



Sustaining Health Care Professionals During Pandemic Influenza

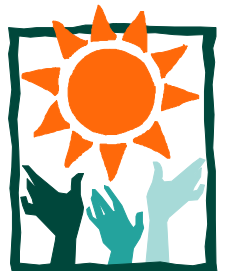
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10th World Congress
on Stress, Trauma &
Coping

Sustaining Health Care Professionals: Pandemic Influenza Pilot Project

- Background:
 - WHO – A global pandemic is “inevitable and possibly imminent”
 - SPH Emergency Preparedness: “Psychosocial support during influenza pandemic is different”
- Our Research:
 - What do front-line staff identify as what they would need to maintain resilience?

A Brief Overview

Outline

- 1) Pandemic Influenza
- 2) Our research project
- 3) Promoting Resilience

Objectives

Understand the potential impact

Identify 6 Themes, Differentiate Waves

Explore tentative models of intervention



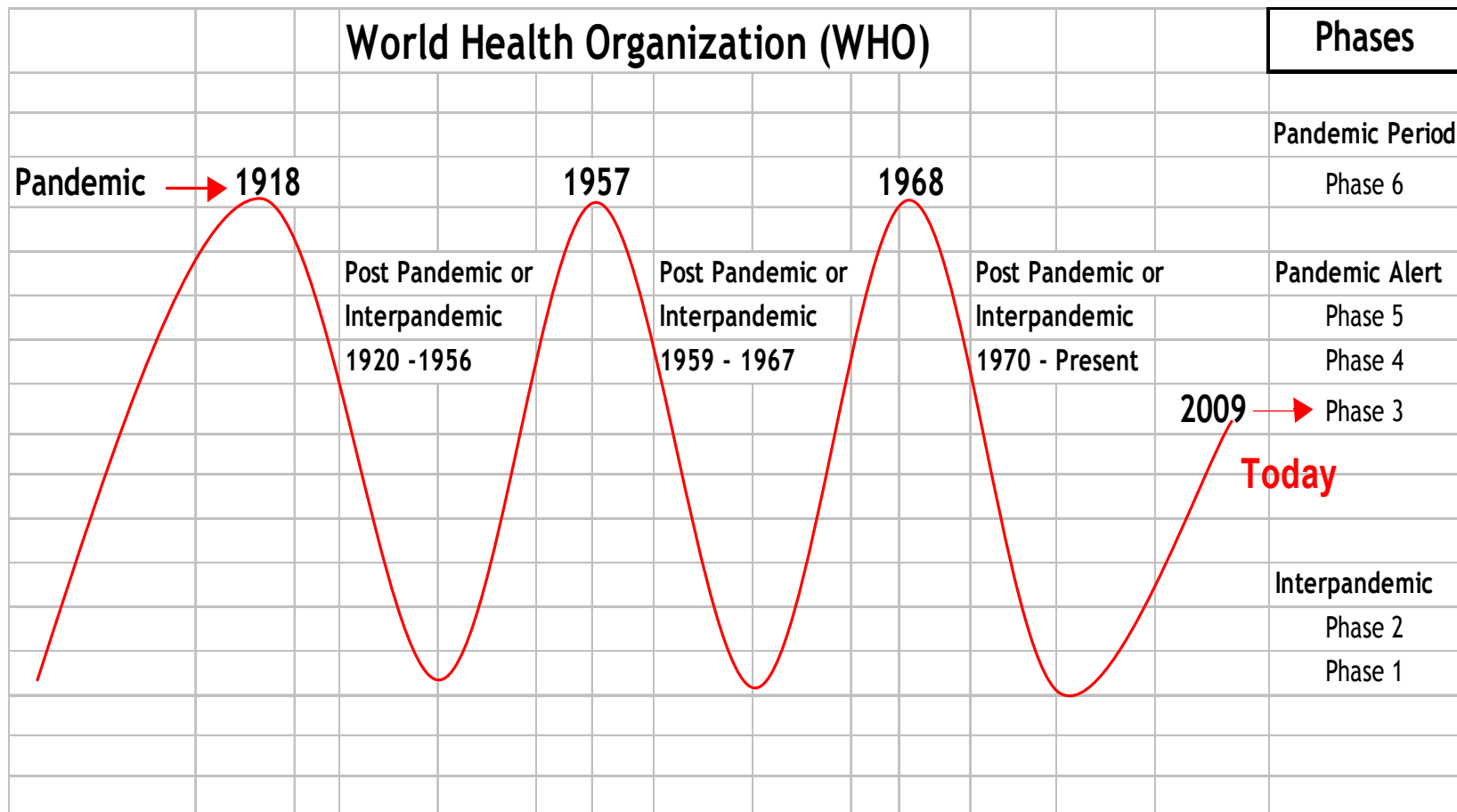
It's Coming!



