Mitigating the psychosocial and emotional strains on health care workers:
Lessons from COVID and other high stress work

Andrew S. Imada Ph.D., CPE

ICOH Scientific Committee Occupational Health for Health Workers

New York Academy of Management

25 October 2023

Earliest Sign of Civilization

Paula's COVID duties

- Alternate duties
  - 12 weeks to a new office 40 miles away
  - 8:30-5:00, M-F, 30-40 calls per day
  - Not accustomed to a desk job
- Call people with results of COVID test (Spanish)
  - You have COVID
  - You need to isolate from your family, work for ten days.
- Consequences:
  - Helpless, no solutions, only pat answer
 - Emotionally exhausting

Additional Duties

- Clients used an AI driven app to report symptoms – she calls the if red / yellow
  - Get them to the hospital; helplessness
  - Guilt knowing ambulance, emergency room team will now be put in harm's way
  - Gaming the system just to talk to someone

- Post discharge calls (four days), every other day for two weeks
  - People looked forward to the contact
  - "No one wants to be near us"
  - "I need you to help me get through this"

The Balanced Workload

Equilibrium
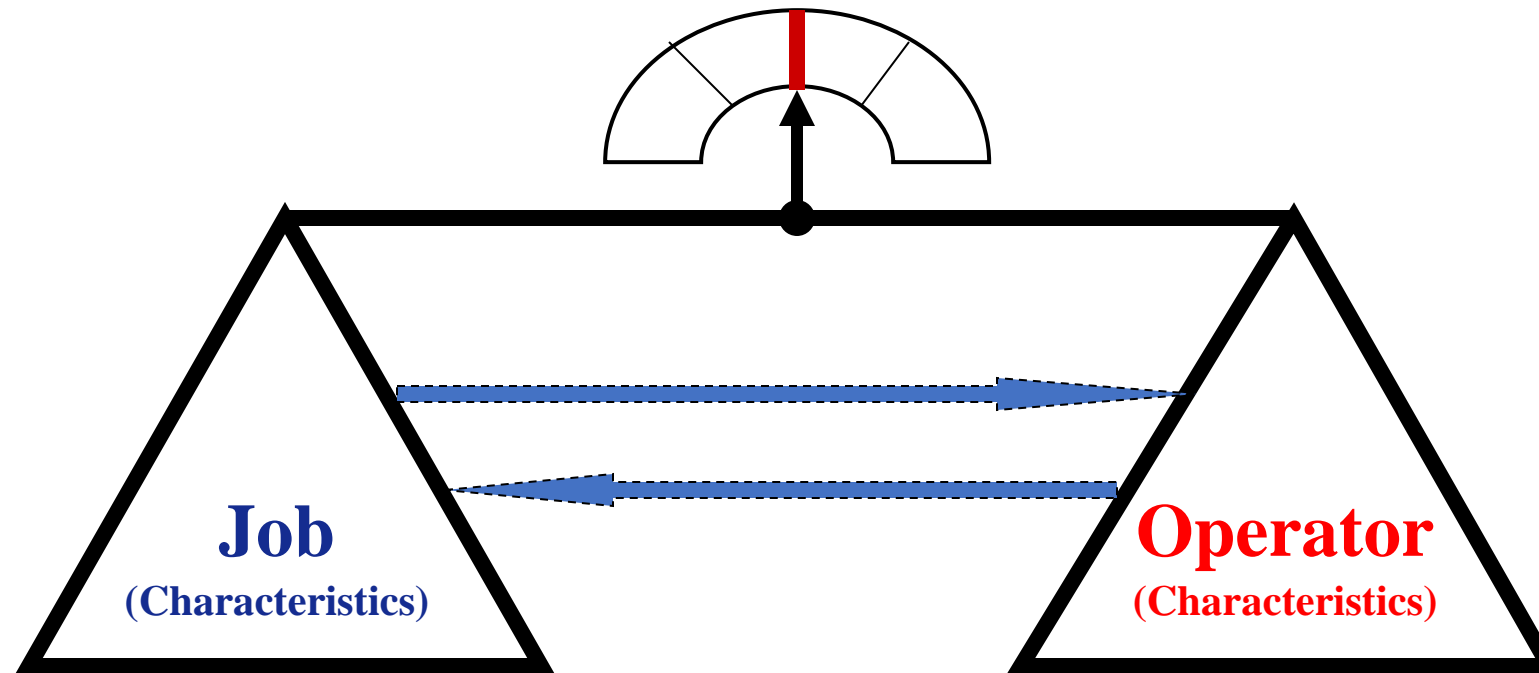
Examples of Job-related Factors
- Task Demands
- Amount and Complexity of Information
- Time Pressure and Pace
- Importance of Job's (Performance) Consequences
- Structure, Autonomy & Decision Latitude
- Social Needs and Interactions
- Organizational Variables (Culture)

Examples of Operator-related Factors
- Skill, Knowledge, Attributes
- Complexity Orientation
- Tolerance for Uncertainty and Incongruity
- Decision Styles (IBP)
- Personality Variables

