

Stress, Burnout and Trauma in Health Care

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Health care workers are exposed to a multiple workplace stresses resulting in a wide range of negative physical, psychological, interpersonal and organizational consequences. This paper presents a comprehensive approach to workplace stress in health care. The Complex Stress Model encompasses the full set of workplace systemic and traumatic stresses encountered by nurses and other health care workers. The risk/resilience factors, effects and outcomes of systemic and traumatic stress are reviewed, followed by a discussion of the challenges these pose to health care organizations. A comprehensive approach to the issue is outlined incorporating workplace wellness and manager training programming and resources.

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Elaine trudges up the stairs to the hospital cafeteria. Her morning break has finally arrived, and she is hoping that a strong cup of coffee and a couple of acetaminophen will stop her head from pounding and help her feel less groggy. She wonders if there are any pills left in the bottle – she has been going through a lot lately.

She buys a large coffee and finds a table to sit at. With luck, the caffeine will help her feel more clear-headed, but not make her jittery. Elaine feels exhausted a lot of the time, but has trouble sleeping at night, even though her doctor gave her a prescription for something to take at bedtime. While the pills help in getting her to sleep, she usually wakes up around 3 and lies in bed worrying until the alarm goes off at 5:30.

There is plenty to worry about in those early morning hours. Her elderly mother, her teenage son and the crowd he “hangs out” with, and the bank balance, to start with. Then, there is her troubled marriage. Joe is spending more and more time at the office or golfing these days. Even when he is at home, they seem to argue or keep a stony silence. He complains that she is moody and irritable. They used to at least enjoy talking while they walked the dog after

supper, but she can’t muster up the energy for this anymore.

To top it off, there is always work to worry about. Elaine dreads going in every morning. Someone always seems to be off, and they can never get enough casuals to cover all the shifts. When this first started to happen, everyone would pull together and work extra hard to help out in the area that was short staffed. Over time, though, people just got too tired to keep up the pace, and now it is just a matter of coping with their own patients, let alone helping elsewhere.

Elaine never used to get sick, but now she finds herself off a couple of days per month. She seems to pick up any bug that is going through her workplace or family, or sometimes the headaches just get too severe and she has to take heavy duty pain killers. Twice lately, her family doctor has suggested that she take a month or two off work. Elaine wonders if she would end up fighting more with her husband and son that way, and fears it would leave her with more time to fret and stew about all her problems.

She wouldn’t miss going into work though. Elaine used to love nursing, and looked forward to seeing the smiles her patients would give her when she greeted them at the beginning of a shift. It made all the hassles

seem worthwhile to be able to brighten her patients' day, even a little. Now the passion for her work is gone. Her approach is to take a tough stand with the difficult and demanding patients, rather than using the warmth and humour that she used to be famous for. Even the most heart-wrenching stories of patients hardly moves her any more.

Elaine fears that, if she continues to show up for work day after day exhausted and with her head dull and aching, she is bound to make some major error and seriously harm a patient. Just last week, a student nurse questioned a procedure Elaine was demonstrating, catching her just before she made a mistake. What if she hadn't had a student with her who was willing to speak up? The thought of what could have happened makes her stomach churn.

WORKPLACE SYSTEMIC AND TRAUMATIC STRESS IN HEALTH CARE

Elaine's situation is all too common amongst nurses. Over the last few decades, the stresses in the health care field have been mounting, and having a devastating impact on nurses, their families, patients, and health care organizations¹. It is essential that steps be taken to address this problem.

Nurses and others working in the health care field are subject to two very different types of stress – systemic workplace stress and traumatic workplace stress². In common with other occupational groups employed in organizational settings, nurses experience the full range of systemic stresses inherent to most work environments^{3,4}. These include such pressures as heavy workloads, inadequate numbers of staff, poor pay and benefits, lack of opportunity for advancement, inadequate time off, work-family conflict, lack of support from colleagues and co-workers, interpersonal conflict, dysfunctional management, role ambiguity or conflict, and high levels of responsibility with little control^{5, 6, 7, 8, 9, 20, 11, 12}. Exposure to discrimination and sexual harassment in the workplace are also considered significant sources of systemic stress^{13, 14, 15}.

However, nurses and others working in the health care field experience additional stresses resulting from interaction with patients and their families^{16, 17}. These are called traumatic stresses, and include primary trauma (the direct experience of dealing with a threatening, hostile or violent patient) and secondary or vicarious trauma^{18, 19} (the negative effects of hearing about traumatic, tragic, violent and distressing events second hand). While the negative impact of primary trauma has long been recognized²⁰, the effects of secondary trauma have more recently come to light as placing workers at risk for serious negative outcomes^{21, 22}.

