



The Coalition for
Physician
Well-Being

www.forphysicianwellbeing.org



@CoalitionForPhysicianWellBeing



@ForPhysicianWellBeing



@ForPhysician



@ForPhysicianWellBeing



**CONNECT WITH US
AFTER THE WEBINAR!**



Coalition for Physician Wellbeing

Grief and COVID-19: Can Hope and Healing Coexist?

Juleun A. Johnson, D.Min.

Overview

- This webinar is designed to assist physicians and medical professionals consider the emotional toll of COVID-19 on interpersonal relationships.
- In addition to evidence based research, practical strategies will be shared to assist each participant to experience ways of coping while serving in a healthcare setting.

Objectives

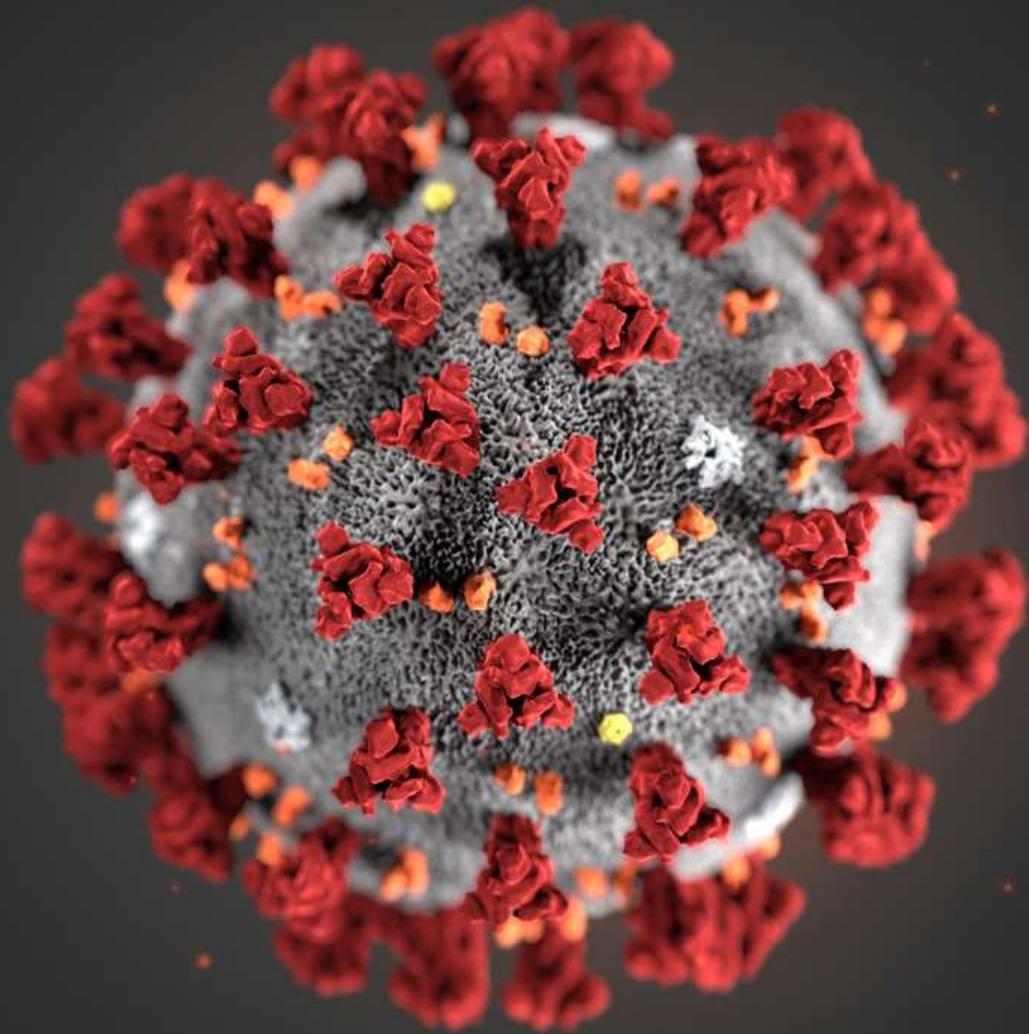
- The goal of this webinar is provide strategies and resources to physicians and clinicians to have a more meaningful experience during this pandemic.
 - Leadership and Reality
 - Leadership and Self Compassion
 - Leadership and Caregiver Resilience

Leadership and Reality



The first role of the leader is to define reality. Without doing so a person, group, or entity is on the path to repeat its most challenging days.

