



Supporting the Wellbeing of Healthcare Workers Through Difficult Times  
Dr Diane Aubin and Amy Pack  
A Webber Training Teleclass




# Supporting the wellbeing of healthcare workers through difficult times


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Canadian Patient Safety Institute




Hosted by Paul Webber  
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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



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Why talk about mental health for healthcare workers?

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In normal times....



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## 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

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Year	Number of PubMed Hits
1970	0
1980	27
1990	145
2000	311
2010	578
2015	985
2016	1,171
2017	1,330
2018	1,680
2019	2,145

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)

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## And now, during the pandemic...

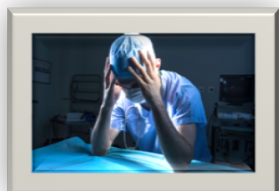


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## And now, during the pandemic...

*“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)

Wu AW, Connors C, Evey Jr. GS. COVID-19: Peer Support and Crisis Communication Strategies to Promote Institutional Resilience. *Ann Intern Med.* 2020

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## Moral injury:

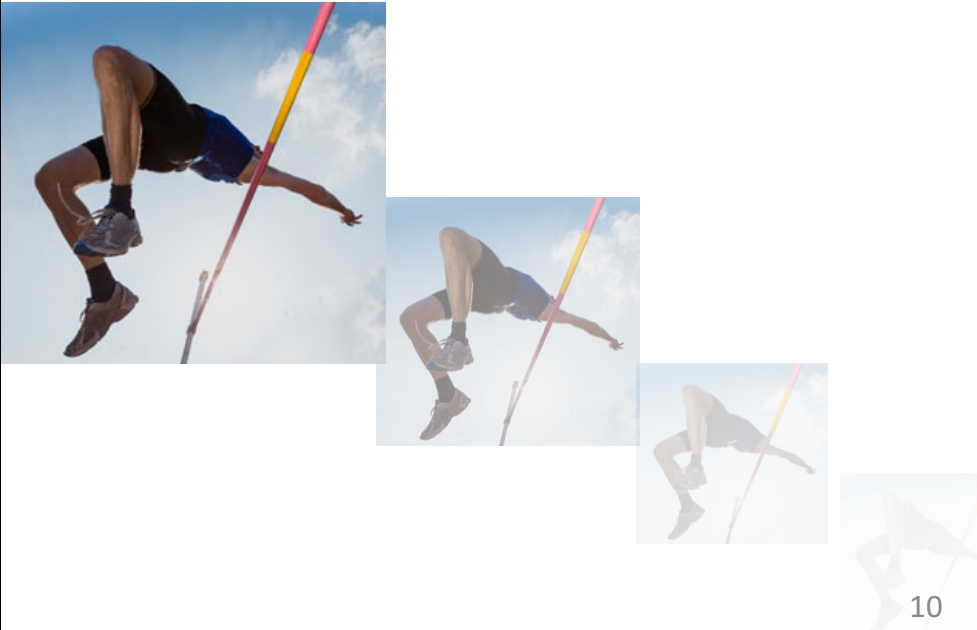
“The distress that individuals feel when they perpetrate, witness or fail to prevent an act that transgresses their core ethical beliefs...For some, it may erode their sense of meaning and place in the world.”



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

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## 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



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**CARING FOR HEALTHCARE**  
A Toolkit for psychological health and safety in healthcare workplaces

“Healthcare organizations are built to care for others. In providing that care, practitioners often overlook or deny their own needs, especially when it comes to their physical, mental and emotional wellbeing.”

Mental Health Commission of Canada  
<https://www.mentalhealthcommission.ca/>

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## 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

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## What you can do...

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



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## What you can do for yourself...

SELF-COMPASSION

- Self-kindness
- Common humanity
- Mindfulness



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## Available Supports Creating a Safe Space


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**Creating a Safe Space**  
Peer-to-Peer Support Tools


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](http://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




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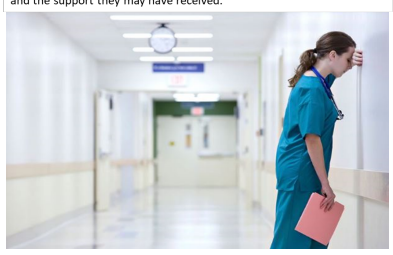
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- Canadian Association of Occupational Therapists
- Canadian Assoc. of Med. Radiation Technologists
- Canadian Physiotherapy Association
- Canadian Nurses Association
- Canadian Society of Hospital Pharmacists
- Canadian Society for Medical Laboratory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