There are a number of factors which influence the extent to which a worker is likely to be effected by primary or secondary trauma. These include the severity and frequency of exposure, education about trauma and access to resources, support from family, friends and colleagues, and personal history and coping style^{23, 24, 25, 26}. Increased workload and waiting times in the health care system have been accompanied by higher levels of primary and secondary trauma for health care workers²⁷.

EFFECTS

The combination and interaction of systemic and traumatic stresses place nurses and others working in the health care field at an increased risk of suffering from serious negative stress effects in the areas of physical, emotional, cognitive, behavioral and interpersonal well-being. A wide range of physical health problems may occur, including cardiovascular disease, gastrointestinal problems, increased risk for cancer, and immune system problems^{28,29, 30, 31, 32}. Depression, anxiety, post-traumatic stress disorder, substance abuse and addictions are all consequences of high- stress workplaces^{33, 34, 35}. Self-esteem, concentration, attention and judgment may be impaired³⁶. Interpersonal effects such as poor communication, boundary difficulties, withdrawal, aggression, mistrust, and defensiveness cause breakdowns in personal and workplace relationships^{37, 38}.

The impact on the workplace of these stress effects is very damaging³⁹. Declining individual performance, efficiency, productivity and morale occur⁴⁰. Judgment may be impaired, resulting in an increased risk of practice errors. Innovation, creativity and collaboration suffer. The costs to the workplace of sick time, short and long term disability increase⁴¹. Higher worker turnover means greater costs for recruitment and orientation of new staff. A growing shortage of trained nurses and other health care professionals means there will be an inadequate pool of new staff to draw on to replace those who leave the work force because of illness, disability, early retirement or disillusionment⁴². Those remaining in the system will experience increased pressure associated with working short staffed⁴³.

Just as front line staff in health care are facing an increasingly stressful work environment, so are health care managers. The negative stress effects on managers can result in attitudes, decisions and behaviors which intensify the systemic and traumatic stresses felt by staff⁴⁴. To positively influence the work environment, managers must learn how their management practices/style can impact front-line staff, which systemic and traumatic risk factors their employees face, and how to reduce the impact of these stresses.

ADDRESSING THE PROBLEM

The problem of workplace stress in health care environments is complex and multiply determined. It follows that comprehensive strategies are required to address this problem. To be effective in reducing the negative effects of stress, individual self-care initiatives by employees must be matched with organizational interventions to address sources of systemic and traumatic stresses.

Historically, the health care system has not recognized the pervasive problem of workplace stress and trauma. Although increasing attention has been directed toward the need for critical incident stress (CIS) debriefing, the issues of chronic long-term stress and secondary trauma remain largely neglected. A health care culture that is able to

support an effective intervention strategy needs to:

- Recognize and accept the problem of workplace systemic and traumatic stress
- Develop a serious commitment to address the issue
- Normalize staff and management attitudes toward systemic and traumatic stress effects, such that there is a general understanding that stress effects are common and that they affect all individuals, regardless of gender, ethnicity, age, or position

Management skills and attitudes are crucial to this problem. In large part, managers and supervisors have significant influence on both the macro- and micro-level workplace experiences of their staff. Unfortunately, most managers lack knowledge and skills in this area, and are unaware of the impact of their own stress levels on their attitudes, decisions and behaviors. Thus, effective interventions would seek to train managers to:

- Become knowledgeable about workplace systemic and traumatic stress - the risk factors, mechanisms and effects
- Understand the role of leadership style and strategies in either promoting workplace wellness or in increasing workplace stress

The type of workplace wellness intervention strategy is also important. Under optimal conditions, a comprehensive program can be implemented with the following considerations:

- The program needs to be accessible to all staff regardless of job description or position
- The program should provide individuals with relevant background knowledge about the sources of stress and trauma, their mechanisms of action, and an opportunity to understand their own unique situation

- The program should provide the tools necessary to develop an effective personal wellness plan and should support a personal responsibility model of workplace wellness

Because workplace stress is a pervasive long-term problem, effective programs should be sustainable and durably embedded in the workplace. It is also important that programs and interventions be integrated with existing resources and services (e.g., CIS protocols, EAP plans, extended medical plans, etc.).

