Compassionate Care for Caregivers: Promoting Resilience & Well-being

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Director of Physician & Staff Wellness
Founding Director, Mind Body Clinical Research Center

Stony Brook Medicine
Compassionate Care for the Caregivers

- Cared about
- Respect
- Trust
- Job security
- Job: Fit, clarity, pay/benefits
- Work: Training, development, physical/staff resources
- Good management: Input, feedback, autonomy, leadership, Communication

Clinical excellence
- Providing quality care
- Providing safe care

Operational efficiency

Culture
- Mission/values
- Teamwork
- Patient-centeredness
- Improvement focus
- Safety as a priority

- Next 5 years: shortage of 3 million low-wage workers
- Shortage by 2033: ~140,000 physicians (focus on primary care)
- Check out top recommendations and view the advisory

Mental Health is Important

• Mental health and wellness are vital components of health.

• Aim to create an environment that promotes and fosters mental health and wellness.

• Healthy/well employees ---> Optimal Patient, Employee & Student Experience
Conceptual Framework

Perceptions of
-Self/others/organization
-Purpose/Fulfillment
-Appreciation
-Communication Style

Environment

Social Support
Connectedness
Access/Accommodations
Inclusion
Autonomy

Thoughts

Work/Life Balance
Positive Activities
Healthy lifestyle
Finances

Health Wellness

Genes
Epigenetics
Feelings

Biology

Behaviors

Emotions

Stony Brook Medicine
Mind-Body Medicine

- Holistic/Integrative Care
- Patient Centered

“A variety of techniques designed to facilitate the mind’s capacity to affect bodily function and symptoms” (Astin and colleagues)
Stress

- **Stress**: Response to actual or perceived threats

- **Fight-Flight-Freeze Response**: our mind and body's reaction to prepare us to react in the face of stress

- **Distress**: occurs when level of stress exceeds the adaptive capacity of an organism
Resiliency

• The ability to become strong, healthy, or successful again after something bad happens.

• Bouncing back from difficult experiences.
Resiliency is not a trait that we inherit.

It is a combination of:

- behaviors
- thoughts, and
- actions

...Important role of perception
Awareness of Stress

**Stress Warning Signals:**

- Physical
- Cognitive
- Emotional
- Behavioral
- Relational
- Spiritual

These warning signals let us know when we’re heading toward a stress response.
<table>
<thead>
<tr>
<th>Physical*</th>
<th>Cognitive</th>
<th>Emotional</th>
<th>Behavioral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chills</td>
<td>Confusion</td>
<td>Fear</td>
<td>Withdrawal</td>
</tr>
<tr>
<td>Thirst</td>
<td>Nightmares</td>
<td>Guilt</td>
<td>Antisocial acts</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Uncertainty</td>
<td>Grief</td>
<td>Inability to rest</td>
</tr>
<tr>
<td>Nausea</td>
<td>Hypervigilance</td>
<td>Panic</td>
<td>Intensified pacing</td>
</tr>
<tr>
<td>Fainting</td>
<td>Suspiciousness</td>
<td>Denial</td>
<td>Erratic movements</td>
</tr>
<tr>
<td>Twitches</td>
<td>Intrusive images</td>
<td>Anxiety</td>
<td>Change in social activity</td>
</tr>
<tr>
<td>Vomiting</td>
<td>Blaming someone</td>
<td>Agitation</td>
<td>Change in speech patterns</td>
</tr>
<tr>
<td>Dizziness</td>
<td>Poor problem solving</td>
<td>Irritability</td>
<td>Loss or increase of appetite</td>
</tr>
<tr>
<td>Weakness</td>
<td>Poor abstract thinking</td>
<td>Depression</td>
<td>Hyperalert to environment</td>
</tr>
<tr>
<td>Chest pain</td>
<td>Poor attention/decisions</td>
<td>Intense anger</td>
<td>Increased alcohol consumption</td>
</tr>
<tr>
<td>Headaches</td>
<td>Poor concentration/memory</td>
<td>Apprehension</td>
<td>Change in usual communications</td>
</tr>
<tr>
<td>Elevated blood pressure</td>
<td>Disorientation of time, place, or person</td>
<td>Emotional shock</td>
<td></td>
</tr>
<tr>
<td>Rapid heart rate</td>
<td>Difficulty identifying objects or people</td>
<td>Emotional outbursts</td>
<td></td>
</tr>
<tr>
<td>Muscle tremors</td>
<td>Heightened or lowered alertness</td>
<td>Feeling overwhelmed</td>
<td></td>
</tr>
<tr>
<td>Shock symptoms</td>
<td>Increased or decreased awareness of surroundings</td>
<td>Loss of emotional control</td>
<td></td>
</tr>
<tr>
<td>Grinding of teeth</td>
<td></td>
<td>Inappropriate emotional response</td>
<td></td>
</tr>
</tbody>
</table>
Burnout – What is it?

