Dancing with the Bear
Self-Care for Healthcare Workers in the Current Crisis

By Harry Hutson, Ph.D., written in association with medtigo.

Patricia Watson, a psychiatry professor with the National Center for PTSD, describes what it's like for healthcare professionals to maintain well-being during a chaotic crisis such as the current pandemic. "It's like a dance where you're having to take a step forward and take a step back; and sometimes the dance has to be very quick… to support each other and take care of yourself, sometimes in seconds. And at other times you'll have more time and more ability to do some of the things we know are helpful to people."

Watson's message: this disaster is ever-changing; well-being varies greatly from person to person; there's no point in being prescriptive about what to do; everyone needs to adapt, experiment, and be creative.

Phyllis Napfel, a senior clinical nurse who has worked in the shock trauma operating room at the University of Maryland Medical Center for almost three decades, told me how she continues to adapt in a chaotic world. In 2018, as a result of cumulative stress on the job, Napfel fell victim to PTSD. "I had no wall between my patients and me." At first, she remained stoic. The culture of her shock trauma unit is, as she describes it, not to show vulnerability. But as her anxiety and depression began to manifest in crying outbursts and flashbacks, she sought help. Now, in treatment and much more self-aware, Napfel is "putting herself out there." To confront stigmas attached to healthcare workers doing self-care, she is giving in-service workshops on stress and resilience, finding them cathartic.

Napfel gets "nudges" to do something for someone else—and she acts on them. She checks in with people and asks questions, she writes cards and notes, and she sends gifts. These uplifts, these small acts demonstrating a caring connection, brighten her mood. She's become a mentor in the unit and the kind of colleague people gravitate toward, because she listens to them. Napfel has found a way to dance with the bear by "helping the world."

So, when we can you stop dancing with COVID-19?

As in the old joke about the bear, you can stop dancing when COVID-19 stops dancing with you.

The bear is untamed and nasty and showing no signs of exhaustion. And yet, as in the case of Nurse Napfel, it's possible to keep your balance and achieve states of what she experiences as "compassion satisfaction."

Naming the Bear

I've come to understand something glaringly obvious that is worth repeating. There are in fact *two* crises hitting healthcare at the same time. The second crisis, since January, has fed on the first. COVID-19 exploded on the scene because our healthcare system was already stretched, and our political system proved incapable of facing a pandemic. Lack of medical supply and preparedness, and lack of decisive action even when warnings were being shouted from the rooftops by epidemiologists, seem to have been responsible for thousands of unnecessary deaths.

Before COVID-19, healthcare leaders were being challenged on multiple fronts. Threats came from competition and mergers, declining reimbursements, lack of capital expenditures to upgrade electronic health records, shortages in nurses and specialty staff—and a burned-out workforce. Burnout was causing reduced productivity, increased turnover, lower quality of care, higher rates of depression, widespread work-home conflict, and even suicide.

Burnout can manifest as three kinds of loss: loss of mental and emotional energy, a sense of depersonalization and loss of empathy, and cynicism and loss of meaning. Burnout is not a chronic condition; it's a temporary state, a normal reaction to working in an unsupportive and sometimes toxic workplace.

Dr. Michael Goldberg, Scholar in Residence at The Schwartz Center for Compassionate Healthcare, argues that burnout cannot be treated by increasing resilience alone. The four interventions for curbing burnout that have empirical support—small group sessions, stress management, mindfulness, and communication skills—all healthy practices, cannot cure burnout. According to Goldberg, without significant structural change in healthcare, programs that focus on individuals are just producing stronger canaries for the coal mines.

Even if burnout has shape-shifted under the pandemic regime—as so many healthcare workers have resolved their feelings of ambivalence and rediscovered their calling—it remains true that healthcare institutions can always take better care of their caregivers. If experts are right and 90% of the problem is institutional, cultural, and systemic, so let's not blame the victim. It's not the physician, it's the setting!

And now, enter COVID-19, the bear.

The bear adds new threats in an already dysfunctional environment. There is the very real fear of getting sick and dying or bringing the disease home. There is worry about

being deployed where you lack skills or being made to suffer financial loss. There is dread of experiencing moral injury because you may be prevented from doing what's right. In addition, social distancing and sequestering are preventing low intensity ways of coping with stress, healthcare workers are worn down by constantly changing in and out of PPE, and the constant flux of learning new roles and rules brings resentment and confusion. There is anxiety in getting used to a new protocol, and then more anxiety in doing away with it. And always, always, there is the existential question, are we safe?

Mike Piet, an EMT and paramedic student who volunteered in a Queens, NY, hospital, described in stark terms the reality he witnessed each day: Healthcare workers whose very identity is centered on helping others, whose jobs have devolved to keeping bodies in homeostasis, are laboring in a seemingly endless present. For COVID-19, there is no treatment, no therapy, no cure.

