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

National Rural Health Association
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PRESENTER & AUTHOR
Shawnda Schroeder, PhD, MA
Educator Scholar, Assistant Professor
Department of Indigenous Health
UND School of Medicine & Health Sciences (SMHS)

PRESENTER & AUTHOR
Daniel Kelly, DHA, MA, FACHE, FACHCA
CEO, McKenzie County Health care Systems, Inc.
Watford City, North Dakota

AUTHOR
Kristen Leighton, MA
Research Analyst
North Dakota Health Care Workforce Group
UND, SMHS
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.
• 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

- 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'
- 'Toxic Individualism': Pandemic Politics Driving Health Care Workers From Small Towns
- 'Nobody Sees Us': Testing-Lab Workers Strain Under Demand

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

Therapists facing high risk of 'burnout' during pandemic
“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.
“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.
“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.
“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

- Large Metro*
  - 2018: 18.6%
  - 2019: 20%

- Small Metro
  - 2018: 21%
  - 2019: 21%

- Nonmetro*
  - 2018: 18%
  - 2019: 21%

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

- Snowball sampling techniques.
- Clinically validated tools for assessing:
  - Anxiety
  - Depression
  - Perceived Stress
  - Professional Quality of Life
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.

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

(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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Not At all</th>
<th>Several Days</th>
<th>More than Half the Days</th>
<th>Nearly Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling asleep, staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself - or that you’re a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>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</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself in some way</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
The Perceived Stress Scale (PSS-10)

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Almost Never</th>
<th>Sometimes</th>
<th>Fairly Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In the last month, how often have you been upset</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>because of something that happened unexpectedly?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. In the last month, how often have you felt that you were unable</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>to control the important things in your life?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. In the last month, how often have you felt nervous and “stressed”?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. In the last month, how often have you felt confident about your</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>ability to handle your personal problems?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. In the last month, how often have you felt that things were</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>going your way?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. In the last month, how often have you found that you could not cope</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>with all the things that you had to do?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. In the last month, how often have you been able to control</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>irritations in your life?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. In the last month, how often have you felt that you were on top of</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>things?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. In the last month, how often have you been angered</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>because of things that were outside of your control?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. In the last month, how often have you felt difficulties</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>were piling up so high that you could not overcome them?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Professional Quality of Life

This one measure includes three subscales that assess:

- Compassion satisfaction
- Secondary traumatic stress
- Burnout

This measure has 30 statements measures on Likert Scale.

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
## Respondent Demographics

<table>
<thead>
<tr>
<th>Location</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>344</td>
<td>44.6%</td>
</tr>
<tr>
<td>Urban</td>
<td>427</td>
<td>55.4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interacted with COVID Patients</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>421</td>
<td>54.6%</td>
</tr>
<tr>
<td>No</td>
<td>350</td>
<td>45.4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Man</td>
<td>118</td>
<td>15.3%</td>
</tr>
<tr>
<td>Woman</td>
<td>643</td>
<td>83.0%</td>
</tr>
<tr>
<td>Other/no answer</td>
<td>10</td>
<td>1.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>43</td>
<td>5.6%</td>
</tr>
<tr>
<td>25-40</td>
<td>341</td>
<td>44.2%</td>
</tr>
<tr>
<td>41-56</td>
<td>238</td>
<td>30.9%</td>
</tr>
<tr>
<td>57-64</td>
<td>114</td>
<td>14.8%</td>
</tr>
<tr>
<td>65-75</td>
<td>34</td>
<td>4.4%</td>
</tr>
<tr>
<td>76+</td>
<td>1</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Geography</th>
<th>East</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>389</td>
<td>50.5%</td>
</tr>
<tr>
<td></td>
<td>382</td>
<td>49.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital Position</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Staff</td>
<td>262</td>
<td>33.4%</td>
</tr>
<tr>
<td>Hospital leader</td>
<td>57</td>
<td>7.4%</td>
</tr>
<tr>
<td>Physicians</td>
<td>12</td>
<td>1.6%</td>
</tr>
<tr>
<td>PA or NP</td>
<td>30</td>
<td>3.9%</td>
</tr>
<tr>
<td>Other direct-care</td>
<td>128</td>
<td>16.6%</td>
</tr>
<tr>
<td>Pharmacy, lab</td>
<td>62</td>
<td>8.0%</td>
</tr>
<tr>
<td>Business office, support</td>
<td>121</td>
<td>15.7%</td>
</tr>
<tr>
<td>Custodial, similar</td>
<td>33</td>
<td>4.3%</td>
</tr>
<tr>
<td>Other</td>
<td>66</td>
<td>8.6%</td>
</tr>
</tbody>
</table>
Table. North Dakota Hospital Staff Working in Rural and Urban Hospitals, 2021

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>anxiety</td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>4.9</td>
</tr>
<tr>
<td>Anxiety (%)</td>
<td>17.9%</td>
</tr>
<tr>
<td>No anxiety (%)</td>
<td>82.1%</td>
</tr>
</tbody>
</table>

| 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

<table>
<thead>
<tr>
<th></th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSS</td>
<td>9.4</td>
<td>9.6</td>
<td>9.5</td>
</tr>
<tr>
<td>Compassion satisfaction</td>
<td>38.9</td>
<td>37.9</td>
<td>38.4</td>
</tr>
<tr>
<td>Burnout</td>
<td>22.1</td>
<td>23.1</td>
<td>22.7</td>
</tr>
<tr>
<td>STS</td>
<td>19.3</td>
<td>19.3</td>
<td>19.3</td>
</tr>
</tbody>
</table>

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
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)
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 heighted 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
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
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
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.

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.12 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.

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.

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.
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.

[Link to website]

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 →

[behavioralhealthonbridge.com/About.aspx](behavioralhealthonbridge.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, Shavonda Schroeder PhD, MA, Kristen Leighton MA

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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.
CONTACT

PRESENTER & AUTHOR
Shawnda Schroeder, PhD, MA
Educator Scholar, Assistant Professor
Department of Indigenous Health
UND School of Medicine & Health Sciences
Shawnda.Schroeder@UND.edu

PRESENTER & AUTHOR
Daniel Kelly, DHA, MA, FACHE, FACHCA
CEO, McKenzie County Health care Systems, Inc.
Watford City, North Dakota
dkelly@mchsnd.org

AUTHOR
Kristen Leighton, MA
Research Analyst
North Dakota Health Care Workforce Group
UND School of Medicine & Health Sciences
1. Citations


Fradera, A. (2018, June 22). Burnout is common among psychotherapists—Now a review has identified the personal characteristics that increase the risk further. The British Psychological Society Research Digest. https://digest.bps.org.uk/2018/06/22/burnout-is-common-among-psychotherapists-now-a-review-has-identified-the-personal-characteristics-that-increase-the-risk-further/

2. Citations


Fradera, A. (2018, June 22). Burnout is common among psychotherapists—Now a review has identified the personal characteristics that increase the risk further. The British Psychological Society Research Digest. https://digest.bps.org.uk/2018/06/22/burnout-is-common-among-psychotherapists-now-a-review-has-identified-the-personal-characteristics-that-increase-the-risk-further/

Thank You!
Any Questions?