- Tom Werner, Former AdventHealth, CEO



Reality



- COVID 19 is a reality for every person on planet Earth.
- No one can ever decide they will not be affected by how life has adjusted.
- COVID 19 has emerged as a term resident in the minds of many already stressed physicians and providers.



<http://americannewsreport.com/wp-content/uploads/2012/12/bigstock-Health-Care-United-States-Flag-1719607.jpg> (accessed 5/17/20)

21st Century Vocabulary

Reemergence of the words

- Social Distancing
- Flattening the Curve
- Isolation
- Surge
- Unprecedented
- N95
- Essential
- Non-essential
- Quarantine
- Stay at Home Order
- Reopening
- Loneliness
- COVID 19
- Death
- Telemedicine

Provider reality

History

- Each time, a pandemic or an epidemic disease occurs, such as measles, scarlet fever, HIV/AIDS, Ebola, or the flu of 2013, healthcare professionals are on the front lines, battling diseases and caring for sick and dying patients, even while knowingly putting themselves at risk.

Reality

- **10%** of all persons infected in Italy are healthcare workers.

Provider Stress Points

- Like other healthcare workers, there is a fear of contracting a virus that has unpredictable complications, from no symptoms to a severity that can even lead to death.
- And even more fearful of spreading the virus to vulnerable love ones.
- Providers may live in a separate room or in a separate state sending children and loved ones other relatives.



Universolessandra.com

Provider Stress Points



- Because COVID is new, there is stress with keeping up with the manifestations of the disease despite reading every day about the condition and seeing the disease very day.
- Protocols initiated to care for potential COVID-19 patients become obsolete tomorrow.
- What is the best medication to use and at what point?

Why Healthcare?

- Healthcare is a calling.
- Medicine as a way to combat disease.
- Innovations in technology.
- Desire to eradicate diseases.
- Medicine as way to honor a family member's death.
- All of these altruistic reasons can be challenged in the face of a pandemic.



Exhaustion



- Exhausted providers amid the COVID-19 pandemic feel the heavy burden of their professional duty to serve
- while running thin on personnel and making do with little rest and insufficient time for recovery
- not to mention...personal protective equipment shortages



The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.

Rachel Remen, MD

Questions for Thought

- How do you grieve when you don't have time to grieve?
- What do you do when no one asks you how you are feeling?
- How do you process being a citizen and a healer at the same time?
- Can the two coexist?
- Is it possible to have hope and to be able to grieve at the same time?

Leadership and Self-Compassion

The Need For Processing Support

While there have been an abundant number of studies that have addressed disease processes. At times, physicians may feel unheard and needs can be unaddressed by those in leadership and at times in the community.

Unrealistic Expectations

It is unrealistic to think that you are an impenetrable obstacle against hurt and pain.

Instead of being able to express it with comfort, grace, and humility, anger comes out at the system, the staff members, and families.

With all these items adding up, what is a person to do?

The constant grind and challenge at times are more than any one person can bear.



EXPECTATIONS

vs.

REALITY



We burnout not because we don't care
but because we don't grieve.