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Pandemic Alert Phase

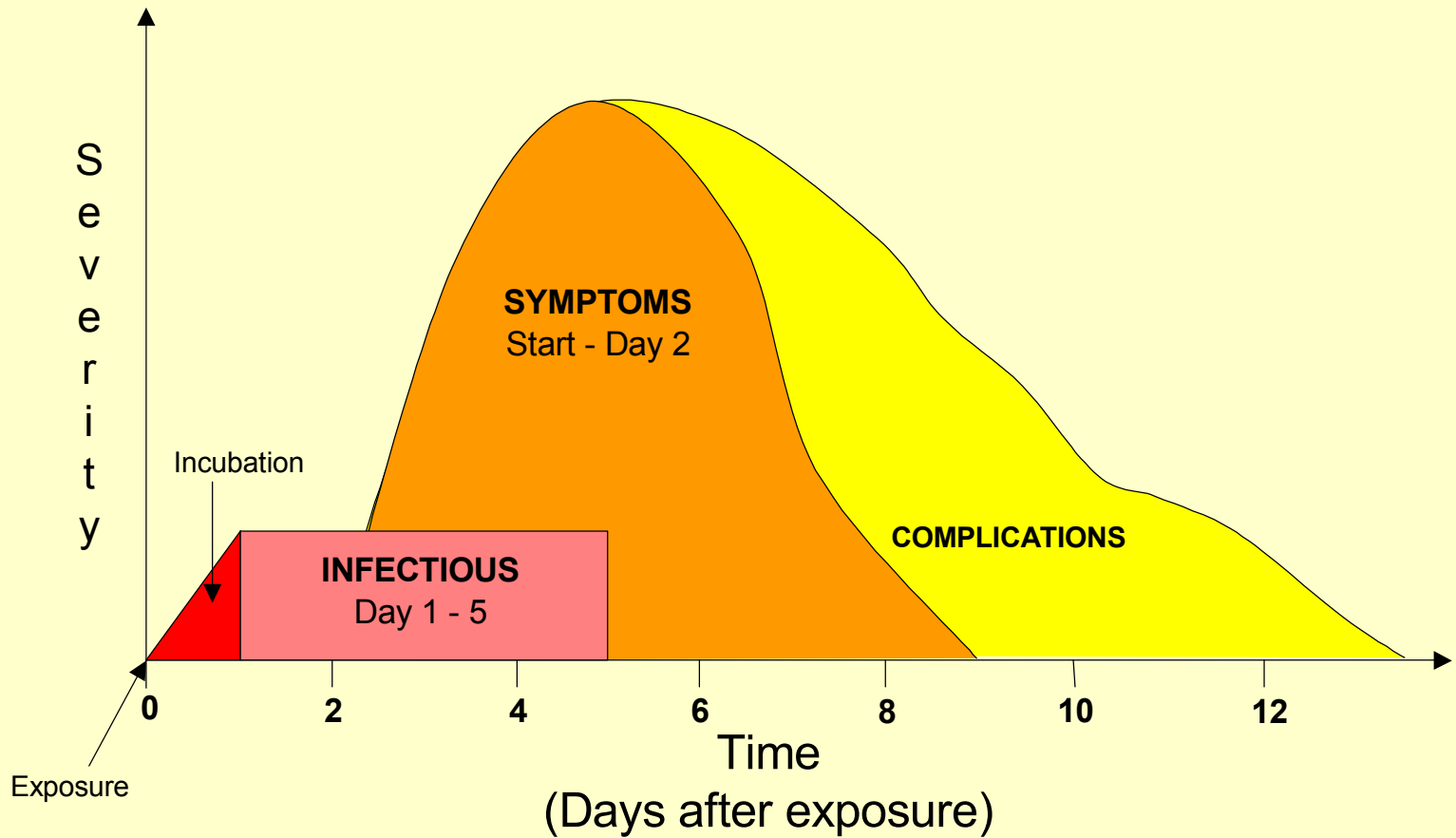
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Pandemic Influenza: key facts

- Rapid Worldwide Spread
- Universal Susceptibility
- Economic and Social Disruption
- High Mortality Rates
- Multiple Waves
- Contagious Before Symptoms

General Infection Timeline for Influenza



Pandemic Influenza: The Past

- 1918: almost 50% deaths in 20-40 age range
- 1957-58: 36% deaths under 65
- 1968-69 48% deaths under 65

Present and Predicted: H5N1

- Bird to Human
- Human to Human
- Current Mortality Rate

Pandemic Influenza: Mortality Prediction

Working Age Adults

Youth

Pandemic Influenza: Canadian Prediction

- 4.4 – 10.6 million will become ill enough to miss school or work (15-35%)
- 2.1 – 5.5 million will require out-patient care
- 34,000-138,000 will require hospitalization
- 11,000 -58,000 will die
- 35-50 % of the work force will become ill
- Economic costs range from \$10-24 billion

Pandemic Influenza: Potential Economic And Social Disruption

- Commerce
- Health Care
- Food
- Public Safety
- Political Unrest
- Social Fabric
- Long Term

Pandemic Influenza Waves

1918 –1919 Pandemic Influenza – Spanish Flu

1stWave Mar Apr

Respite May to Aug

2nd Wave Sep Oct

Respite Nov Dec

3rd Wave Jan Feb

Inter-pandemic Mar Apr
May Jun...