- **Emotional Exhaustion**: loss of enthusiasm, fatigue
- **Depersonalization**: treating people as objects
- **Low Personal Accomplishment**: work is no longer meaningful

**Burnout**
- Disengagement
- Emotions are Blunted
- Helplessness/Hopelessness
- Loss of motivation, ideals, hope
- Detachment/Depression
- Primary Damage is Emotional
- Questioning of Life’s Worth

**Stress**
- Over Engagement
- Emotions are Over-Reactive
- Urgency / Hyperactivity
- Loss of Energy
- Anxiety
- Primary Damage is Physical
- May Kill You Prematurely
Burnout – Contributors

• Loss of autonomy
• Decreased control of work environment
• Inefficient use of time due to admin requirements
• Workload
• Staffing problems
• Medical errors/risk of malpractice suits
• Personality characteristics
• Ineffective coping methods
• Sleep deprivation
• Lack of life-work balance
Burnout – Consequences

• Higher rates of medical errors
• Less professionalism
• Low patient satisfaction/trust/confidence/adherence
• Low patient trust and confidence
• Low productivity
• Low pride, idealism, and dedication
• Poor safety culture
• High turnover
• Marital/Family Discord
• Substance abuse
• Suicide ideation/attempt/completion
# Healthcare Workers & Burnout

<table>
<thead>
<tr>
<th>Study</th>
<th>Sample</th>
<th>Main Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denning et al., 2021  &lt;br&gt; Determinants of burnout and other aspects of psychological well-being in healthcare workers during the Covid-19 pandemic: A multinational cross-sectional study</td>
<td>3,537 Healthcare Workers (UK, Poland, Singapore)</td>
<td>67% Burnout  &lt;br&gt; 20% Anxiety; 11% Depression  &lt;br&gt; Burnout predictors: Patient facing roles (doctor, nurse, other clinical); redeployment; low safety perceptions; anxiety; and depression</td>
</tr>
<tr>
<td>Prasad et al., 2021  &lt;br&gt; Prevalence and correlates of stress and burnout among U.S. healthcare workers during the COVID-19 pandemic: A national cross-sectional survey study</td>
<td>20,947 Healthcare Workers (United States; 42 orgs)</td>
<td>49% Burnout  &lt;br&gt; 38% Anxiety/Depression  &lt;br&gt; 43% Work overload  &lt;br&gt; Stress highest: nursing assistants, medical assistants, and social workers; inpatient workers; women vs men; and Black and Latinx vs White workers  &lt;br&gt; Odds of burnout were 40% lower in those feeling valued by their organization</td>
</tr>
<tr>
<td>Tang et al., 2022  &lt;br&gt; Evaluating the impact of coronavirus disease on burnout among healthcare workers using Maslach burnout inventory tool: A systematic review</td>
<td>95 studies included</td>
<td>Mean prevalence of burnout: 40%  &lt;br&gt; Burnout rates were comparable across health professions</td>
</tr>
</tbody>
</table>
Burnout – 2021 Medscape Survey

• N = 13,000 Physicians in 29 Specialties
• 47% Burnout
Burnout – 2021 Medscape Survey

Are You More or Less Burned Out Now Than During the Quarantine Months of COVID-19?