Rachel Remen, MD

Grief and COVID

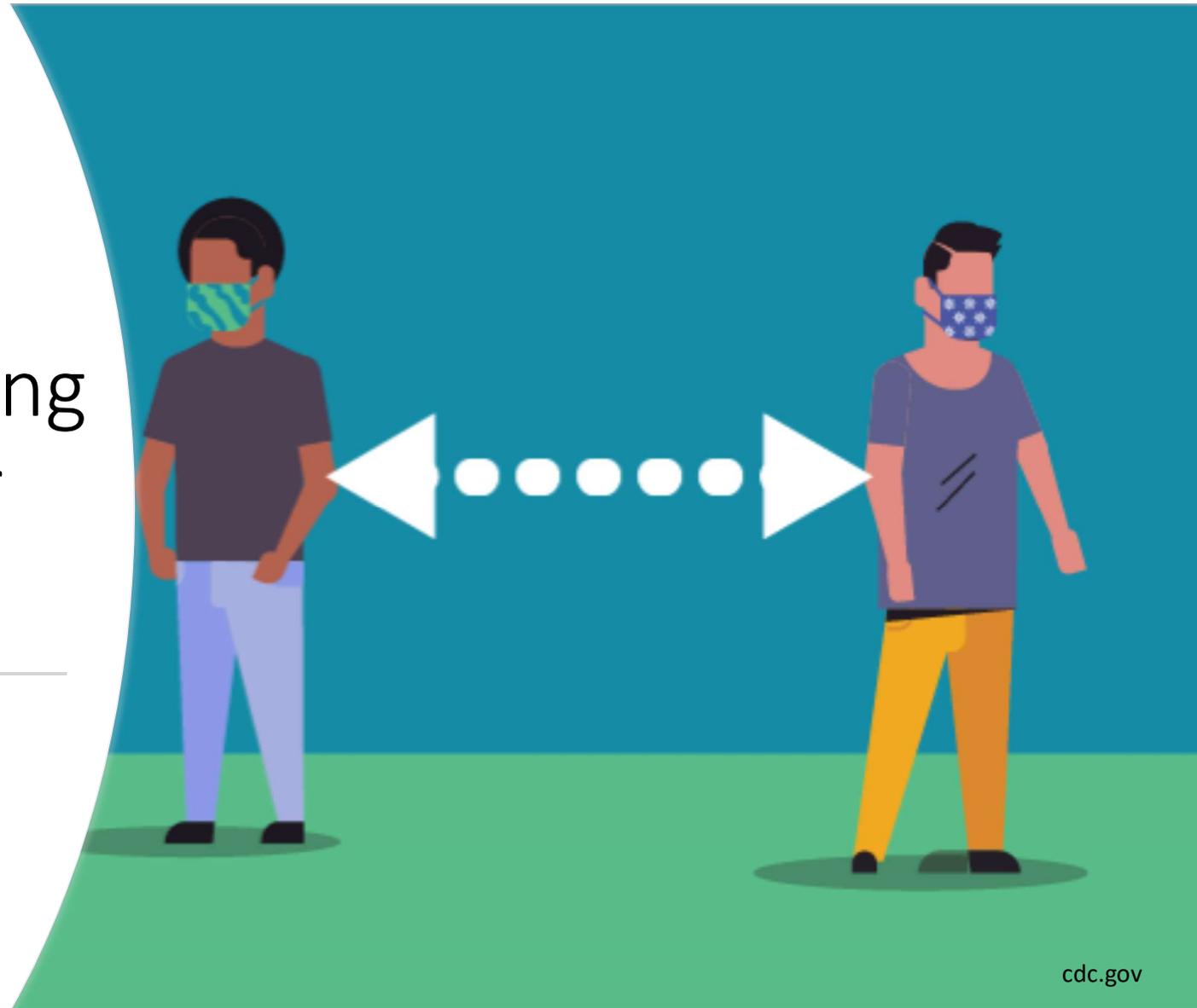
- How, as a physician or advanced care provider, do you grieve?
- Do you give yourself permission to grieve?
- Grieving in many contexts and communities is communal sacred and meaningful, so how do people grieve in a socially distant world?

COVID-19 Reality

- In the context of COVID-19, bereaved family members may have limited support due to physical distancing requirements and may be forced to grieve alone.
- Loss of social and community networks, living alone and loss of income are known to exacerbate psychological morbidity in bereavement.

Kentish-Barnes N, Chaize M, Seegers V, Legrie, S, Cariou A, Jaber S, et. al. Complicated grief after the death of a relative in the intensive care unit. *European Respiratory Journal*. 2015; 45(5):1341