DEVELOPING A PROGRAM ADDRESSING STRESS, BURNOUT AND TRAUMA IN HEALTH CARE

Based on these principles, a program for addressing stress, burnout and trauma was recently developed by Dr. Patricia Fisher, a clinical psychologist and trauma specialist who has worked extensively within the human services, justice and health care sectors. After its success in other jurisdictions, the program was released in the spring of 2003 for use in human, emergency and health services. The comprehensive program includes an employee wellness program, manager and supervisor training, annual follow-up wellness workshop, and specialized workshops in the areas of coping with change, conflict resolution, coping with high needs/high risk clients, and post-strike recovery.

THE EMPLOYEE WELLNESS PROGRAM

The two day employee wellness workshop is based on the workbook, *When Working Hurts: Stress, Burnout and Trauma in Human, Emergency and Health Services*⁴⁵. Drawing from the latest research and best clinical practices, the book is designed to meet the needs of program participants by providing a three-part program:

Section 1 familiarizes nurses and other health care workers with the mechanisms and outcomes of systemic and traumatic stresses both at the individual and organizational level

Section 2 provides a battery of 17 self-assessment tools that help individuals to determine their current risk for stress, burnout and trauma; their current levels of self-care (strengths and vulnerabilities); and their current level of symptoms or effects due to workplace stress, burnout and trauma.

Section 3 provides effective tools to help individuals develop their own personal wellness strategies, and support their commitment to implementing them

When presented to intact work teams, the program promotes team building and includes development of unit specific strategies to promote staff wellness and help deal with the effects of workplace stress.

Two models of program delivery are currently available. An organization may choose to provide the employee wellness program as a two-day intensive workshop delivered by a skilled facilitator provided from Fisher and Associates. Alternately, Fisher and Associates will provide an intensive three-day train-the-trainer workshop for selected personnel from within the organization. These individuals can then provide the two-day employee wellness workshops for health care teams within their organization. This builds organizational capacity, as the facilitators can then play a key role in ongoing wellness committees and initiatives.

THE MANAGER AND SUPERVISORY TRAINING PROGRAM

The two-day manager and supervisor training workshop is based on the reference book, *The Manager's Guide to Stress Burnout and Trauma in Human, Emergency and Health Services*⁴⁶. The training program provides managers with a solid theory base regarding the mechanisms and effects of workplace systemic and traumatic stress in health care. The theory and principles of management strategy are also covered with particular attention to their impact on worker stress. Managers are provided with assessment tools that help them to:

- Determine their own management style and its effect on staff wellness and staff functioning
- Develop an analysis of the areas of resilience and areas of high risk for systemic, primary traumatic and secondary traumatic stress encountered in their workplace
- Examine the cause and effect relationship between risk/resilience and clinical outcomes in staff
- View staff behaviors as possible stress/trauma outcomes rather than “bad staff”
- Determine the impact of workplace stress on team/group functioning
- Develop specific, practical and applicable intervention strategies to address areas of high and moderate risk/need

The manager and supervisor training program is available as a two-day intensive workshop delivered by a skilled professional facilitator provided by Fisher and Associates.

ANNUAL FOLLOW-UP WELLNESS PROGRAM

A one-day follow-up program is available for use 12 to 18 months after provision of the Employee Wellness Program. This workshop emphasizes the themes of resiliency and personal and group responsibility for workplace wellness. Participants complete self-assessment forms and compare these with their profiles from the initial workshop. Individuals attending the workshop develop practical and sustainable strategies and

implementation plans for themselves and their workplaces.

SPECIALIZED PROGRAMS

In response to identified organizational needs, one-day intensive workshops have been developed and are also available in the areas of:

- Coping with Change in the Workplace
- Conflict / Dispute Resolution Training
- Maintaining Wellness While Coping with High Needs/High Risk Clients and Personnel
- Post –Strike Recovery

CONCLUSIONS

The systemic and traumatic stresses encountered by nurses and other health care professionals are taking a huge toll on health care workers, their families, patients, and employers. Failure to address this situation will result in devastating consequences for all involved in and served by the Canadian health care system. The problem is expected to intensify as the “baby boomers” retire from the health care work force and place increasing demands for health care services on a shrinking pool of trained health care providers. Based on recent research, we are now in a position to effectively address workplace stress and trauma in health care. Successful intervention will require both a shift in attitude amongst health care organizations and a commitment of effort and funding. However, failure to attend to this issue will lead to further escalation in the personal and financial costs to health care workers and organizations.

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More information about our programs for addressing stress, burnout and trauma in health is available at www.fisherandassociates.org,