Unbalanced Workload (Overload)
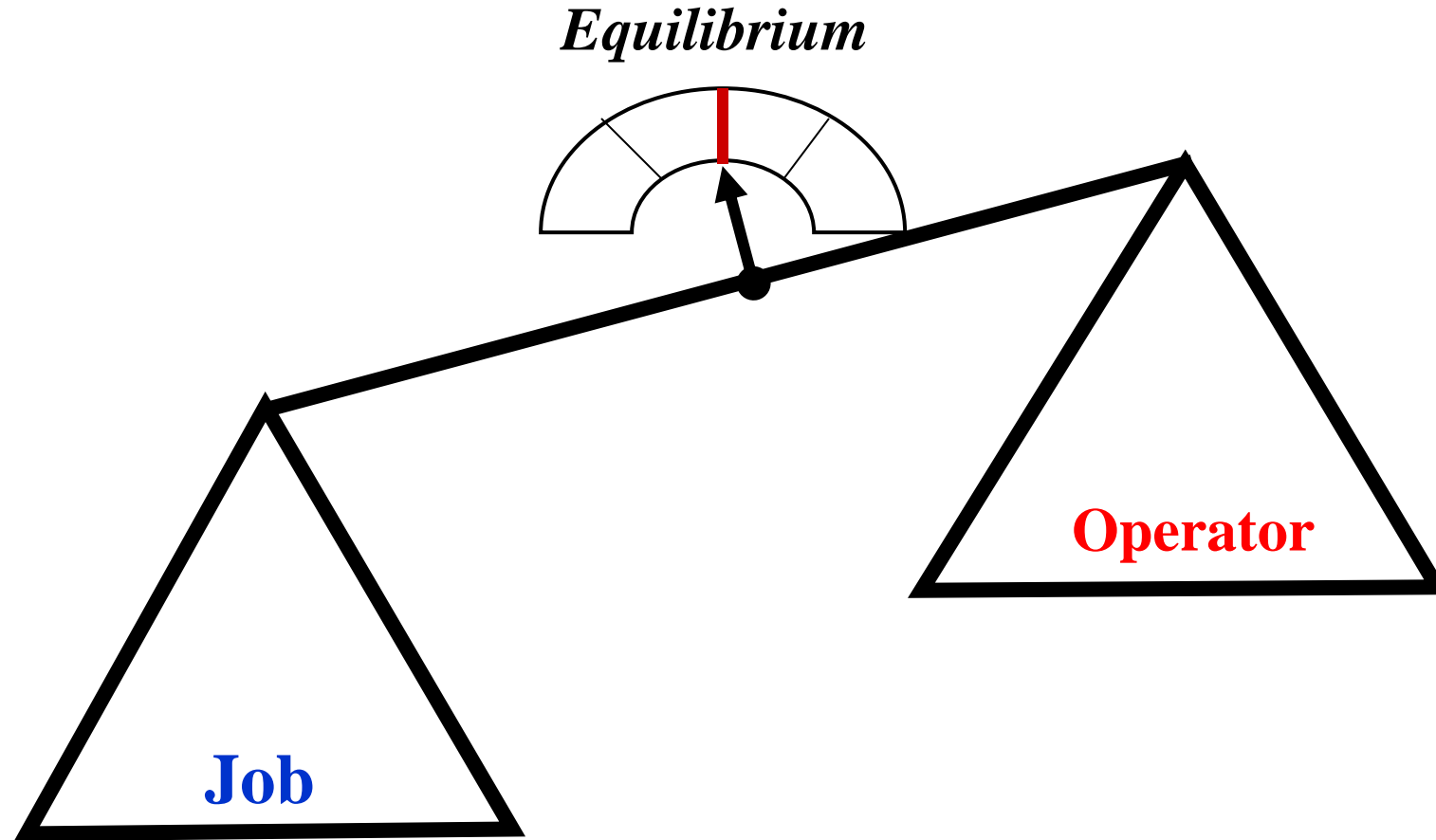
Too demanding, Difficult, Stressful, Terrorizing, in-humane, Killer, Between rocks and hard place, Mission impossible, Rat race, Helpless

# What we learned from other high stress jobs

- 911 operators
- Poison control center operators

- Bus drivers
- Drone combat pilots

What can we do to mitigate these effects?

1. Acknowledge the effects of emotional and psychosocial factors
   - Ask
   - Listen

2. Provide help
   - Job design, rotation, relief, variety, exercise
   - Engagement, participation
   - Strategies for overcoming these effects

3. Social Support
   - Stress and affiliation (misery loves company)
   - In-group affiliation (misery loves the same company)