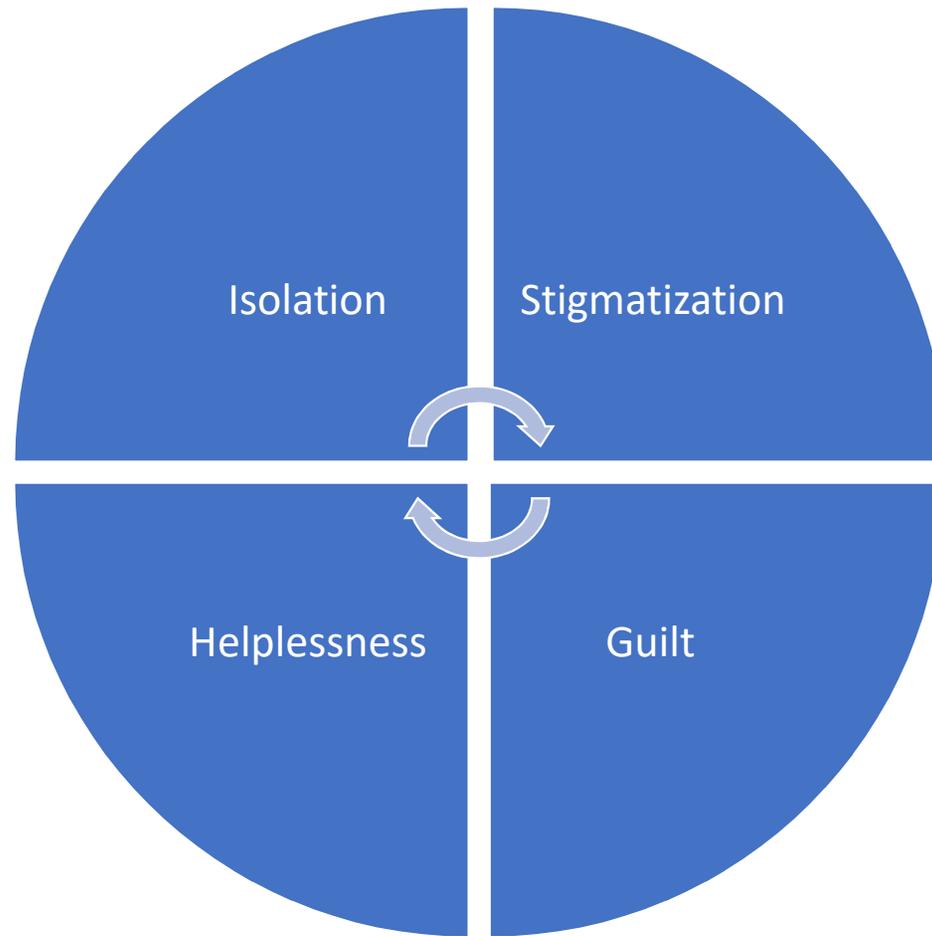
Social Distancing
New Rules For
Living Life



Considerations for the future via Reflections from the Past

- During SARS healthcare workers involved in the epidemic showed over 90% anxiety or depression symptoms during the outbreak or after. Many had residual symptoms even after the disease had retreated.

• 90%



Isolation

- Social distancing from family friends and colleagues after work
- Patients socially isolated

