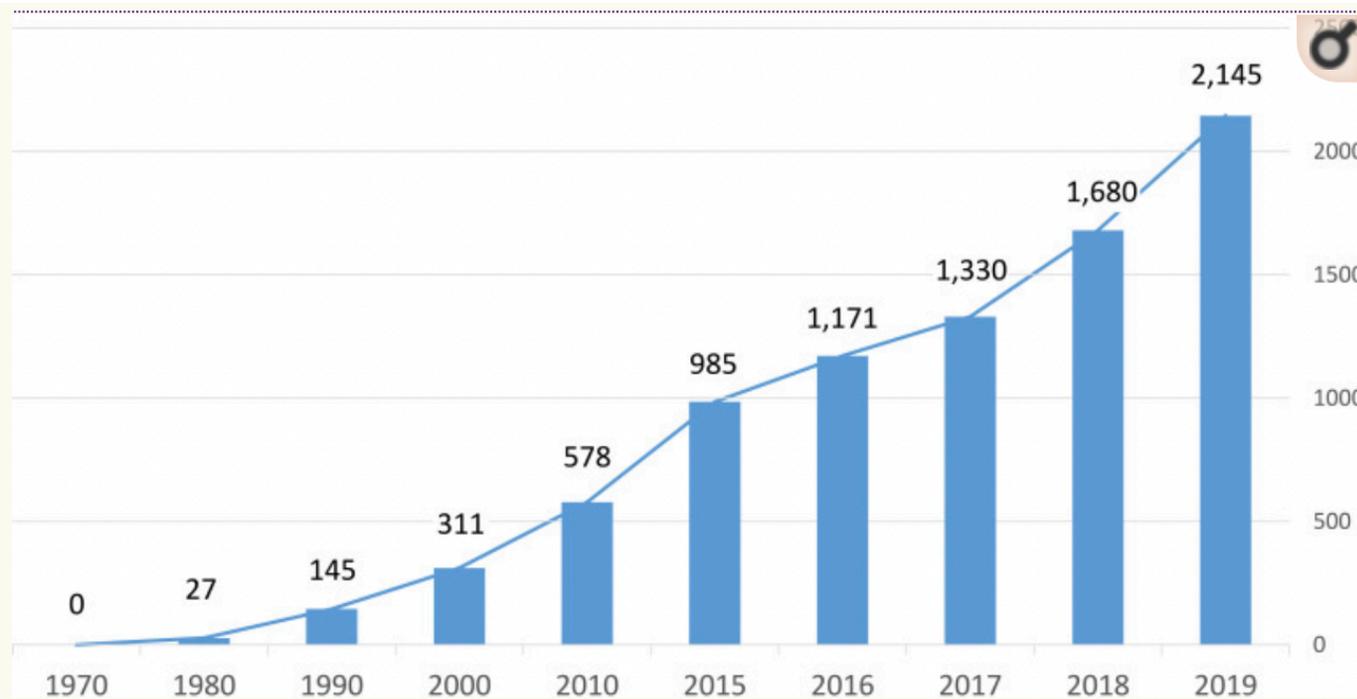


Figure 1

Overview of the number of PubMed hits for the search term "burnout" between 1970 and 2019.

De Hert, S. Burnout in Healthcare Workers: Prevalence, Impact and Preventative Strategies. *Local Reg Anesth.* 13;171-183. 2020 doi: [10.2147/LRA.S240564](https://doi.org/10.2147/LRA.S240564)

And now, during the pandemic...

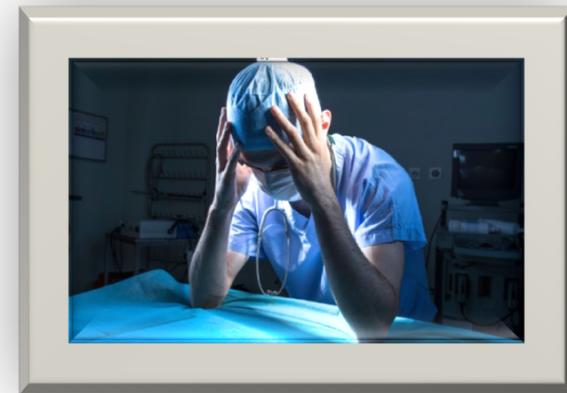


And now, during the pandemic...

“It is an impossible-to-understand situation, with people intubated in the hall, not enough ventilators, ethical decisions regarding who to intubate, shortage of masks and gloves, confusion and exhaustion.