The death toll for COVID-19 in the U.S. exceeds 100,000 and is on the rise. Many healthcare workers have died from the disease. In addition, front-line physicians, nurses, and supporting staff are vulnerable to becoming second victims—casualties of stress and trauma. As a result, the healthcare community continues to explore every possibility for consequential, humane action—emphasizing caring for self while caring for others.

Taming the Bear

Everyone prays for vaccines, herd immunity, or unforeseen factors to banish the bear. Healthcare professionals are finding ways to tame it.

1. Leadership and Burnout

Leadership is that part of your job you can't abdicate or delegate. If you duck, everyone knows. Unless you recover and make amends, you have sacrificed your moral authority and your good name. And this applies to *self*-leadership as well.

The case of the Mayo Clinic interweaves the importance of institutional and individual, self-leadership. Dr. Tait Shanafelt, chief wellness officer at Stanford University, working with Dr. John Noseworthy, Mayo's CEO, has charted a course for evidence-based improvement in hospital systems, with burnout being of paramount concern. The first of nine strategies they describe is to demonstrate that the organization cares about the well-being of physicians and to invite candid dialogue—a leadership role as important as any.

The second strategy they outline is to harness the power of leadership. The right leaders must be in place, they must be properly prepared for their roles, and it is essential for them to be routinely evaluated by the people they lead. With leaders walking the talk, Mayo has accomplished a remarkable outcome: after just two years of focused work, burnout among physicians decreased by 7% while it was increasing by 11% nationally. Burnout was reduced among nonphysicians as well.

But if 90% of burnout in healthcare is due to institutional malaise, 10% is the personal responsibility of individuals. At Mayo, the importance of providing resources for resilience and self-care is an essential strategy. Pains are taken to avoid signaling that physicians are the problem, while encouraging them to take better care of themselves. Broad-brush training is not what is meant. Instead, resources are highly specific to individuals and their situations, beginning with self-calibration. When their natural other centeredness goes unchecked, healthcare workers experiencing critical levels of stress may be the last to know.

Self-leadership means taking Dr. Watson's entreaty to heart: "Make a commitment to endure, using whatever coping skills work for you…."

2. Unprecedented Teamwork

Dr. Mona Hinrichsen is Chief of Hospital Medicine at North Shore Medical Center in Salem, Massachusetts. She says that that one of her most important responsibilities is to look after her team.

Before the crisis hit in full force, Dr. Hinrichsen had received an email from a primary care physician saying, "If you need me, I'm here." When the surge of "incredibly sick patients" occurred, the ICU suddenly tripled in size, as doctors, affiliates, consultants, cardiologists, endocrinologists and others rallied to help.

Dr. Hinrichsen ensured that no one was left out or uncared for. Locum tenens doctors were fully supported and welcomed in daily team meetings. Psychiatry offered support for families of patients with COVID-19 as well as for providers and their families. The president of the hospital met with the team and committed to address shortages. At first the meetings were forums for updates about equipment and PPE, and they rapidly evolved into conversations about the disease and how to support patients, their families, and each other.

Soon suggestions bubbled up from front-line members about possible changes and improvements. One person suggested having cards at hand with a phone number for translation services—Salem is home to 100 different languages. Lists of resources became standard practices, from simple things such as how to transport a patient, to complex things such as monitoring patient decline. Other ideas came top-down. "Everything learned in our past helped us to tackle each challenge."

Dr. Hinrichsen checks in with everyone—40 core staff plus 36 primary care physicians and consultants—making phone calls, hosting conferences, texting, and more. "I want us to talk about what we're feeling and doing," she says. But for her it's more than reaching out. It's following up. Dr. Hinrichsen's team is a study of compassion in action.

Dr. Jessica Benedetto, an internal medicine physician, detailed in an essay how teams at North Shore are collaborating now more than ever: "We Are All in This Together." Specialists from outside the hospital have volunteered, learned new roles and asked for help when needed. Nurses, at the forefront of care, managed the surge of new patients

magnificently. Everyone pitched in and crossed boundaries that may have been present in their previous roles in order to help each other. And now everyone looks the same. Hierarchical signifiers like white coats and stethoscopes have been replaced by scrubs and scrub caps, N95 masks, face shields, gowns, and sneakers.
The hospital is generating extraordinary, positive energy in response to the pandemic. And North Shore's healthcare teams have discovered a "silver lining" in the crisis: unprecedented collaboration and teamwork.

3. Safety and Self-Care

The *New York Times* reports that therapists around the country have lined up to offer free trauma recovery treatment to medical workers, but the response has been modest. Perhaps physicians fear that if they pause for treatment, they'll crash. Or they feel that others are more important. Or they feel they will be stigmatized for seeking help. Or they will feel guilty for being selfish and taking a break. Or they think they're really OK, after all.