Stigmatization

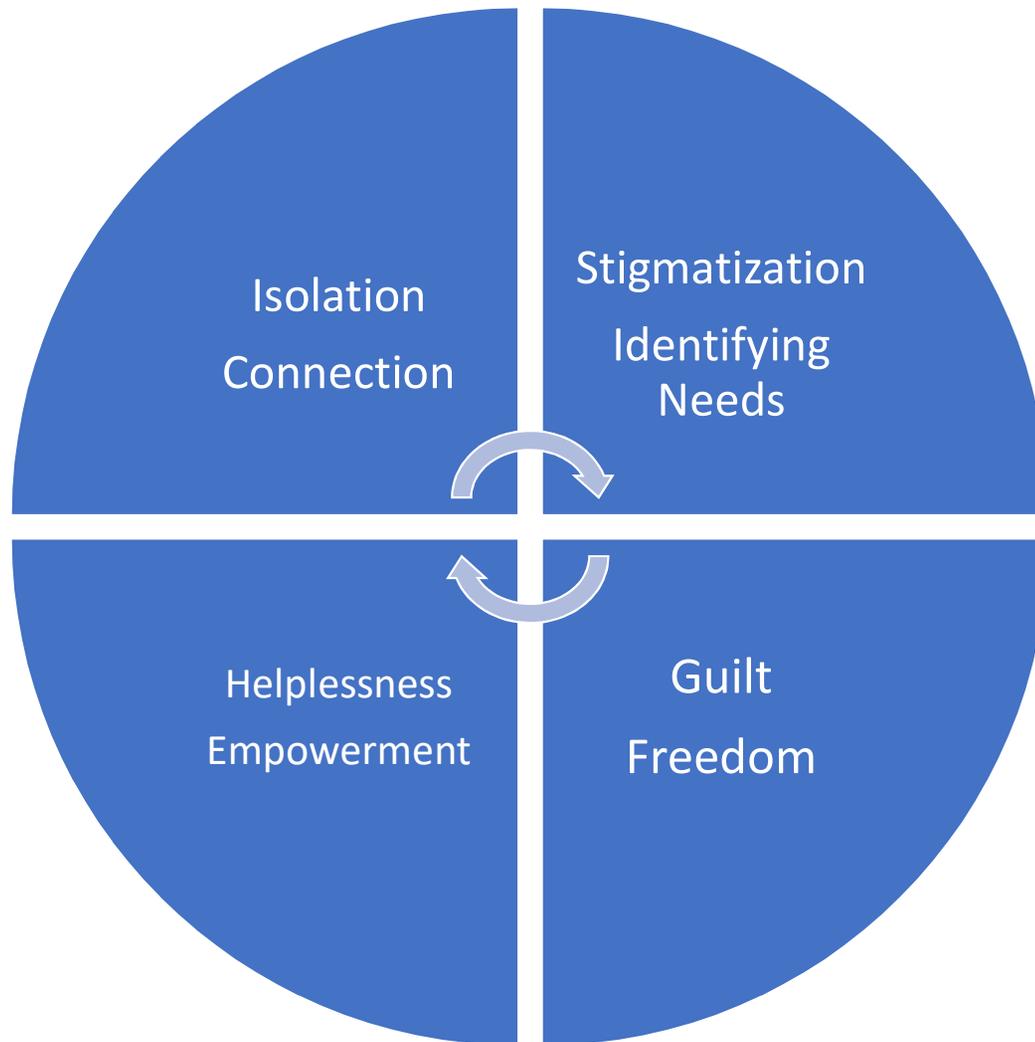
- Fear of patients having the disease
- Healthcare providers may downplay symptoms in an effort to continue to care for patients

Guilt

- Balancing work and home life
- Risking exposing self and family

Helplessness

- Even those not involved can feel the psychological impact
- Leaders and Physicians being seen as non essential.
- There are concerns that a person is not as important as they truly are.



Building on the foundation of Massey et. al. I believe there are four key components to resilience and recovery for each healthcare provider and employee.

Connection

- Finding a group to connect with who can identify with your experience.
- Battle Buddy

Identifying Needs

- Create some space to identify personal needs
- Own self care opportunities

Freedom

- Accepting humanity
- Give yourself grace

Empowerment

- Control the things you can control
- Release those things out of your control

Juleun A. Johnson, (2020)

Leadership and Resilience



RESILIENCE

Perseverance, no matter what the odds

Sources of Anxiety and Support

- Eight listening sessions with groups of physicians, nurses, advanced practice clinicians, residents, and fellows (involving a total of 69 individuals) held during the first week of the COVID-19 pandemic explored 3 key concerns:

Tait Shanafelt,MD, Jonathan Ripp,MD, Mickey Trockel,MD *Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic*. Journal of the American Medical Association April 2020 Online Edition

Sources of Anxiety and Support

1. What healthcare professionals were most concerned about?
2. What messaging and behaviors they needed from their leaders
3. What other tangible sources of support they believed would be most helpful to them.

These discussions consistently centered on 8 sources of anxiety.

Sources of Anxiety and Support

- (1) access to appropriate personal protective equipment
- (2) being exposed to COVID-19 at work and taking the infection home to their family
- (3) not having rapid access to testing if they develop COVID-19 symptoms and concomitant fear of propagating infection at work
- (4) uncertainty that their organization will support/take care of their personal and family needs if they develop infection

Sources of Anxiety and Support

- (5) access to child care during increased work hours and school closures
- (6) support for other personal and family needs as work hours and demands increase (food, hydration, lodging, transportation)
- (7) being able to provide competent Medical care if deployed to a new area (eg, non-ICU nurses having to function as ICU nurses)
- (8) lack of access to up-to-date information and communication.