Hell is probably like this.

I have no time to understand, to think about and to express emotions...”



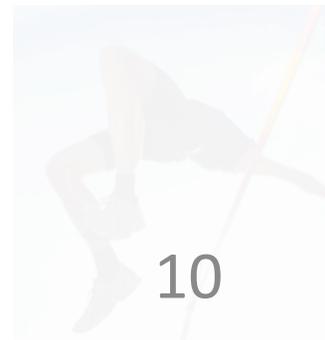
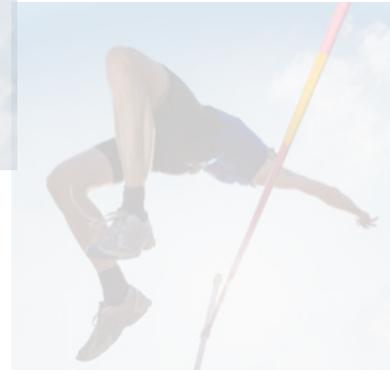
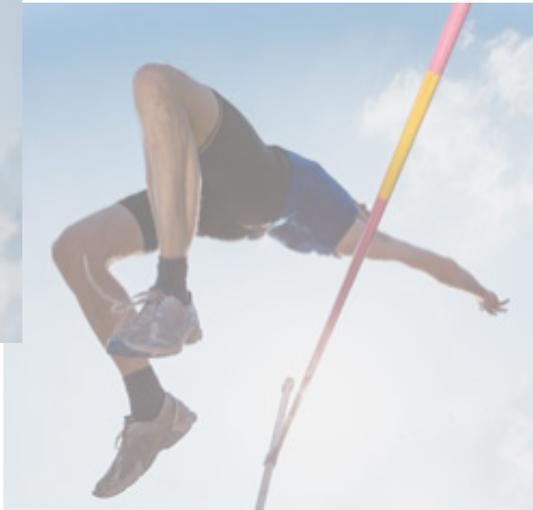
An infectious disease physician in Milan described his work caring for patients with the novel coronavirus (COVID-19)

Moral injury:

“The distress that individuals feel when they perpetrate, witness or fail to prevent an act that transgresses their core ethical beliefs...For some, it may erode their sense of meaning and place in the world.”

Jones E. Moral injury in a context of trauma. *The British Journal of Psychiatry* 2020.





The good news...

There is a growing awareness and recognition of the importance of mental health and wellness for healthcare workers:

WHO Charter for Health Worker Safety:

- Develop and implement national programmes for occupational health and safety of health workers
- Improve mental health and psychological well-being of health workers



What you can do for yourself...

Recognize it is **NORMAL AND COMMON** to:

- Experience moral injury and distress
- Have negative thoughts about yourself or others
- Feel shame, guilt, anger, fear

What you can do...

- ✓ RECOGNIZE NEED FOR...
- ✓ SEEK...
- ✓ BUILD...



What you can do for yourself...

SELF-COMPASSION

- Self-kindness
- Common humanity
- Mindfulness



Available Supports Creating a Safe Space



Cumulative stress, compassion fatigue and trauma due to experiences with patient safety incidents impact the mental wellness of our healthcare providers. These factors contribute to inadvertent patient care errors, mental health issues and attrition which compromise patient safety. A peer support program not only simply helps healthcare workers with their experiences with patient safety incidents but also improves the system and help make patient care safe.



The **Creating a Safe Space: Addressing the Psychological Safety of Healthcare Workers** manuscript and the **Canadian Peer Support Network** are intended to assist healthcare organizations create peer-to-peer support programs (PSPs) to

improve the emotional well-being of healthcare workers and allow them to provide the best and safest care to their patients.



Visit patientsafetyinstitute.ca/creatingasafespace

Creating a Safe Space: Addressing the Psychological Safety of Healthcare Workers

- Section 1: Creating a Safe Space: A Survey of Canadian Healthcare Workers
- Section 2: Creating a Safe Space: Global environmental scan of peer support programs
- Section 3: Confidentiality and Legal Privilege for Peer Support Programs
- Section 4: Best practices for workplace peer support programs in healthcare organizations
- Creating a Safe Space – Toolkit
- Webinar Series - Creating a Safe Space: Psychological Health and Safety of Healthcare Workers