People in healthcare jobs are guided by many ideals: selflessness, a moral code, a mission to serve, dedication to their calling, loyalty to their colleagues, high standards for behavior and high expectations to achieve results, courage under fire. The challenge is to build an environment where self-care undergirds these strengths and does not in any way diminish them. The ethos must be one of safety. Everyone in healthcare must feel safe to lay their burdens down, even if briefly, without loss, cost, or sense of failure. Haranguing physicians to "heal thyself" is as counterproductive as forcing them into resilience training.

At Johns Hopkins Hospital, physicians were warming to the idea of seeking help even before the COVID-19 crisis. Dr. Albert Wu, a professor in the Bloomberg School of Public Health, wrote a paper in 2000 titled "Medical Error: the second victim," and he followed through by starting RISE, Resilience in Stressful Events. RISE is now a volunteer, peer-to-peer service for healthcare workers, available 24/7. Two dozen peer responders carry pagers and try to respond within half an hour and to appear on the scene in the same shift. The program, available to all healthcare workers in the system no matter the cause of stress, continues to grow.

RISE makes it safe to get help. First, all calls are completely anonymous. There is no record of who called and why, and no one follows up after the fact. Second, call-takers are peers. They've passed a training program to be volunteer responders, but they have day jobs in the medical community. And third, equally important, responders are forbidden from problem-solving. They are trained to say, "I can't help you with that (actual problem), but let's talk about your stress."

The purpose is to "stop the bleeding," and most of the time it works. Research in psychotherapy suggests that 85% of why a person gets better is because of two factors: the motivation of the help-seeker, and the ability of the therapist to be warm, caring and compassionate. RISE takes advantage of both factors.

4. Listening to One Another

I spoke with two eminent psychologists in Boston about the nature of their private practice in today's environment. It was reassuring to hear them say that, beyond sequestering, COVID-19 hasn't changed what they do. They stick to what works, for them, and they have years of practice as evidence of their success. They encourage people to talk, and they listen.

Duncan Hollomon is a student and practitioner of mindfulness, and he is also an actor. Both of these mental modes help him be unafraid of intense emotion, which is a great strength given how he works. His therapeutic techniques are centered around circles, safe settings where people sit together and speak from the heart and without crosstalk. Each person takes a brief turn, without interruption; a talking stick can help impose discipline. The healing comes from listening and being listened to. The roots of this method, sometimes called the council model, are as old as tribes and probably older than pandemics.

Barry Dym is founder and former chief executive officer of the Institute for Nonprofit Management and Leadership, and he is the author of *Readiness and Change in Couple Therapy*, a seminal text. Given his wide-ranging career, I asked Dym how he worked with traumatized people or any group of adults wanting to learn, grow, or heal. I was most curious to know how he encourages therapy-averse professionals (e.g. physicians) to participate in groups.

He leads Case Learning Seminars, problem-solving groups conducted over a period of time, whereby participants listen to each other's occupational challenges and lend a hand. Seminars begin by focusing outward on the jobs they do and the situations they find themselves in, as opposed to taking a reflective, psychological approach.

The technique is simple, yet in the hands of a skilled therapist, disclosure and collaboration ensue, empathy grows, and trust builds. One person presents a case, a problem or situation or experience, naming where they want help. Others offer their views or ask questions attempting to be genuinely helpful. The cycle of sharing, listening, offering feedback, thinking about challenges that may be unique to another person while common to all, and then taking responsibility for oneself, is generative and healing. When listening to others is practiced until it becomes habitual, self-care is the reward.

5. Compassion for All

The Schwartz Center for Compassionate Healthcare was created from an idea by Kenneth B. Schwartz shortly before died of lung cancer in September 1995. In his final days he wrote an article in poignant detail for *Boston Globe Magazine* that has had a ripple effect around the world, upending embedded and unexamined notions about healthcare.

He courageously recounted his suffering, the treatments he endured, and the progress of his disease. What potentially turns the healthcare zeitgeist on its head is the powerful and eloquent way he expressed gratitude to all those who treated him and ministered to his physical and psychological pain. He recounted "moments of exquisite compassion" and acts of human kindness that made the "unbearable bearable."

Schwartz, who was a healthcare lawyer, wondered if he had received special care due to his privileged connections in medicine. The Schwartz Center puts compassion at the heart of healthcare for anyone seeking it.

The signature program is Schwartz Rounds. Rounds are usually monthly, one-hour town hall-type meetings, highly structured, where physicians, nurses, social workers and medical specialists are encouraged to share their stories, insights and feelings. The topic may be a subject, like burnout, or a case where the patient is held anonymous. The unique dimension of Schwartz Rounds is that people attend on equal footing—there is no hierarchy of status or expertise. The premise is that making personal connections with others, in a multi-disciplinary and safe environment, builds personal insight into one's reactions and responses.