- More:
  - 50% Men
  - 60% Women

- The same:
  - 42% Men
  - 31% Women

- Less:
  - 8% Men
  - 9% Women
Burnout – 2021 Medscape Survey

What Contributes Most to Your Burnout?

- Too many bureaucratic tasks (eg, charting, paperwork): 60%
- Lack of respect from administrators/employers, colleagues or staff: 39%
- Too many hours at work: 34%
- Lack of control/autonomy over my life: 32%
- Insufficient compensation/salary: 28%
- Increasing computerization of practice (EHRs): 28%
- Lack of respect from patients: 22%
- Government regulations: 15%
- Stress from social distancing/societal issues related to COVID-19: 12%
- Stress from treating COVID-19 patients: 10%
- Other: 8%
Burnout – 2021 Medscape Survey

Doctors Describe Burnout Conditions

“I barely spend enough time with most patients, just running from one to the next; and then after work, I spend hours documenting, charting, dealing with reports. I feel like an overpaid clerk.”

“Staff calls in sick, we’re all running around trying to find things and get things done. It never ends.”

“Where’s the relationships with patients that used to make this worthwhile? Everyone is in a foul mood.”

“Home is just as busy and chaotic as work; I can never relax.”
Burnout – 2021 Medscape Survey

How Do Physicians Cope With Burnout?

- Exercise 48%
- Isolate myself from others 45%
- Talk with family members/close friends 41%
- Sleep 41%
- Play or listen to music 35%
- Eat junk food 35%
- Drink alcohol 24%
- Binge eat 21%
- Use prescription drugs 2%
- Smoke cigarettes/use nicotine products 2%
- Use cannabis products 2%
- Other 12%
Burnout – 2021 Medscape Survey

What Have You Done at Work to Try to Alleviate Burnout?

- Participated in meditation or other thought-stress reduction techniques: 29%
- Reduced my work hours: 29%
- Changed work settings: 19%
- Made workflow or staff changes to ease up on my workload: 17%
- Spoke with my hospital/group administration about productivity pressure: 16%
- Hired additional clinical staff: 6%
- Sold/put practice up for sale: 3%
- Other: 12%
- None of the above: 27%
Burnout – 2021 Medscape Survey

Depression Among Physicians

- **24%** Clinical depression (severe depression lasting some time, not caused by a normal grief event)
- **64%** Colloquial depression (feeling down, blue, sad)
- **6%** Other
- **5%** Prefer not to answer
Burnout – 2021 Medscape Survey

Why Have You Not Sought Help for Burnout or Depression?

- I can deal with this without help from a professional: 49%
- Don't want to risk disclosure to medical board: 43%
- Concerned about it being on my insurance record: 32%
- Concerned about my colleagues finding out: 25%
- Concerned the medical profession will shun me: 22%
- I don't trust mental health professionals: 11%
- Other: 21%
Burnout – 2021 Medscape Survey

How Are You Keeping Up Your Happiness and Mental Health?

- Spending time with my family/friends: 68%
- Doing activities/hobbies that I enjoy: 66%
- Exercising: 63%
- Getting enough sleep: 49%
- Eating healthy: 44%
- Therapy: 9%
- Other: 8%
- None of the above: 4%
Promoting Resilience & Well-Being

If you don't make time for your wellness, you will be forced to make time for your illness. Read that again.
Mindfulness

“Walk as if you are kissing the earth with your feet.”
- Thich Nhat Hanh
Mindfulness

◆ The ability to pay attention to and experience the present moment in a non-judgmental way

◆ Fully engaging in the present moment including emotions and senses with perspective