- Canadian Association of Occupational Therapists
- Canadian Assoc. of Med. Radiation Technologists
- Canadian Physiotherapy Association
- Canadian Nurses Association
- Canadian Society of Hospital Pharmacists
- Canadian Society for Medical Laboratory Science
- Canadian Society of Respiratory Therapists
- Ordre professionnel des diététistes du Québec
- Paramedic Association of Canada



Canadian Patient Safety Institute

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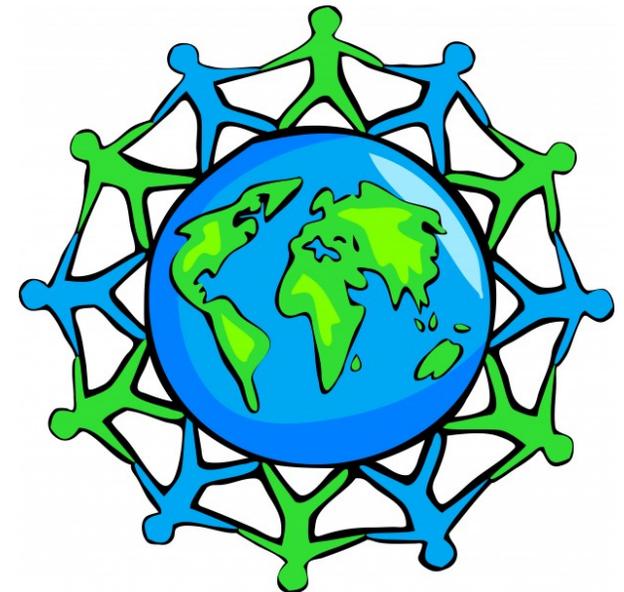
In collaboration with the University of Ontario Institute of Technology (UOIT), CPSI conducted a survey which sought to evaluate point of care healthcare providers experiences with adverse patient safety events and the support they may have received.



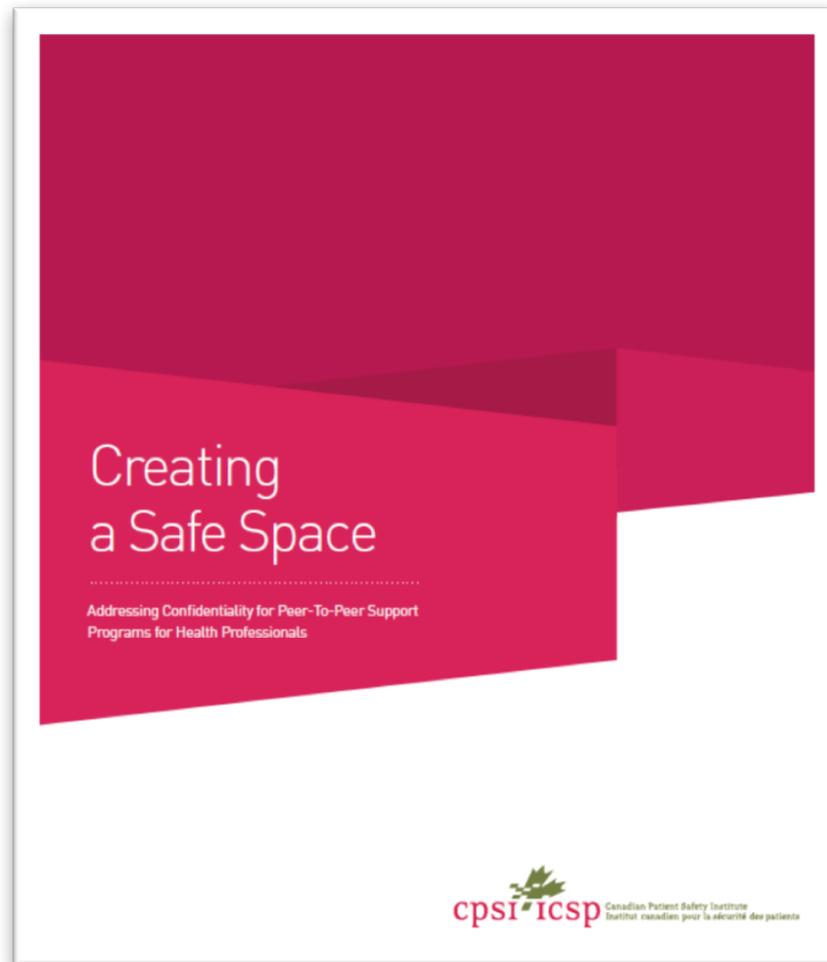
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Healthcare worker support models including peer support programs, toolkits, crisis intervention systems, domains, packages, rapid response models, and any other services that address:

