



Assessing the Effect of COVID-19 on the Well-Being of North Dakota Hospital Employees

National Rural Health Association

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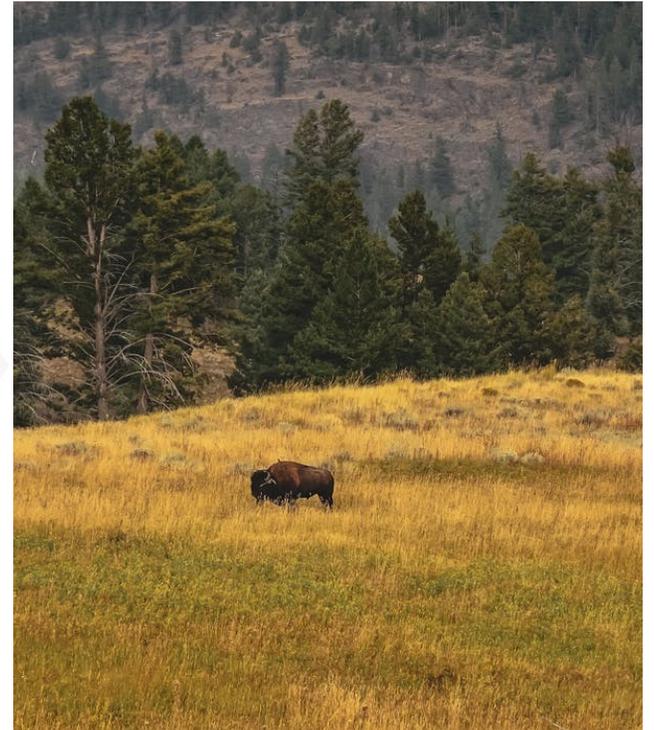
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Land Acknowledgement

[UND Land Acknowledgement Statement](#): Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



Objectives

- Develop an understanding of how prolonged stress can impact provider well-being and mental wellness.
- Develop an ability to recognize signs of mental duress among colleagues.
- Understand and discuss ideas on how to support persons experiencing burn out, anxiety, depression, and compassion fatigue in their place of employment.



Provider Wellness: Pre-Pandemic ¹

- According to the 2018 Physician Workload Survey, even before the global health pandemic, 74% of physicians reported frequently seeing symptoms of burnout in others.
- More than half (52%) report regularly feeling burned out themselves.
- Roughly one doctor dies by suicide every day; nearly double the rate of the general population.
- Over half of behavioral health professionals also report moderate or high burnout.
- Burnout occurs when health and behavioral healthcare providers experience long-term stress marked by depersonalization, emotional exhaustion, and a lack of a sense of purpose or personal accomplishment.

Causes of Prolonged Stress for Providers ²

- A focus on treatment and not prevention
- Chaotic work environments
- Complicated electronic health records
- Complicated and changing compensation formulas
- Concern for keeping one's own family safe from infectious disease
- Fear of failure
- Increase in administrative work
- Increased and constantly changing regulation
- Interprofessional conflict
- Lack of collegiality at work
- Lack of meaningful work
- Life and family responsibilities
- Lack of social/peer support (work isolation)
- Lack of strong or clear leadership
- Loss of autonomy
- Low or no control over pace/caseload
- Moral injury (ex. discharging patients to unsafe environments, triaging, cost of care)
- Perfectionism
- Pressure to treat data and not people
- Quality metric scores
- Rules and regulations that conflict with their ideas of good patient care
- Sense of powerlessness
- Time pressure

Provider Wellness: Pandemic Stress

'It's just exhausting':
rural Louisiana hospital
workers tell of
Covid burnout



Sanford nurse
recalls first weeks of
COVID-19: 'Terrifying'



As COVID-19 Takes Toll on
Mental Health, Providers Push
to Increase Workforce and
Access Beyond the Pandemic



'Toxic Individualism': Pandemic
Politics Driving Health
Care Workers From Small Towns



Therapists facing high
risk of 'burnout'
during pandemic



'Nobody Sees Us':
Testing-Lab Workers
Strain Under Demand



North Dakota

<https://www.usnews.com/news/best-states/north-dakota/articles/2021-12-20/covid-19-and-non-covid-19-patients-filling-fargo-hospitals>