◆ A mental state achieved by focusing one's awareness on the present moment, while acknowledging and accepting one's feelings, thoughts, and bodily sensations in a non-judgmental way
Mindfulness

What Skills
Observe
Describe
Participate

How Skills
Non-Judgmentally
One-mindfully
Effectively
Mindfulness

- Not about “feeling good” or “relaxation”
- Skill to be practiced every day (daily mindfulness)
- Over time can become a way of being
- Staying grounded and getting perspective
Mindfulness-based Treatments

- Mindfulness-Based Stress Reduction (MBSR)
- Mindfulness-Based Cognitive Therapy (MBCT)
- Acceptance & Commitment Therapy (ACT)
- Mindfulness-Based Relapse Prevention
- Dialectical Behavioral Therapy (DBT)
- Stress Management and Resilience Training (SMART)
Mindfulness: How it may help

◆ Exposure/Acceptance
◆ Cognitive Changes
◆ Self-Management/Behavior Change
◆ Relaxation
Mindfulness: An Effective Treatment

◆ Pain
◆ Stress Management
◆ Anxiety
◆ Depression
◆ Substance use – relapse prevention
◆ Emotion regulation
Mindfulness: Effective for Healthcare Workers

Mindfulness-based interventions are effective for:

- reducing burnout, rumination, stress, distress, anxiety and depression in healthcare workers.

- Improving well-being, mindfulness skills, personal accomplishment, self-care, relaxation, and patient care (increase in patient satisfaction scores; 38% decrease in safety events over 3-month period)

S&S

Article

Stress management interventions among healthcare workers using mindfulness: a systematic review

Marta Chiappetta*, Valeria D'Egidio, Cristina Sestili, Rosario Andrea Cocchiara, Giuseppe La Torre
Mindfulness: When & How to Practice

- Mindful Eating
- Mindful Music Listening
- Mindful Cooking
- Mindful Walking
- Mindful Living
Mindfulness: A Reflective Practice

◆ Increasing awareness during patient contacts

◆ Present focus
  ◆ Building a deeper connection with your patient

◆ Non-judgmental approach
  ◆ Awareness of personal biases

◆ Check-in with yourself
Relaxation Response

The New York Times
Dr. Herbert Benson, Who Saw the Mind as Medicinal, Dies at 86
Herbert Benson, a Harvard-trained cardiologist whose research showing the power of mind over body helped move meditation into the mainstream...

The Boston Globe
Dr. Herbert Benson, who documented and promoted meditation's health benefits, dies at 86
Dr. Herbert Benson, who documented and promoted meditation's health benefits, dies at 86 • Pioneer of mind/body medicine bridged the gap between...
Relaxation Response

- A biological state characterized by decreased arousal of the SNS

- Decreases in oxygen consumption, respiratory and heart rate, and blood pressure

Dusek & Benson, 2009
How to elicit the RR

- Find a quiet place
- Get comfortable
- Close your eyes
- Breathe deeply
- Relax your muscles
- Find a focal point—a word, phrase, or your breathing
- If you mind wanders, redirect your attention
Two common aspects of all methods to achieve the RR include:

1. Relaxed, passive attention to a repetitive or absorbing stimulus that turns off the “inner dialogue”

2. Focused and sustained awareness with an attitude of interest
RR Elicitation

• Single-pointed focus meditation
  • Any positive and meaningful image, word, phrase, or breath can become an anchor of awareness

• Breath Awareness
  • Pay attention simply to the sensations of breathing—this is one of the most popular forms of meditation, and one of the easiest to grasp

• Meditation on a verse
  • Ex: “Breathing in makes me calm; breathing out brings me ease”
Methods & Guidelines to Elicit the RR

**Methods**

- Imagery
- Mindful Awareness
- Body Scanning
- Repetitive Prayer
- Yoga & Stretching
- Guided Imagery

**Guidelines**

- **When?**
  - Any time of day
- **Where?**
  - Quiet and safe, reserved place
- **How long?**
  - 20-30 min once/twice a day (start with 5-10 min)
- **How to focus?**
  - Breath, word, or phrase
Developing Consistent Practice