- psychological safety and wellbeing of healthcare workers after a patient safety incident
- moral distress
- psychosocial self-care



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To influence:

- Policy Makers and Regulators
- Healthcare Leaders and Organizations
- Healthcare Providers and Teams
- Peer Supporters



Brochures
Policies & Procedures
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Categories Include:

- Program development tools
- Sample policy documents
- Training resources
- Promotional material
- Evaluation tools
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Value of patients and healthcare workers healing together AFTER a Patient Safety Incident

Effects of patient safety incidents on healthcare workers

Internal:

- Self-doubt
- Self-criticism
- Irrational thinking

External:

- Judging
- Bullying
- Blaming
- Isolating
- Organizational processes



Shame is:

What we feel when we believe we have failed to meet our own deeply embedded standard, goal or rule



“An intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging” (Brown, 2006)

“One of the most powerful painful and potentially destructive experiences known to humans” (Gilbert, 1997)

Brown, B. Shame resilience theory: a grounded theory study on women and shame. 2006 *Fam.Soc.*,(87)1, 43-52.

Gilbert, P. The evolution of social attractiveness and its role in shame, humiliation, guilt and therapy. *The British Journal of Medical Psychology*, 1997 70 (Pt 2), 113-147.

We need to build a culture of compassion at every level, where health professionals feel

- not abandoned but supported
- not judged but empowered
- not silenced but safe to have vital conversations



mistakes are inevitable
health professionals are fallible
mistakes are the norm



Healing together after a patient safety incident



For full story, watch [here](https://bit.ly/2XVR5Ei) (https://bit.ly/2XVR5Ei)

After patient safety incident: what we found so far

Patients have great empathy for HCWs:

“The doctor was in pain from their own experience of harm, they have been injured by the death of their patient by the failure of the procedure, by an outcome that the desperately did not want for their patient.”

Patient Participant, Mutual Healing Research Project, 2019

At the same time, HCWs understand the need for a genuine conversation:

“We were all just trying to help them through, giving of ourselves – not our nurse self, not our doctor self, but trying to be us to another human being.”

“I guess that comes down to caring, if you care enough, you are going to put that ahead of your fears.”

Healthcare Worker Participants, Mutual Healing Research Project, 2019

There are many barriers to having conversations with patients caused by fears of:

- litigation
- loss of job, of reputation
- being judged
- confrontation/conflict



“I find it hard to meet with families usually because when you get to that point it is a really emotional charged situation, so I have met with people who are angry, I have met people who are devastated, and it’s hard to be on the receiving end of this.”

“The common denominator of all those conversations is knowing that it is not entirely your fault, knowing that there are a lot of steps or misses from the whole team, but still feeling that the fault was yours alone.”

Healthcare Worker Participants, Mutual Healing Research Project, 2019

“It took all the courage I could muster to go back and see him again, but I felt such a strong need to ask him to forgive me and to check on him and to let him know that I care about him and that I would never mean him any harm... I walked away from that discussion and it only took about fifteen minutes, when this huge weight lifted off my shoulders. It was, it was like I was walking with helium shoes. It was amazing”

May, N & Plews-Ogan, M. The role of talking (and keeping silent) in physician coping with medical error: A qualitative study. [Patient Education and Counseling](#). 2012 88 (3); 449-454.

“Healing happens when patients and healthcare workers unite. It is a sacred space where they can see each other as equals (just people) talking to each other about their emotions and how the incident affected their lives.”

*Susan Scott, Patient Safety Coordinator, University of Missouri
Expert Consultation, Mutual Healing Research Project, 2019*

We would love to hear from you!

daubinconsulting@gmail.com

Keep your eye out for the
Best Practices Guidelines for Mutual Healing

www.patientsafetyinstitute.ca

**Response to the COVID-19 pandemic is a
marathon, not a sprint**



**Need for capability building programs for
healthcare organizations**



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THANK YOU

and stay safe!

For questions or comments, please contact apack@cpsi-icsp.ca and/or daubinconsulting@gmail.com

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February 9, 2021

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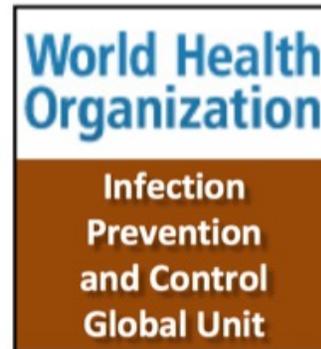
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