COVID-19 and Non-COVID-19 Patients Filling Fargo Hospitals

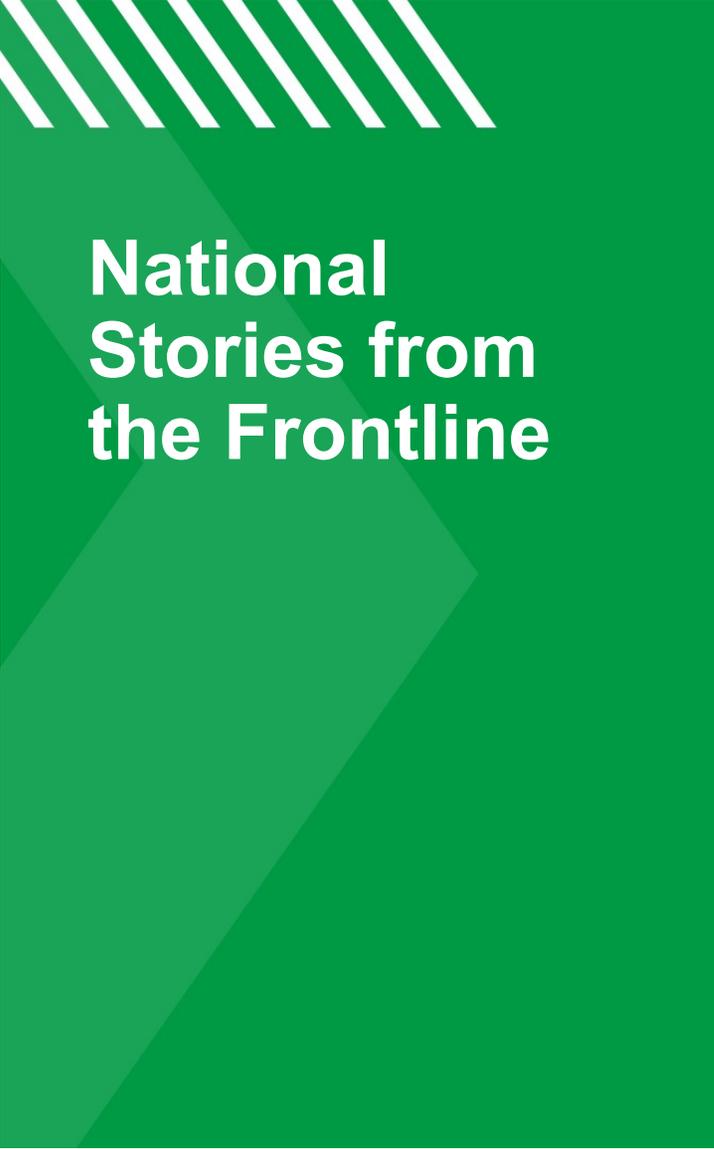
By [Associated Press](#)

Dec. 20, 2021

“We’ve rarely, if ever, seen this kind of constant demand of our emergency departments,” he said. “And this sustained demand has inevitably increased wait times, although we work judiciously to keep wait times as low as possible.”

St. George says the Essentia staff has been **“working tirelessly”** to meet the demand. Employees are **working longer shifts and taking fewer days off**, he said.

The situation at Sanford Medical Center in Fargo is similar. Spokesman Nathan Aamodt said Sanford’s ER continues to experience “record volumes.” “Our hospital capacity has been extremely high during this time as well. Most of the patients we are seeing are not COVID-19 related,” Aamodt said.



National Stories from the Frontline

“I left my job as an emergency medicine doctor after serving two waves. I gave everything I had. We ran out of medications. We ran out of staff. Our 12-bed I.C.U. unit had more than 60 ventilated patients. I cried with the families over the phone, of course, because they were barred from their loved ones. Then, the country made the vaccine political. I couldn’t take on the emotional burden again, knowing there was a vaccine that could prevent another inevitable surge. I served my community, my state and my country. I couldn’t emotionally take on more senseless deaths. I left the hospital with PTSD and entered a jobless market.”

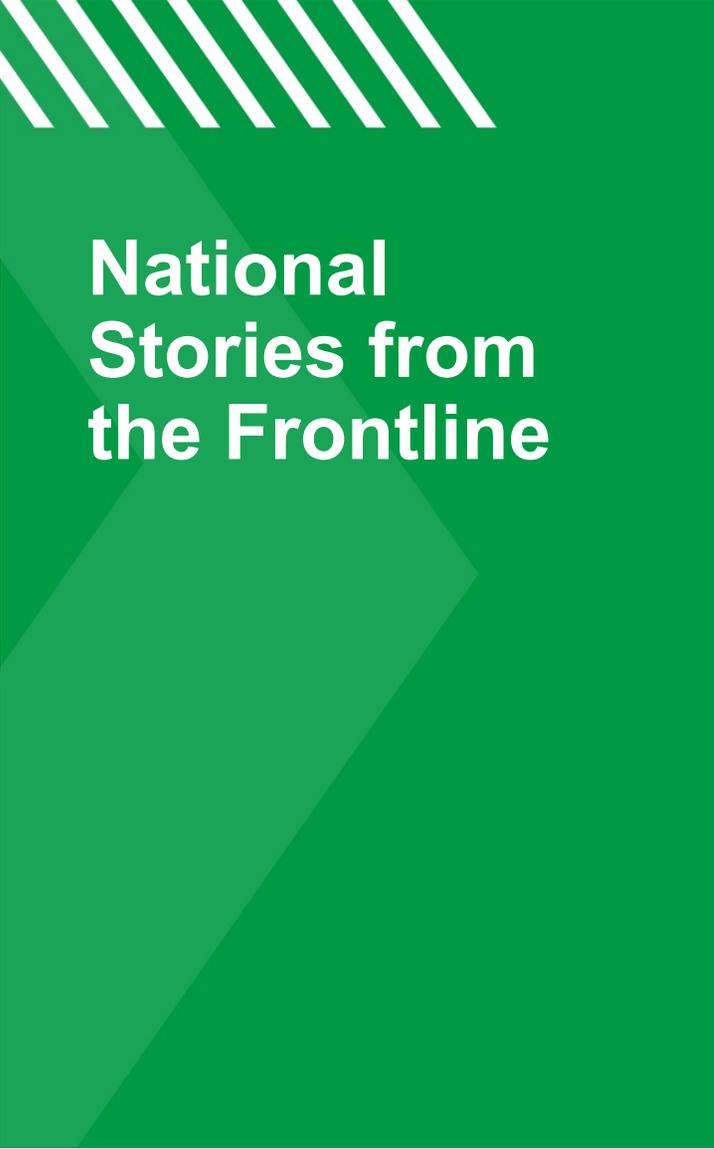
*— Kayla Guidry, emergency medicine doctor,
Brooklyn, N.Y.*