Sources of Anxiety and Support

The 8 concerns can be organized into 5 requests from health care professionals to their organization

**Hear
Me**

**Protect
Me**

**Prepare
Me**

**Support
Me**

**Care
For
Me**

- What you do is not equal to who you are.
- You are more valuable than any title role or position and so is your family.



Ways to Support Physicians

- Healthcare clinicians are trained to put their own feelings aside for the patients and families. During a crisis this can be counter intuitive and problematic.
- Every caregiver needs a support system to be able to thrive, function well, and stay resilient.

Cara L.Wallace,^a Stephanie P. Wladkowski ^bAllisonGibson, ^cPatrick White MD, Grief During the COVID-19 Pandemic: Considerations for Palliative Care Providers. Journal of Pain and Symptom Management April 13, 2020 Online



I came to be with you.

- Author Unknown

Five Needs of Each Individual and Team During Crisis



Debriefing



Fellowship



Encouragement



Support



Nurture

COPE with **COVID**

Control the things you can, not the things you can't

Open up and share your feelings

Practice daily stress reduction tactics, including physical activity

Engage in mindfulness; be here now, worry will not help!

Count your blessings daily

Overturn negative thoughts to positive

Volunteer to help others

Identify helpful supports and resources

Do your part and prevent the spread of the virus

- Bern Melnyk

Self-Care

- Find a time and space for grieving
- Make time to connect virtually with loved ones and friends.
- Use self-care practices that energize you.
- Seek professional confidential counseling.

Cara L.Wallace,^a Stephanie P. Wladkowski ^bAllisonGibson, ^cPatrick White MD, Grief During the COVID-19 Pandemic: Considerations for Palliative Care Providers. Journal of Pain and Symptom Management April 13, 2020 Online

Ways to Cope

- Journaling
 - Provides a confidential outlet to assist you in processing your feelings and emotions.
 - Journaling is a practice when you can talk about your day without feeling judged or concerned about saying something right.
 - Journaling is a time to chronicle your experience for future use, education, and inspiration.
 - Your journaling could inspire wellness in the next generation of physicians.

Points for growth

- Identify Points of Grief
 - What/who are you grieving?
- Acknowledge the grief
- Grace
 - Give yourself grace to accept and claim your humanity
- Grow
 - Give yourself permission to learn something new that benefits patients, staff, and yourself.

Ways to Support Physicians

- Model and support resilience scheduling and activities
- Encourage volunteer activities
- Encourage mourning
- Encourage meaning making
- Encourage spiritual practices