What can we do to mitigate these effects?
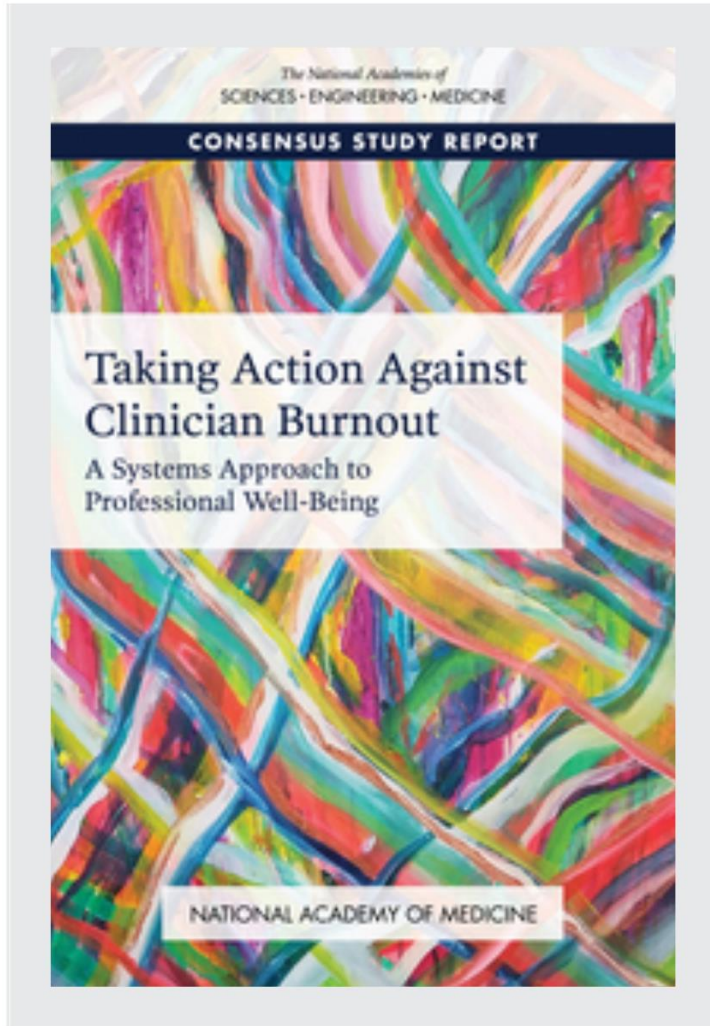
- Emotional exhaustion, depersonalization, and loss of sense of professional efficacy— the three dimensions of burnout— are detrimental to quality of care

- The problem is complex, not easily solved
  - Need a systems approach with many partners
  - Improve usability, workflow integration, and interoperability of health information technology.
  - Take concrete steps to reduce the stigma for clinicians of seeking help for psychological distress, and make assistance more easily available
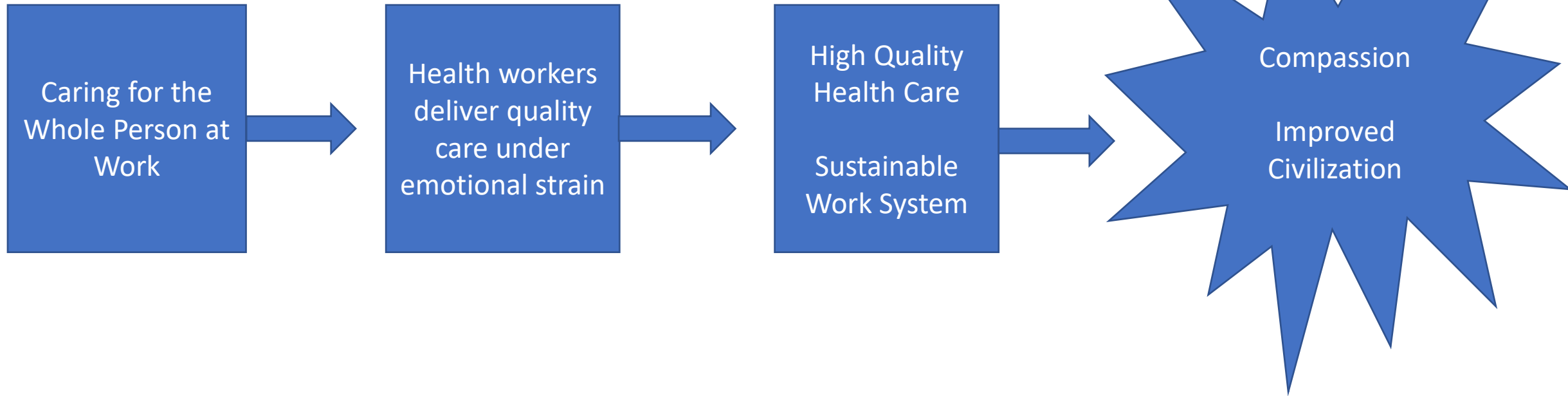
FREE: https://nap.nationalacademies.org/catalog/25521/

"Cura Personalis" – Ignatius of Loyola

- Taking care of the entire person and caring for their individual needs

- Georgetown University hospital and medical school mission included not just the health of the body but also the health of the *entire* person

- Apply this concept to healthcare workers
  - It's not possible to fully give what you have not experienced

What if…

Caring for the Whole Person at Work → Health workers deliver quality care under emotional strain → High Quality Health Care

Sustainable Work System → Compassion

Improved Civilization

What will they say about our compassion/civilization?

Thank you for your attention and for the work you do!