National Stories from the Frontline

“As a group, after two years of this pandemic, we are all suffering from PTSD. I have colleagues who gave their lives to this pandemic, others so scarred from disease that they may never work again. Very little thanks coming our way. Sometimes even scorn. It’s stressful to discover that the person in cardiac arrest that we just spent 45 minutes intubating and doing chest compressions on died of complications of Covid and rewarded my team with a massive exposure to the virus for all of their efforts to save him. He never bothered to get vaccinated. We are all pretty much fed up with this.”

— Louis Cooper, attending physician, emergency medicine, New York, N.Y.

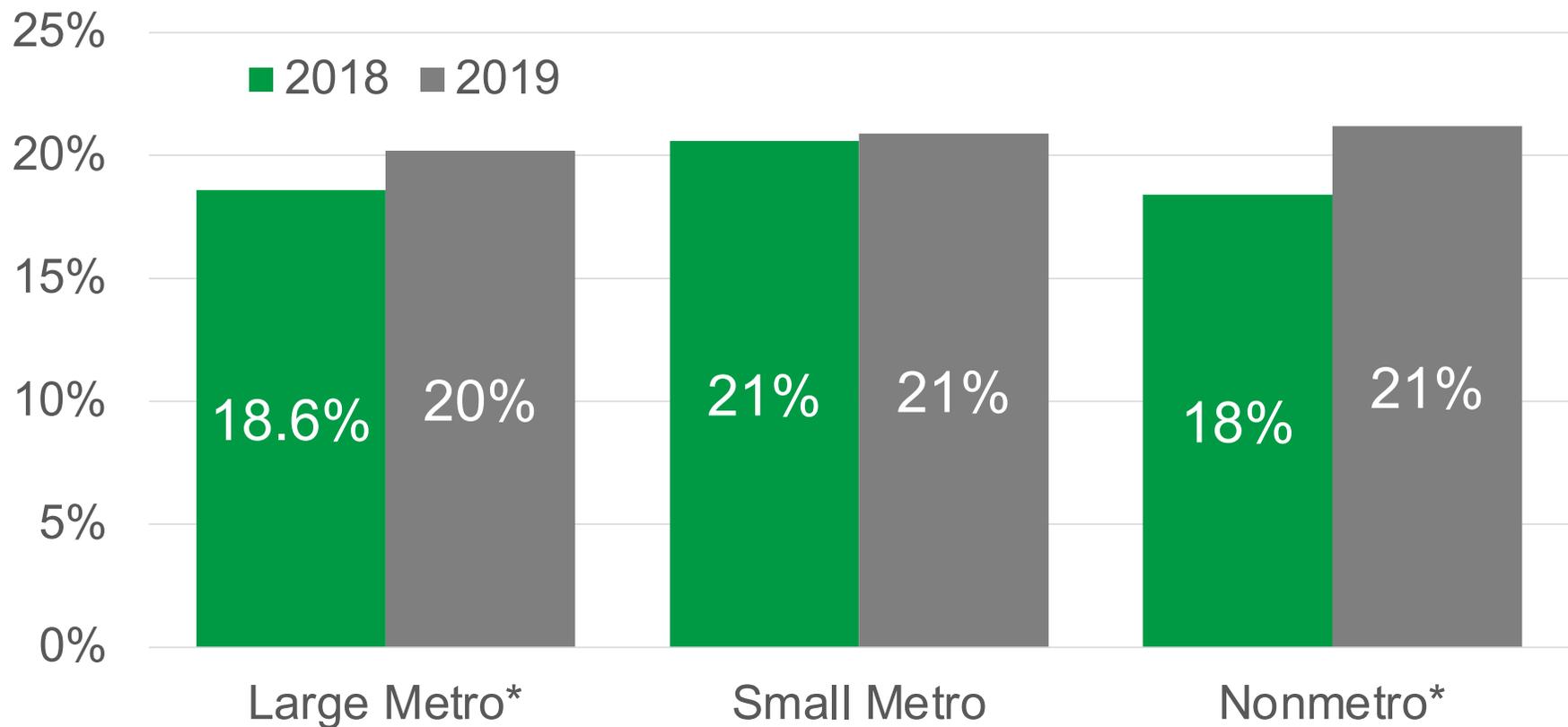


National Stories from the Frontline

“I was a nurse during the beginning of the AIDS epidemic, so I wasn’t a stranger to fearing for your life because of your job. But in both instances when I saw what my patients were going through, I couldn’t desert them. **Just yesterday one of my patients reached up from his bed for my hand and I realized that he was supporting me, wanting to thank and encourage me. How can you leave when you get that almost every day?”**

— *Lawana Kelly, registered nurse, Kansas City, Mo.*

Any Mental Illness in Past Year among Persons Aged 18 or Older, by Geography: Percentages, 2018 and 2019



Research Questions

- What is the current state of mental wellness and professional quality of life among the hospital workforce in North Dakota during the global health pandemic?
- What protective factors (if any) are present?
- Is there variation in mental wellness based on geography within the state of North Dakota?
 - Specifically, rural or urban variation?
 - Variation between Eastern and Western halves of the state?

