

Resiliency in Healthcare: Supporting Self and Others

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Objectives

- What stress and resiliency are
- Why we need it
- How can we get there
- Toolkit and Lifevest





Stressors

- Leaders thrive on uncertainty...but...
- Today's Stressors:
 - Global pandemic that keeps coming
 - Not feeling safe
 - Job security
 - What does the future hold?
 - Bad news seems to be the new 'normal'
 - Constantly working





Stressors Defined

- Must have both types:
 - **Eustress:** Positive stress that enhances our functioning, serves to motivate us, and generally makes us feel good
 - **Distress:** Negative stress that is generally persistent and often makes us feel bad, such as an injury that prevents us from things we enjoy





Stress Examples

- Exercise
- Challenges at work
- Hobbies
- Relationships
- Marriage and anniversaries
- Divorces
- Losses



Stressors (Cont.)

- Merged and often chaotic roles we experience:
 - Parent
 - Spouse
 - Leader
 - Expert
 - Supporter
- Lack of socialization/ isolation
- Lack of control

Resiliency

- Definitions:
 - The capacity to quickly recover from challenges whether stress, emergencies, or unexpected occurrences
 - An ‘elasticity-like’ ability to return to one’s ‘normal’





Common Reactions

- Depression:
 - Persistent sadness and lack of interest or pleasure in previously rewarding or enjoyable activities
- Anxiety:
 - An emotion characterized by feelings of tension, worry
- Both may be manifested in physical symptoms





7 Cs of Resilience

- **Competence**—ability to handle stress effectively
- **Confidence**—belief in one’s abilities
- **Connection**—close ties to friends, family, and community
- **Character**—strong sense of self-world, confidence, and right & wrong





7 Cs of Resilience (Cont.)

- **Contribution**—leave a place better than you found it
- **Coping** skills—more are better
- **Control**—be in charge of your decisions and actions





Impacts

- **Cognition**—mental action of acquiring knowledge and understanding through experience and the senses
- **Social and emotional**—interactions between individuals or groups
- **Self-regulation**—that which guides us towards desired end states
- **Survival**—remain viable in the face of adversity





Caregiver Ground Rules

- We must be available for those who depend on us
- We must anticipate non-normal conditions
- We must practice (develop and exercise skills) to identify weaknesses in the system; adjust; repeat



Caregiver Wellness

- Wellness will not occur when:
 - Work demands and pressures are detached from:
 - Knowledge, abilities, education/ training, experiences, and needs
 - We have insufficient support from supervisors and peers
 - There is little control over work processes





Caregiver Wellness (Cont.)

- Unsatisfactory working conditions exist:
 - Workload, pace, and hours
- Competing priorities:
 - Work-life balance (work, family, academic, hobbies, etc.)





Trauma-Informed Approach (TIA)

- Overview:
 - Safety
 - Trust and Transparent
 - Peer support
 - Collaboration and reliance
 - Empowerment and choice
 - Culture





Safety

- Physical, emotional, and psychological safety in interactions
- Share best practices among peers
- Discuss challenges, difficult situations; vulnerabilities
- If mistakes are made, move in a different direction—don't shut down
- Regulate yourself to remain focused
- No judgements





Trust and Transparency

- Share as much as possible within the confines of your specialty
 - Watch for HIPAA and PHI issues
- Trust that your peers will help
- Acknowledge mistakes
- Role model for your peers
- “We would be concerned if you were not impacted by this”





Peer Support

- Seek commonalities and experiences
- Use the buddy system—pair up
- Take care of yourself so you can take care of others
- Problem-solve





Peer Support (Cont.)

- Help with decisions
- Share
- Establish trust
- Inject appropriate humor





Collaboration

- Ensure you have time for social activities
- Daily check-ins
- Carve out time in meetings for ideas, solutions, connections, and feedback





Empowerment and Choice

- Seek staff input
- Normalize grief—recognize that the elderly have likely experienced the loss family and friends
- Ensure staff know how to access resources





Culture

- What is the normal for the individual?
 - Veteran?
 - Minority?
 - Marginalized populations?
 - May be combinations
- Remember what your organizational culture was?
- Learn from pandemic to improve





Compassion Fatigue

- AKA:
 - **Vicarious Trauma** (Perlman & Saakvitne, 1995)
 - **The cost of caring for others**
 - **Cumulative transformative effect**—the helper working with survivors of traumatic events
 - **Burnout**





Compassion Fatigue (Cont.)

- Signs and symptoms:
 - Difficulty talking about feelings
 - Anger or irritation—often unspecified
 - Startle easily or “jumpy”
 - Change in eating habits
 - Change in sleep habits/ hygiene
 - Worrying about work ‘after hours’





Compassion Fatigue (Cont.)

- Feelings of not doing enough
- Dreaming of work (not in a good way)
- Reduced happiness
- Feelings of being trapped in your role or job
- Reduced levels of satisfaction and personal accomplishment
- Intrusive thoughts of work
- Feelings of hopelessness
- Blaming others





Post-Pandemic Support

- We need your help:
 - Establish, relate, or help create formal support systems
 - Contribute to the body of knowledge—when will we have another?
 - Your work will contribute to evidence-based practice





Toolkit

- Above all else remember: **You must take care of you first or you will not be able to help others**
- Not all on this list will work for everyone—choose what works for you
 - Relaxed breathing (“In with X, out with Y”)
 - Physical activities
 - Walking, running
 - Yoga, Tai Chi, classic martial arts
 - Exercise classes





Toolkit (Cont.)

- Self-care: Sleeping, nutrition, fitness
- Visualization or meditation
- Quiet space
- Music, art, dance
- Connections with family and friends
- Create self structure via a schedule
- Spiritual resources
- Fun and pleasurable activities





Leader Skills

- Keep staff and patients safe and protected
- Empower and trust staff when having patient and family communications
- Reduce distress where you can
- Take care of your staff and patients
- Listen...just listen
- Put an arm around someone who is struggling





Lifevest

- Fall back on what you know:
 - Ethics
 - Education
 - Training
 - Experiences (self and others)
 - Peers, friends, and family
- Consider establishing a support group





References

- 7 Cs of Resilience – CBT Professionals.com
- American Psychological Association – Guidelines on Trauma Competencies for Education and Training
- Bronfenbrenner, U., – Humans Beings Human: Biological Perspectives on Human Development
- Burlison, J., et al –The Second Victims Experience and Support Tool
- Institute for Health & Recovery – Developing Trauma-Informed Organizations: A Toolkit





Thank you!

It has been my pleasure to meet
with you



Northern Plains Conference on Aging
Handout for Resiliency in Healthcare: Support Self and Others

Toolkit

1. Take care of yourself!
2. Strategies:
 - a. Relaxed breathing.
 - b. Physical activities.
 - c. Self-care.
 - d. Visualization or meditation.
 - e. Quiet space.
 - f. Music, art, or dance.
 - g. Connections with family and friends.
 - h. Self-structure and scheduling.
 - i. Spiritual resources.
 - j. Fun and pleasure activities.
3. Leader skills:
 - a. Protect staff and patients.
 - b. Empower and trust in your staff.
 - c. Reduce distress and replace with eustress.
 - d. Take care of staff and patients.
 - e. Listen.
 - f. Exercise compassion.
4. Prepare the next generation by memorizing what you have tried and what works.