Resources

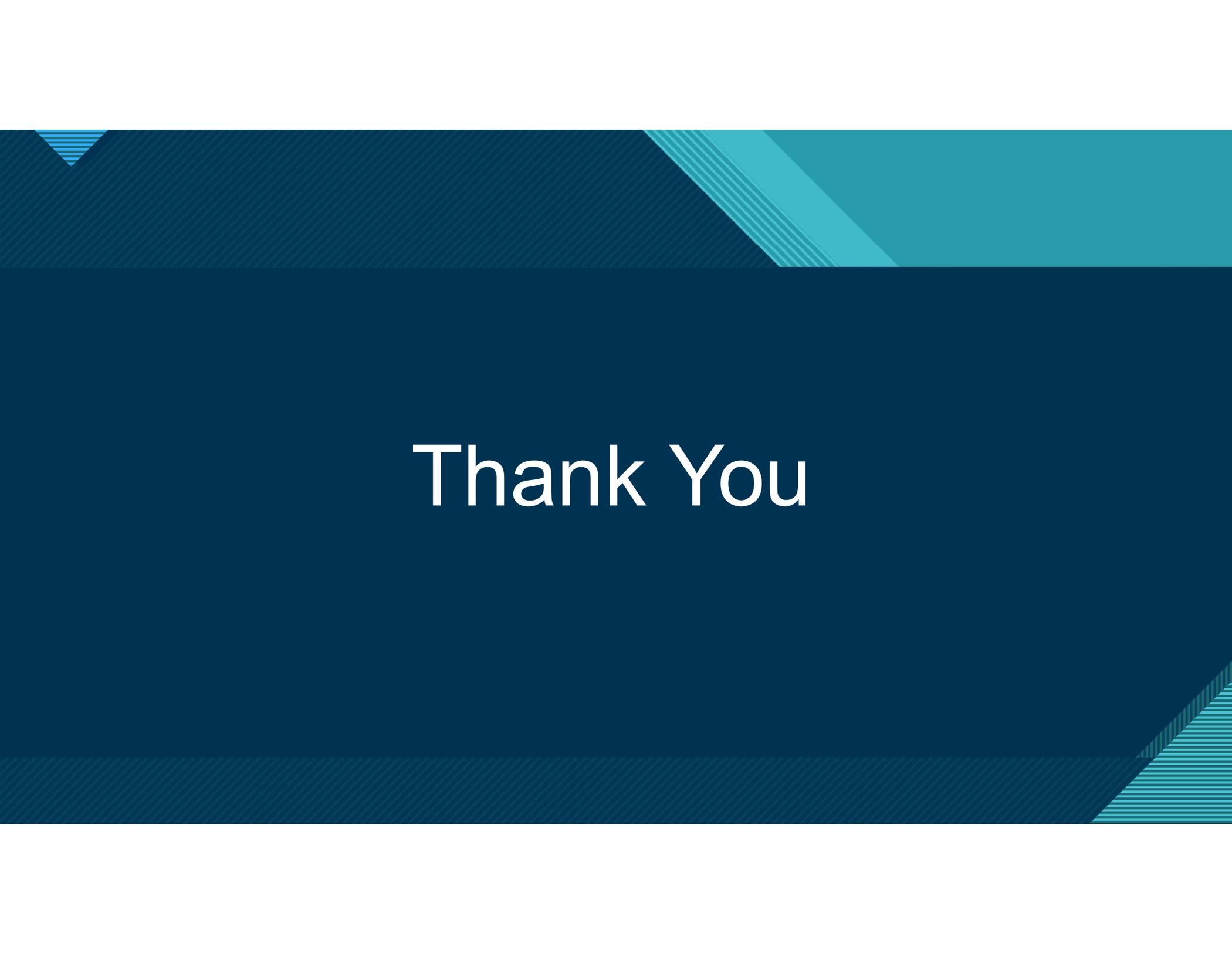
- Bajwah S, Wilcock A, Towers R, Costantini, M, Bausewein C, Simon ST, et. al. Managing the Supportive care needs of those affected by COVID-19 European Respiratory Journal. 2020 in press.
- Borghese, L., Di Donato, V., Ruotolo, N., & Fiegender, J. (2020, March 22). Nearly 1 in 10 of Italy's infected
- Jun, Jin PHD, Sharon Tucker, Bernadette Mazurek Melnyk Clinician Mental Health and Well-Being During Global Healthcare Crises: Evidence Learned From Prior Epidemics for COVID-19 Pandemic First published:04 April 2020.
- Kentish-Barnes N, Chaize M, Seegers V, Legrie, S, Cariou A, Jaber S, et. al. Complicated grief after the death of a relative in the intensive care unit. European Respiratory Journal. 2015; 45(5):1341

Resources

- Massey P, McClary K, Zhang A, Savoie F, Barton, R. Orthopaedic Surgical Selection and Inpatient Paradigms During the Coronavirus (COVID-19) Pandemic. *J American Academy Orthopaedic Surgeons* 2020;28: 436-450.
- Remen, Rachel. *Kitchen Table Wisdom: Stories That Heal*. New York: Riverhead Books, 2006.
- Shanafelt, Tait, MD, Jonathan Ripp, MD, Mickey Trockel, MD *Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic*. *Journal of the American Medical Association* April 2020 Online Edition
- Wallace, Cara L. ^a Stephanie P. Wladkowski ^b Allison Gibson, ^c Patrick White MD, Grief During the COVID-19 Pandemic: Considerations for Palliative Care Providers. *Journal of Pain and Symptom Management* April 13, 2020 Online



Juleun A. Johnson, D.Min.
Juleun.Johnson@adventhealth.com
407-303-4364



Thank You

Feedback