Methodology

- Electronic survey of all hospital workforce, May – June 2021.
- Snowball sampling techniques.
- Clinically validated tools for assessing:
 - Anxiety
 - Depression
 - Perceived Stress
 - Professional Quality of Life

Is the hospital where you work located in a rural community?

Urban (Grand Forks, Fargo, Bismarck)

Rural (city outside of Grand Forks, Fargo, or Bismarck)

Is the hospital where you work located on the Eastern or Western section of North Dakota?



Eastern (East of Highway 83)

Western (West of Highway 83)

Anxiety: Generalized Anxiety Disorder 7- Item Scale (GAD-7)

The seven-item scale measures how often the respondent has been distracted by symptoms of anxiety during the previous two-week period.

GAD-7				
Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems? <i>(Use "✓" to indicate your answer)</i>	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

(For office coding: Total Score T ___ = ___ + ___ + ___)

Depression: Patient Health Questionnaire (PHQ-9)

The questionnaire consists of nine questions and one supplementary question to assess depressive symptoms in alignment with the DSM-IV diagnostic criteria for depression.

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

The Perceived Stress Scale (PSS-10)

A validated 10-item questionnaire measuring perception of personal stress.

0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often

- | | | | | | |
|--|---|---|---|---|---|
| 1. In the last month, how often have you been upset because of something that happened unexpectedly? | 0 | 1 | 2 | 3 | 4 |
| 2. In the last month, how often have you felt that you were unable to control the important things in your life? | 0 | 1 | 2 | 3 | 4 |
| 3. In the last month, how often have you felt nervous and "stressed"? | 0 | 1 | 2 | 3 | 4 |
| 4. In the last month, how often have you felt confident about your ability to handle your personal problems? | 0 | 1 | 2 | 3 | 4 |
| 5. In the last month, how often have you felt that things were going your way?..... | 0 | 1 | 2 | 3 | 4 |
| 6. In the last month, how often have you found that you could not cope with all the things that you had to do? | 0 | 1 | 2 | 3 | 4 |
| 7. In the last month, how often have you been able to control irritations in your life?..... | 0 | 1 | 2 | 3 | 4 |
| 8. In the last month, how often have you felt that you were on top of things?.. | 0 | 1 | 2 | 3 | 4 |
| 9. In the last month, how often have you been angered because of things that were outside of your control?..... | 0 | 1 | 2 | 3 | 4 |
| 10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? | 0 | 1 | 2 | 3 | 4 |

Professional Quality of Life

This one measure includes three subscales that assess:

- Compassion satisfaction
- Secondary traumatic stress
- Burnout

This measure has 30 statements measured on a Likert Scale.

1=Never

2=Rarely

3=Sometimes

4=Often

5=Very Often

- _____ 1. I am happy.
- _____ 2. I am preoccupied with more than one person I [help].
- _____ 3. I get satisfaction from being able to [help] people.
- _____ 4. I feel connected to others.
- _____ 5. I jump or am startled by unexpected sounds.
- _____ 6. I feel invigorated after working with those I [help].
- _____ 7. I find it difficult to separate my personal life from my life as a [helper].
- _____ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
- _____ 9. I think that I might have been affected by the traumatic stress of those I [help].
- _____ 10. I feel trapped by my job as a [helper].
- _____ 11. Because of my [helping], I have felt "on edge" about various things.
- _____ 12. I like my work as a [helper].
- _____ 13. I feel depressed because of the traumatic experiences of the people I [help].
- _____ 14. I feel as though I am experiencing the trauma of someone I have [helped].
- _____ 15. I have beliefs that sustain me.



Results

		N	%
Location	Rural	344	44.6%
	Urban	427	55.4%
Interacted with COVID Patients	Yes	421	54.6%
	No	350	45.4%
Gender	Man	118	15.3%
	Woman	643	83.0%
	Other/no answer	10	1.3%
Age	18-24	43	5.6%
	25-40	341	44.2%
	41-56	238	30.9%
	57-64	114	14.8%
	65-75	34	4.4%
	76+	1	0.1%

Respondent Demographics

		N	%
Geography	East	389	50.5%
	West	382	49.5%
Hospital Position	Nursing Staff	262	33.4%
	Hospital leader	57	7.4%
	Physicians	12	1.6%
	PA or NP	30	3.9%
	Other direct-care	128	16.6%
	Pharmacy, lab	62	8.0%
	Business office, support	121	15.7%
	Custodial, similar	33	4.3%
Other	66	8.6%	

Table. North Dakota Hospital Staff Working in Rural and Urban Hospitals, 2021



		Total
Anxiety	Mean	4.9
	Anxiety (%)	17.9%
	No anxiety (%)	82.1%
Depression	Mean	5
	No or minimal (%)	58.4%
	Mild to moderate (%)	35.6%
	Moderately severe to severe (%)	6.1%

