

# Healthcare workers are 'beyond burnout'

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On Friday 11 February, in order to commemorate World Day of the Sick, Australian Catholic University (ACU) in collaboration with Catholic Health Australia (CHA) hosted an online panel discussion that focused on the COVID-19 pandemic's impact on healthcare workers. The title of the discussion was 'Physician, heal thyself?'

The panel consisted of Professor Suzanne Chambers AO, the Executive Dean of the Faculty of Health Sciences at ACU; Sharon Sherwood, the Chief of Mental Health and Outreach Services for Cabrini Health; and Dr Dennis Gonzales, the Senior Director of Mission Innovation and Integration for the Catholic Health Association of the United States, calling in from St Louis.

The panel was moderated by Brigid Meney, CHA's Director of Strategy and Mission.



## Mental health challenges of the pandemic

For healthcare systems around the world, the pandemic did not simply bring increased workloads but a weightier burden of stress and anxiety, a marked deterioration in mental health, and the strain of ethical challenges that came with health guidelines made at the political level.

Ms Sherwood remarked that while healthcare workers 'have risen to the demands of treating COVID,' they have naturally 'and significantly' done so 'at the cost of their own health and well-being.'

Inadequate rest and recovery, increased workloads, reactive changes to health protocols, and increased contact with issues of family violence have all played a role in this.

Although the evidence was anecdotal, Ms Sherwood said that staff were engaging with the employee-assistance hotlines more often, reporting an increased reliance on alcohols and prescription medicine, greater sleep problems, headaches, and even gastro symptoms – all of which are indications of intense anxiety. Adding to this the unexpected need to home-school their children, healthcare workers were placed under intense amounts of stress very quickly.

Dr Dennis Gonzales painted a similar picture in the United States, saying that people are 'beyond burnout.' There is 'the Great Resignation' amongst workers, and people have even left the healthcare profession altogether because of the pandemic.

One of the heavy burdens placed upon workers, something they were unprepared for, was needing to be with their patients during their final hours. Patients were isolated from their families, and caregivers,

nurses especially, found themselves holding the hands of their dying patients so they had someone beside them, all while being garbed head-to-toe in protective equipment. Or, heartbreakingly:

*'...holding iPads so that people could say goodbye . . .'*

## Powerlessness and personalised care

Professor Chambers pointed out that healthcare professionals often feel 'quite powerless' in the face of health guidelines, and that there has been 'much written' on the feeling of powerlessness in the workforce. What many of these guidelines have led to is the prioritisation of resources, introducing an array of ethical dilemmas for healthcare professionals on the ground:

*'Decisions made at the political level prioritising patients for different levels of care, like whether they can get into an ICU or not . . . This was quite foreign to us, and very new ethical dilemmas, placing health professionals who've been trained to consider the patient the core of all they do, and design care around that . . . that has led to strain for health professionals.'*

What this has also meant is the deferral of elective treatments:

*'Whilst it might sound reasonable on the surface of things . . . the deferral of elective procedures in this country has actually meant for some people the deferral of curative cancer treatments, or the deferral of reconstructive procedures that are really important to their quality of life.'*

Unable to undertake their patient-centred, personalised care, healthcare professionals are wrestling with their own powerlessness.

## The hero complex – do heroes need help?

Although there was great appreciation for the societal-wide show of support for healthcare workers, especially in some countries like Italy [where people cheered them on from balconies](#), Professor Chambers also noted a 'shadow side' to the consistent language being used of 'heroes'.

*'If we continue to use a language that calls them heroes, it might discourage them from seeking help when they need it.'*

## Hope for the future and new strategies

This difficult situation is not without signs of hope, and several were pointed out. Professor Chambers acknowledged that while the stress on healthcare workers has been increasing, there has not been a decrease in people wanting to join the health workforce, and 'that's good news.'

Also, while institutions were slower to adopt digital health strategies prior to the pandemic, the emergency situation really pushed things into gear.

Dr Gonzales said that 'technology has been our friend' throughout the pandemic, and his organisation has managed to implement 'lots of very creative things.'

For example, he was charged with assembling a team of healthcare leaders from across the United States to focus on strategies that would provide care for the well-being of healthcare workers. 'A significant amount of prayer resources and meditation resources were given,' he said, but one of the things they did was establish a 'well-being check-in' for staff. When they checked in, they would respond to a few questions concerning their well-being and 'depending on the trends' would be directed to a whole host of excellent resources for them to engage with.

The development of e-chaplaincy initiatives were also important for spiritual caregivers to interact with their people.

Ms Sherwood outlined some of the areas that Cabrini Health had expanded, which included an expansion in their support programs. While they 'obviously passed on monetary benefits' as well, the implementation of 'resilience workshops' and mindfulness practices were extraordinarily helpful.

One of the really important things to do going forward, she said, is to 'listen and hear' what the staff are saying:

*'They need to be provided with the opportunity to express how they feel, and we don't take the time-out in health to do that'*

## **The Catholic ethos**

In his message for [this year's World Day of the Sick](#), Pope Francis spoke about healthcare workers as people who 'touch the suffering flesh of Christ'. One of the many challenges posed to this Catholic ethos of presence and touch is the daily reality of personal protective equipment (PPE).

Professor Chambers said that these issues are a challenge and they 'take more focus', but despite the difficulties and uncertainties, the Catholic ethos always 'comes back to the basic value of human dignity.'

Dr Gonzales said that Catholic health institutions 'were born for these very situations' because they were constructed, at least partly, in response to 'pandemics of old'.

He considers it one of their responsibilities to 'maintain our Catholic identity':

*'...that we live our Gospel values, and that we care for all people regardless of who they are and where they come from, with particular concern for the vulnerable in our population.'*

It's also important to remember that 'the ministry doesn't have a mission; the mission has ministries.'

*'That's how we maintain and further our mission: to keep our eye on what the purpose is, which is to extend the healing ministry of Jesus Christ.'*

Source: <https://melbournecatholic.org/>