According to the evidence, participants experienced greater appreciation of their colleagues and improved teamwork; decreased stress and feelings of isolation; and increased readiness to respond to the needs of patients and their families. In 2015, 85% of staff who attended Schwarz Rounds reported that they were now able to provide more compassionate care.

Dr. Goldberg reports that there are now 550 member hospitals hosting Schwartz Rounds. Now that social distancing has arrived and virtual meeting technologies have become ubiquitous, as many as 900 people were able to attend in one recent Round, and 300 in another. "People are desperate for it."

In 2012, a prescient article appeared in the *Journal of the Royal Society of Medicine* contending that "the true heroes of our hospitals are not the nurses or the doctors but the patients." Most patients are not necessarily courageous people before they are afflicted. Yet through the compassion of their caretakers, when fighting for their lives, they can become gutsy, gritty and even heroic. When caretakers take care of themselves, they take better care of their patients. Self-compassion entwines with compassion in life's most critical, most ennobling moments.

<u>Reframing the Dance</u>

The jokey question about when to stop dancing with the bear is, in an important sense, the wrong question to be asking now. It represents a surrender to fate, misleading people into thinking that little can be done until COVID-19 departs the scene.

COVID-19 is not a black hole, pulling you into survival mode as you scramble to maintain purchase on the edge of an existential abyss. Psychologist and narrative coach Lani Peterson says that when people are immersed in a crisis, they can become

mesmerized by whatever "bear" they're facing. In so doing, they cede the initiative for making sense of what's happening in the moment, to the crisis itself.

The facts in a crisis are one thing—and often they may be tentative or appear to be contradictory as events unfold—but as for what you make of the facts, how you feel about the situation, and what you do as a result, these are all choices you can make. You can't ignore the bear, but you can reframe your dance.

"Right now, stories are being rewritten all around us, nationally, individually, and we all get a chance to do some of the rewriting," says Jonathan Haidt, a professor of ethical leadership who studies the psychology of morality. "This is a time to reflect and choose a better story." Choosing or changing your story is taking a positive action. When you do so, you change yourself. You become the story's author with yourself in the lead role. When you refuse to allow the dance of external events to move the storyline forward, you remain in charge. Of you.

Phyllis Napfel the shock trauma nurse, when faced with making fateful decisions, chooses a road less traveled. "Whenever I choose to do something that is not *like me*, I listen for spiritual guidance, and then I do it. It's not comfortable, but I realize it was meant to be, and is not supposed to make me happy. This becomes my calling."

Mike Piet, introduced earlier, was an independent volunteer reporting from the front lines in a hospital serving the underserved. He's seen things that cannot be unseen.

In 1998, when U.S. embassies were bombed in Africa, Piet saw rescue teams from the U.S. rush to help. He was awakened to what he now accepts as his purpose: being at your best when everything is at its worst. COVID-19 has added a new chapter to Piet's narrative. "Coming in to help has always resonated with me," he says, "It's who I am." With danger all about, Piet survives stress and potential trauma in large part because his personal narrative is meaningful. He is not dancing on the bear's terms. Piet knows his own story, and he's sticking with it. "I'm exactly where I'm supposed to be."

Dr. Siva Padmanabhan Sivakumar is a Pulmonary Critical care physician in New Hampshire who has experienced burnout even before the COVID-19 crisis. He continues to bounce back from stress, partly through self-care disciplines such as breathing, meditation, exercise, focusing on his hobbies, and rest. Recently he found himself overwhelmed. He was at the end of his shift after an exhausting three-day stretch. He could do no more than what was absolutely necessary: "tucking in" new patients for the next shift.

Dr. Sivakumar restores when he's home and rested. Then he may reflect on why he's a doctor—helping people when no one else can. I talked with Dr. Sivakumar on his first day back from time off. He sounded like a man who knew his limits as well as he knew his calling, and he was happy to be back at work.

Victor Frankl, survivor of Auschwitz, wrote that, "Again and again we have seen that an appeal to life, to survive the most unfavorable conditions, can be made only when

survival appears to have meaning." For everyone, according to Frankl, meaning "must be specific and personal, a meaning which can be realized by one person alone."

When you, a healthcare worker, find meaning in your specific and personal story, you perform self-care. You create heroes out of patients. You become a hero in your own right.

Harry Hutson is co-author of *Navigating an Organizational Crisis: When Leadership Matters Most* (Santa Barbara, CA: Praeger, 2016). This article was written in conjunction with medtigo, an exclusive ecosystem for healthcare providers built on mutual respect and dignity, medtigo.com.