0-4 None-minimal anxiety
 5-9 Mild
 10-14 Moderate
 15-21 Severe anxiety

0-4 None-minimal
 5-9 Mild
 10-14 Moderate
 15-19 Moderately severe
 20-27 Severe



Table. North Dakota Hospital Staff Working in Rural and Urban Hospitals, 2021

	Rural	Urban	Total
PSS	9.4	9.6	9.5
Compassion satisfaction	38.9	37.9	38.4
Burnout	22.1	23.1	22.7
STS	19.3	19.3	19.3

Perceived Stress Scale (PSS)

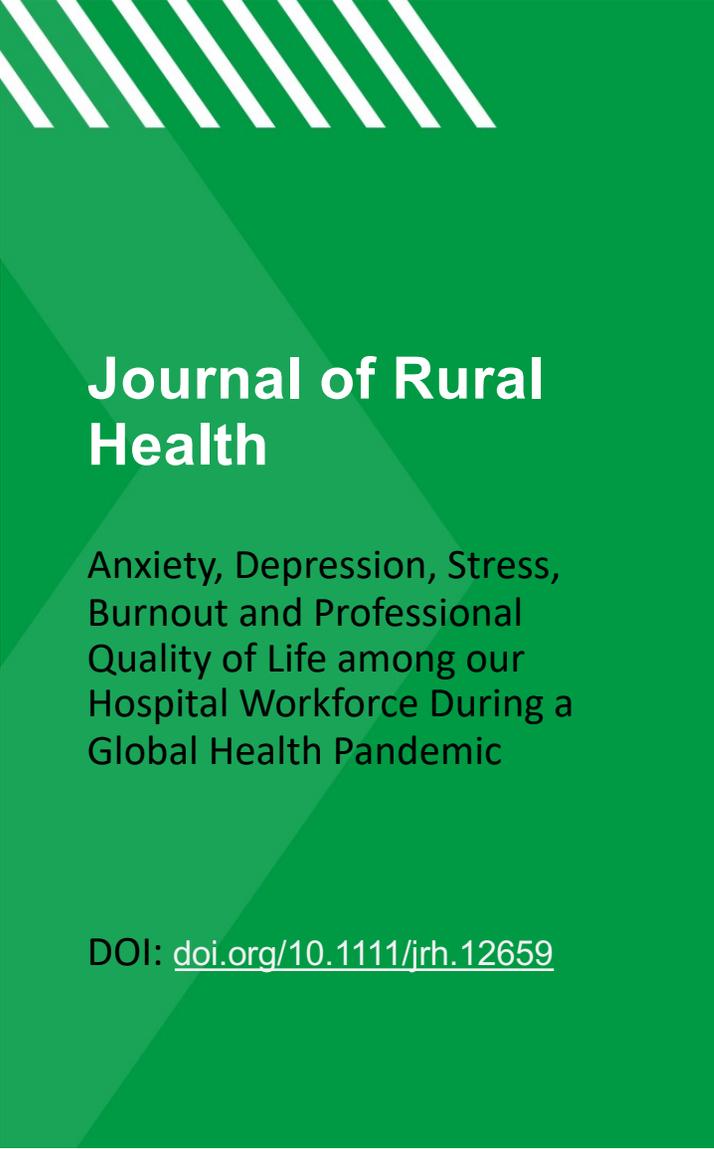
- 0-13 = Low stress
- 14-26 = Moderate stress
- 27-40 = High perceived stress

Burnout

Compassion Satisfaction

Secondary Traumatic Stress (STS)

- 22 or less Low
- 23-41 Moderate
- 42+ High

The cover of the Journal of Rural Health features a green background with a white diagonal stripe pattern in the top left corner. The title 'Journal of Rural Health' is written in white, bold, sans-serif font. Below the title, the subtitle 'Anxiety, Depression, Stress, Burnout and Professional Quality of Life among our Hospital Workforce During a Global Health Pandemic' is written in a smaller, white, sans-serif font. At the bottom left, the DOI is provided in white text.

Journal of Rural Health

Anxiety, Depression, Stress, Burnout and Professional Quality of Life among our Hospital Workforce During a Global Health Pandemic

DOI: doi.org/10.1111/jrh.12659

Findings: Compassion satisfaction was significantly higher for those who worked in rural areas than urban [$t(769) = -1.99, p = .0467$]. The burnout rating was significantly higher for those who worked in urban areas than rural [$t(769) = 2.23, p = .0261$]. There was no significant geographic variation in stress, anxiety, or depression. Anxiety, depression, burnout, and stress were all significantly higher for those who worked directly with COVID-19 patients than those who did not, regardless of hospital location. **Conclusions:** Hospital staff caring for COVID-19 patients experienced equitable (and high) levels of depression and anxiety. However, data indicate that rural providers experienced greater protective factors, resulting in lower rates of burnout and higher compassion satisfaction. Rural communities, hospitals, and health systems may have characteristics that could be duplicated in urban areas to support hospital staff well-being. Support and promotion of mental wellness must also come from the hospital system, and healthcare and policy leaders. If we do not care for our hospital staff, there will not be hospital staff left to care for the community.