Pandemic Influenza Waves

1957-1958 Pandemic Influenza – Asian Flu

1st Wave Oct Nov

Respite Dec Jan Feb

2nd Wave Mar Apr

Inter-pandemic May
Jun...

Pandemic Influenza Waves

1968- 1970 Pandemic Influenza – Hong Kong Flu

1st Wave Dec Jan

Respite Feb – Nov

2nd Wave Dec Jan

Inter-pandemic Feb
March ...

Pandemic Influenza: Your Thoughts!

First Wave: 6 – 8 Weeks

Drawing on your CISM Experience

- What early reactions would you anticipate from the group you work with?

Pandemic Influenza: Your thoughts!

Respite: Post 1st Wave
Pre 2nd Wave

Drawing on your CISM Experience:

- During the “respite” period what reactions would you anticipate from the group you work with?



Sustaining Health Care Professional During Pandemic Influenza

A Research Pilot Project

Our Research: Methods

- **Basic Focus Group Design:**
 - Information package + Guided Discussion
 - Measures of anxiety pre-post (STAI-s)
 - Stress awareness and management tools
- **Data:**
 - Thematic analysis of discussion transcripts
 - Anxiety measures

Participants

- 8 Focus Groups, 52 participants
 - Acute, Residential, and Community Care
 - Nurses, administrators, support services, allied health and physicians
- Recruitment process

Surge Capacity: An overarching concern

“In actual fact, a lot of times we are in disaster mode [today], we just don’t call it that. ... If we know today that we can’t manage, then how are we going to plan for tomorrow?”

Research Findings: 6 Themes

- Relationship between work and home
- Emotional impact
- Psychosocial support
- Leadership, authority and difficult decisions
- Supplies
- Communication

Relationship between work and home.

- *“I would be totally willing to put my own life at risk, but I don’t want to put my kid’s life at risk...you have to be able to know that you’re not putting your family at risk by being heroic and doing your job by going to the front line.”*

Emotional Impact

- *“When I think of the first wave I think of drowning - thrashing around when you are under water and you don’t know what is going on and you know it is not good, but when you get up and take a gulp of air and you look around ... there is no boat.”*

Psychosocial Support

- Organizational Support
- Support from Leadership
- Interpersonal or Team Support

Psychosocial support: Organizational Support

- *“Staff need to feel safe coming to work ... you need to have things in place for people so that they can safely enter the building and be in the building, working.”*

Psychosocial support: Support from Leadership

- *“The top people have to show their faces and take their share in some of the scunge work.”*
- *“If you’re the leader leading this and you’re still well ... you are tired. So you need acknowledgement – not only for the staff, but also the leadership team as well.”*

Psychosocial support: Interpersonal or Team Support

- *“It is facing something that you are all facing together, and there is an unwritten support...we are here together and we’re not just caring for patients but also for each other.”*

Leadership, authority and difficult decisions

- Interface with community organizations
- Planning for the pandemic
- Redeployment
- Ethical Decision Making

Supplies

- *“If I lost 30-40% of my staff there is no way we could keep up with the demands for equipment; I’m the only one for eleven departments and so if the scenario is that I’m not here, then who’s going to tally where all the supplies are? That’s pretty scary when you think about it!”*

Communication

- *“I’d feel so used if they didn’t tell me the truth just to keep me working.”*
- *“A possibility of a lot of anger being directed at health care people because if a lot of things don’t go right, a lot of people are going to be saying, you guys didn’t do this, you didn’t do that ...”*

Team Building

- *“I actually feel more at ease at the end of this ... I think sometimes we all feel we’re working in isolation and we’re really not. When you bring people together at a table like this with diverse backgrounds—the creativity comes forward. ... I feel confident that we will get through [a pandemic]. We’ll do it.”*

First wave versus respite period

- *“During the first wave you’re kind of on autopilot, and you’re just doing what you have to do. If that means working 20 hrs a day, and watching family and friends die, okay – you just keep moving. But then you have the downtime, and you think, I can’t do this again... Your inner morale just disappears.”*

A Continuum of Care

- Early Interventions
- Follow Up
- Recovery

Early Interventions Pre-event / Event

- Environmental Knowledge
- Physical Safety
- Psychological/Emotional First Aid

Follow Up: Assessment & Triage

Knowledge of Risk Factors

- Primary and Secondary Exposure
- Prolonged Exposure
- Personal Stress/Loss
- Symptoms over time
- Shattered assumptions

Recovery: Screening

- Acute Stress Disorder
- PTSR/PTSD: Risk Factors
- Anxiety
- Depression
- Substance Misuse

Recovery: Treatment

Examples of Trauma Therapy Models

- Individual
 - CBT
 - TIR
 - EMDR
- Group
 - THERAPEUTIC ENACTMENT

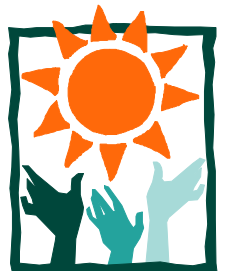
The essential ingredient of a psychosocially supportive work environment is the reciprocal relationship between HCPs and their employers, or in the case of professionals in the community, the reciprocal relationships they have with the healthcare system as a whole.



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Questions?

Comments?



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