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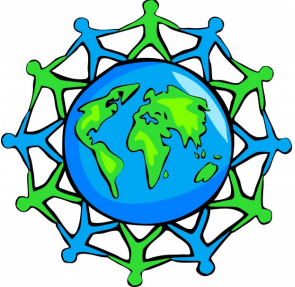
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**Healthcare worker support models** including peer support programs, toolkits, crisis intervention systems, domains, packages, rapid response models, and any other services that address:

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

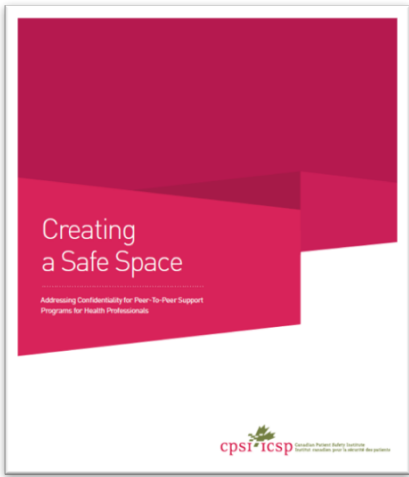


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Creating a Safe Space  
Addressing Confidentiality for Peer-to-Peer Support Programs for Health Professionals

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**To influence:**

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

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 **SOME RECOMMENDATIONS** 



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Brochures  
Policies & Procedures  
Orientation Materials  
Training Packages

**Categories Include:**

- Program development tools
- Sample policy documents
- Training resources
- Promotional material
- Evaluation tools
- Testimonials


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A WEBINAR SERIES ON  
PEER SUPPORT  
PROGRAMS FOR  
HEALTHCARE WORKERS.  
May 15, June 12, June 20, and September 12, 2019.

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Value of patients and healthcare workers healing together  
AFTER a Patient Safety Incident

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### Effects of patient safety incidents on healthcare workers

**Internal:**

- Self-doubt
- Self-criticism
- Irrational thinking

**External:**

- Judging
- Bullying
- Blaming
- Isolating
- Organizational processes




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### 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.

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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


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## Healing together after a patient safety incident



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

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### 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*

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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*

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

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



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“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*

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*“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.

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*“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*

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We would love to hear from you!

[daubinconsulting@gmail.com](mailto:daubinconsulting@gmail.com)

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


[www.patientsafetyinstitute.ca](http://www.patientsafetyinstitute.ca)

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



Need for capability building programs for healthcare organizations

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dies شكراً dakujem obri **THANK YOU** ank u شكراً danke thank you

*and stay safe!*

For questions or comments, please contact [apack@cps-i-csp.ca](mailto:apack@cps-i-csp.ca) and/or [daubinconsulting@gmail.com](mailto:daubinconsulting@gmail.com)



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February 9, 2021	<p><i>(European Teleclass)</i>  <a href="#">ANTIMICROBIAL STEWARDSHIP IN ASIA PACIFIC - GLOBAL BELLWEATHER?</a>            Speaker: <b>Prof. Anucha Apisarnthanarak</b>, Thammasat University Hospital, Thailand</p>
February 17, 2021	<p><i>(South Pacific Teleclass)</i>  <a href="#">THE NEW ZEALAND COVID-19 RESPONSE - LESSONS LEARNED</a>            Speaker: <b>Prof. Ian Town</b>, Ministry of Health, New Zealand</p>
February 25, 2021	<p><a href="#">CONTINUOUS ACTIVE ANTI-VIRAL COATINGS</a>            Speaker: <b>Prof. Charles Gerba</b>, University of Arizona</p>
March 9, 2021	<p><i>(FREE European Teleclass)</i>  <a href="#">PROLOGUE: REIMAGINING INFECTION PREVENTION WITH COMPASSION - A POSITIVE LEGACY OF COVID-19</a>            Speaker: <b>Julie Storr</b>, S3 Global, Independent Consultant, UK</p>
March 11, 2021	<p><a href="#">HEATER-COOLERS: MYCOBACTERIAL INTRODUCTION, BEHAVIOR AND DISINFECTION</a>            Speaker: <b>Prof. Joseph O. Falkinham, III</b>, Department of Biological Sciences, Virginia Tech</p>
March 25, 2021	<p><a href="#">SAFETY IN THE MEDICAL DEVICE REPROCESSING DEPARTMENT</a>            Speaker: <b>Merlee Steele-Rodway</b>, Reg. Nurse Educator/Consultant, Canada</p>

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