Geographic Conclusions

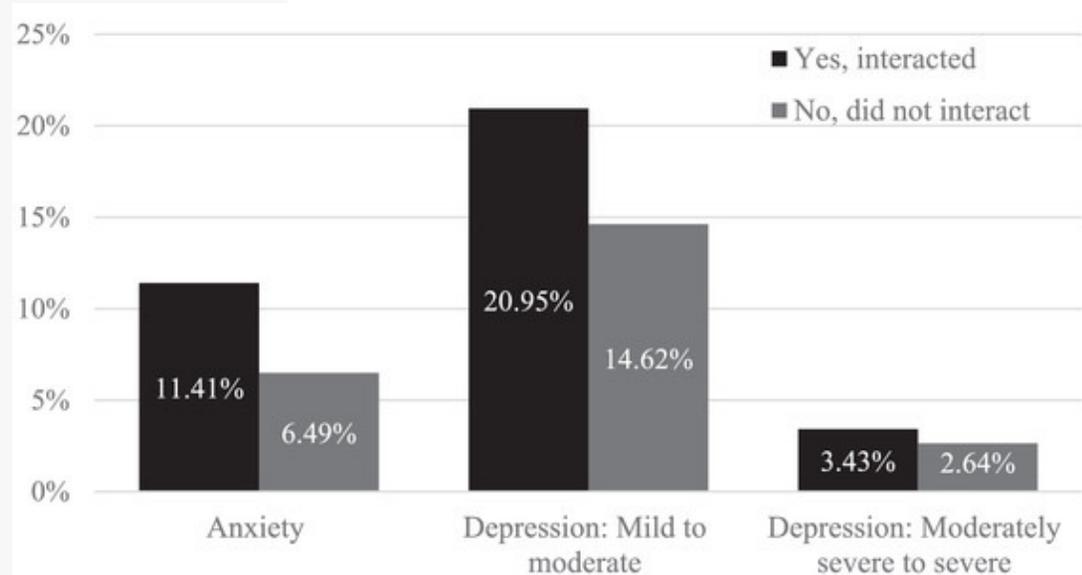
- Hospital employees working in rural areas
 - Had significantly higher scores (M = 38.9, SD = 6.7) on the compassion satisfaction scale compared to hospital employees working in urban areas (M = 37.9, SD = 7.1), $t(769) = -1.99$ $p = 0.0467$
 - Had significantly lower scores on the burnout scale (M = 22.1, SD = 6.4) compared to hospital employees working in urban areas (M = 23.1, SD = 6.5), $t(769) = 2.23$ $p = 0.0261$
- No significant variation between East and West

COVID-19 Patient Interaction

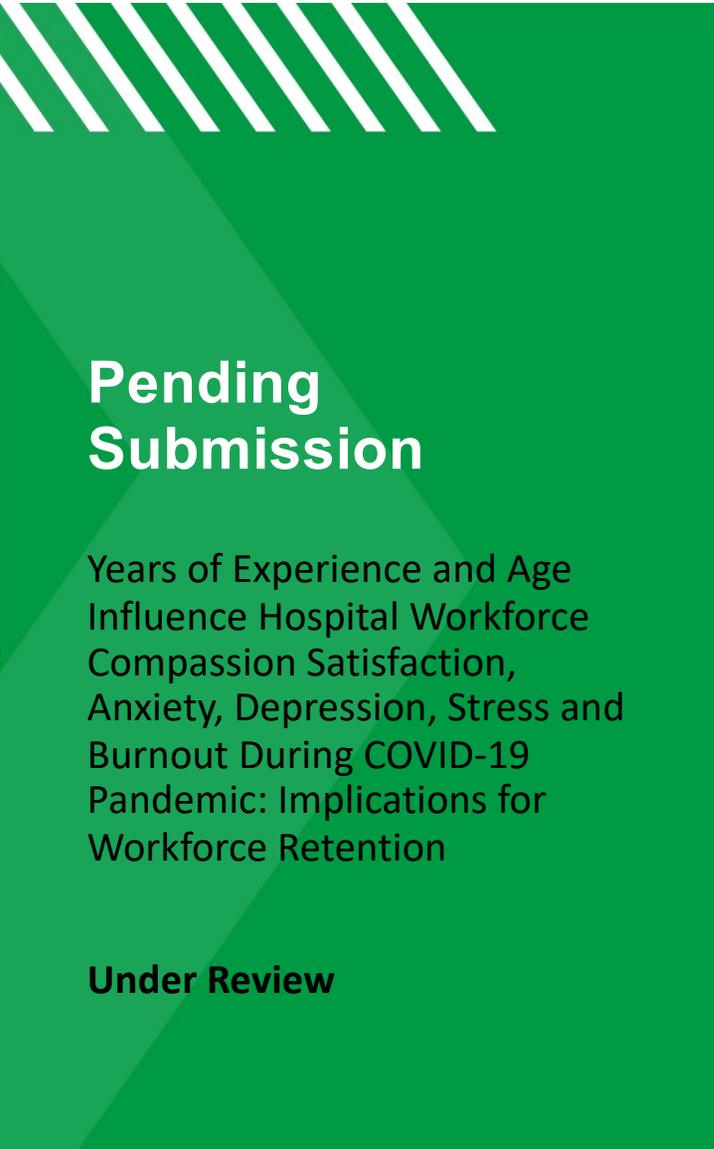


Regardless of rural or urban location, hospital employees who had worked and interacted with COVID-19 patients had higher scores than those who had not interacted with COVID-19 patients for:

- Anxiety
- Depression
- Burnout
- STS
- PSS



* Variability is significant between COVID_19 patient interaction for Anxiety only ($P = .017$)



Pending Submission

Years of Experience and Age Influence Hospital Workforce Compassion Satisfaction, Anxiety, Depression, Stress and Burnout During COVID-19 Pandemic: Implications for Workforce Retention

Under Review

Years of experience had a significant effect ($p \leq 0.05$) on compassion satisfaction score, burnout, and perceived stress. Age had a significant effect ($p \leq 0.05$) on participant scores for anxiety, depression, compassion satisfaction, burnout, secondary traumatic stress, and perceived stress.

What Does this Mean for North Dakota?

- Retention concerns heightened by the current workforce shortages
- Mental health supports needed
- System change in the hospital setting
- Identify rural protective factors
- Need to be cognizant of the possibility that staff are developing manifestations of post-traumatic stress disorder (PTSD)
- Need to enhance compassion satisfaction and resilience to counteract secondary traumatic stress (compassion fatigue) and burnout

What Does this Mean Broadly?

- Retention concerns heightened by the current workforce shortages
- Mental health supports needed
- System change in the hospital setting
- At-risk of losing younger professionals and those with fewer years of experience
- Need for research and assessment among other professionals
- Likely under-reported: Those experiencing greater stress and burnout did not complete survey

Rural North Dakota Hospital CEO: Perspective

Coping with COVID-19 has challenged our healthcare systems and therein our employees.

Our employees experience the same stressors as the public:

- Inability to interact with family and friends
- Heightened threat of personal and family illness and death

Unique stressors are associated with COVID-19:

- Uncertainty about when the pandemic will end
- Initial lack of therapeutic interventions and vaccination
- Shortages of protective equipment

Rural North Dakota Hospital CEO: Perspective

Meese and colleagues suggest ways that healthcare leaders can effectively deal with worker distress such as the following actions and responses:

- Lessen heavy workloads and long hours
- Provide necessary resources (supplies and medicines)
- Reduce moral distress by addressing fears
- Communicate openly and honestly
- Stress the altruistic positives associated with serving the greater good during a pandemic

Rural North Dakota Hospital CEO: Perspective

We must take care of ourselves so we can care for others!



Recommendations

- Watch for signs of stress and duress in your colleagues and among your peers
- Work to make systemic changes in healthcare systems to support providers
- Normalize safe spaces and conversations of struggle, depression, and anxiety
- Ensure adequate space for time off for healthcare professionals
- Identify risk-factors and work on risk mitigation and a system and individual level
- Place blame and responsibility at the macro-level and not micro

Signs and Consequences: Things to Watch for in yourself and your Colleagues

- Cynical attitude
- Critical of others
- Impatient with patients/clients
- Lacking energy to be productive
- Apathy
- Hard to concentrate
- Low job satisfaction
- Change in sleep habits
- Disillusionment
- Unexplained headaches
- Sudden stomach or bowel problems
- Feelings of intense sadness
- Increased use of alcohol or drugs
- High blood pressure
- Lower immunity, feeling sick a lot
- Change in appetite
- Isolating from others
- Skipping work or tardiness
- Lethargy
- Short fuse

Limitations

- Survey timing during lull in pandemic
- Few MD/DOs
- Conclusions are not attribution
- Those who completed the survey may be those with less stress/concern and had time to respond

Next Steps

- Nursing home providers
- Program or intervention development
- Funding for resource allocation and program intervention for hospital staff



Resources

Building Resilience Among Physical and Behavioral Healthcare Providers During a Global Health Pandemic

This toolkit has been developed to encourage self-care and to assist in building resilience among physical and behavioral healthcare providers amidst the global health pandemic. It walks the reader through a case scenario of one rural primary care provider who learns to identify signs of common mental, emotional, and psychological concerns that have arisen because of the global health pandemic. Following the case presentation are strategies for developing a personal mental health and wellness plan as well as recommendations for the health systems who employ these essential, frontline workers. Organizations can and should consider adaptations to support their employees during the pandemic, and to follow.

<https://mhttcnetwork.org/centers/mountain-plains-mhttc/product/building-resilience-among-physical-and-behavioral-healthcare>



Building Resilience Among Physical and Behavioral Healthcare Providers During a Global Health Pandemic

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DR. PATEL'S HOME LIFE

Prior to the pandemic, Dr. Patel was already experiencing the stress associated with managing her home and work life. Dr. Patel and her husband have three children ages four, six, and seven. Like many female providers, Dr. Patel performs most of the work within the home, leading to increased time pressures and less time for self-care. Women employed full time spend 8.5 additional hours per week on domestic activities.³⁷ The hours Dr. Patel spends providing childcare and managing virtual learning have increased exponentially given the new challenges presented by the global health pandemic. Simultaneously, her work is requiring additional hours.

As a result of COVID-19, Dr. Patel's home life has experienced significant adjustments.



She needs to find safe and reliable childcare for her four-year-old but cannot rely on grandparents because of the risk of transmitting COVID-19.



She cannot predict the school schedule of her kindergarten and second grader because school is continually at risk of moving to virtual learning.

- » Dr. Patel eliminated her morning workout routine to help with the additional preparation of sending her kids off to school. This routine now includes packing additional face masks, packing up electronics that come home each day in case of a switch to virtual learning, packing individually wrapped snacks, refilling personal water bottles, completing a symptom and temperature check for all three kids, sending a fresh blanket each day with her preschooler, and adjusting to a new COVID-19 safe drop off routine for all three children at two locations.
- » Prior to the pandemic, Dr. Patel had played games and read with the kids each night before beginning dinner. However, because of her risk of exposure at work, she now showers once she arrives home, losing some of the time she had previously been enjoying with her kids.
- » To accommodate the growing demand for direct clinical care during the day, Dr. Patel spends her nights reviewing patient records and updating her notes. Additionally, she and her husband have had to split responsibilities that they had once shared which leaves little, if any, time for them to spend together.
- » Dr. Patel spends many nights restless and worried about the risk she poses to her family, worried about her patients, thinking about how to meet the emotional needs of her children, worried about her husband's employment status if his workplace must close, and frustrated over the lack of community and local government support for mask wearing and physical distancing.



PRACTICING RESILIENCY AND FLEXIBILITY AT HOME

It is common knowledge, especially among providers, that eating well, exercising, sleeping well, and maintaining a positive work-life balance is essential for personal well-being. They provide this advice to their patients daily. However, individuals need specific and practical tools and tips on how to execute these tasks. Below are some examples.



TIME MANAGEMENT



ASK FOR, AND ACCEPT. HELP

Physician Support Line

The Physician Support Line is a free and confidential call line developed by psychiatrists to assist U.S. physicians and medical students in navigating the many intersections of their personal and professional lives during the global health pandemic. The line is open seven days a week from 8:00 am – 1:00 am ET.

Our mission at Physician Support Line is to offer free and confidential peer support to American physicians and medical students by creating a safe space to discuss immediate life stressors with volunteer psychiatrist colleagues who are uniquely trained in mental wellness and also have similar shared experiences of the profession.

<https://www.physiciansupportline.com/who-we-are-1>



COVID-19 and Mental Health for Healthcare Providers



COVID-19 Healthcare Providers

The COVID-19 pandemic has posed numerous well-known risks and stresses for healthcare providers who are taking care of sick patients. The risks faced by our healthcare providers include their own physical health, their families' health, possible financial risks, and the personal and family issues that many others are currently facing. Given this, healthcare providers face challenges in maintaining their own well-being and mental health.

Information provided here will:

- Discuss adaptive ways healthcare providers might cope with their stress reactions.
- Provide a brief, practical overview of psychological and psychiatric difficulties that healthcare providers might experience during these difficult times.
- Provide an overview of simple pragmatic approaches that can be used to enhance mental health and well-being for healthcare providers.

www.behavioralhealthbridge.org/Healthcare-Providers.aspx



Online, behavioral health screening is a quick way to determine whether you should seek additional help to manage your thoughts, feelings, and behaviors. These screening tools have been shown to accurately reflect an individual's level of risk for the following behavioral health concerns:

- Alcohol use
- Anxiety
- Depression
- Drug use
- Post-Traumatic Stress Disorder

Results should not be viewed as a clinical diagnosis. If your results indicate you may be experiencing symptoms of a behavioral health concern, consider sharing your results with someone. A provider (such as a doctor or a therapist) can give you a full assessment and talk to you about options for how to feel better.

Each screening tool should take you about 5 minutes to complete. After you submit your responses, you will be provided with a score and information about the recommended next steps.

Behavioral Health Screening Tools

[Alcohol use](#) →

[Depression](#) →

[Post-traumatic Stress Disorder](#) →

[Anxiety](#) →

[Drug use](#) →



behavioralhealthbridge.com/About.aspx

Anxiety, depression, stress, burnout, and professional quality of life among the hospital workforce during a global health pandemic

Daniel Kelly DHA,MA,FACHE,FACHCA, Shawnda Schroeder PhD,MA✉, Kristen Leighton MA

First published: 21 March 2022 | <https://doi.org/10.1111/jrh.12659>

SECTIONS

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Abstract

Abstract

Purpose: Working in a hospital setting during a global health pandemic can lead to increased levels of anxiety, stress, burnout, and depression. Anecdotal evidence exists, but there is little research utilizing clinically validated tools to measure hospital staff psychological distress.

Methods: In Summer 2021, 771 hospital staff in North Dakota responded to an electronic survey collecting demographic data and employing validated behavioral health screening tools to assess anxiety, depression, emotional distress, and work-related quality of life.

Findings: Compassion satisfaction was significantly higher for those who worked in rural areas than urban [$t(769) = -1.99, P = .0467$]. The burnout rating was significantly higher for those who worked in urban areas than rural [$t(769) = 2.23, P = .0261$]. There was no significant geographic variation in stress, anxiety, or depression. Anxiety, depression, burnout, and stress were all significantly higher for those who worked directly with COVID-19 patients than those who did not, regardless of hospital location.



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Thank You!

Any Questions?