1. Find time for daily practice
2. Find the best time of day
3. Sustaining an intended focus to quiet the mind
4. Concerns about doing it ‘wrong’
5. Experiencing distractions
6. Exacerbating anxiety
7. Falling asleep during practice
Minis

Version 1: 10-9-8-7-6-5-4-3-2-1
Version 2: Inhale 1-2-3-4...Exhale 4-3-2-1
Version 3: Inhale, pause- 1,2,3...Exhale, pause- 1,2,3
Version 4: Physical
Version 5: Imagery
Version 6: Mindfulness
Relaxation Response

◆ Improvement in mental and physical health
◆ Changes in activity and connectivity in different brain regions
◆ Reduced blood pressure (able to get off medications)
◆ Epigenetic changes
  o Reduced expression of genes related to inflammation and stress-related pathways
Stress Management & Resiliency Training Program

8-12 sessions

~30 min/day Practice Skills

Several clinical effectiveness studies

SMART PROGRAM

Stress Awareness

Adaptive Strategies

Resiliency

Park et al., 2013
Yoga
Mindful
Movement

**Neck Rolls:** Keep your spine long and exhale your chin to your chest. Inhale your chin to look over your left shoulder. Exhale your chin to your chest. Inhale your chin to look over your right shoulder. Repeat 3-6 times, moving slowly with your breath. Pause and notice how your neck feels.

**Neck Stretches:** Keep your spine long and exhale your left ear towards your left shoulder, gently releasing your right shoulder down. Take 3 slow breaths here. Inhale your head up. Repeat on the opposite side. Pause and notice how your neck feels.
## Energy Battery – Awareness

<table>
<thead>
<tr>
<th>Withdrawals (drain battery)</th>
<th>Deposits (charge battery)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Busy day at work.</td>
<td>Got award at work</td>
</tr>
<tr>
<td>Ate lunch too quickly.</td>
<td>Had a visit from childhood friend</td>
</tr>
<tr>
<td>Spent time organizing a get-together for a friend.</td>
<td>Went to bed early this week</td>
</tr>
<tr>
<td>Didn’t get enough sleep.</td>
<td>Exercised.</td>
</tr>
<tr>
<td>Had an argument with my mother.</td>
<td>Had a picnic in the park.</td>
</tr>
<tr>
<td>Did not have enough time to exercise.</td>
<td>Mindfully ate lunch.</td>
</tr>
<tr>
<td>Worried about my weight.</td>
<td>Saw a movie with friends.</td>
</tr>
<tr>
<td>Was late for a meeting.</td>
<td>Enjoyed time with family.</td>
</tr>
<tr>
<td>Rushed around all day doing errands.</td>
<td>Did an RR practice.</td>
</tr>
<tr>
<td>Didn’t feel well this morning.</td>
<td>Took a walk during my lunch break.</td>
</tr>
</tbody>
</table>
Optimism vs Pessimism

◆ Perspective matters

◆ What’s your internal/external dialogue like?

◆ Sharing New & Good…leaving out the But
Other areas are important too!
Goals of SMART

- Reduce stress responsivity
- Improve resiliency
- Improve health
SMART in Action

- Pregnant Women
- Parkinson’s Disease and Caregivers
- Healthcare Workers
## Research Results – SMART Program

<table>
<thead>
<tr>
<th>Demographic Variables</th>
<th>Headache Pain N=30</th>
<th>Musculoskeletal Pain N=79</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age M (SD)</td>
<td>39.3 (10.9)</td>
<td>46.3 (13.0)</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>5 (16.7%)</td>
<td>25 (31.6%)</td>
</tr>
<tr>
<td>Women</td>
<td>25 (83.3%)</td>
<td>54 (68.4%)</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>23 (76.7%)</td>
<td>73 (92.4%)</td>
</tr>
<tr>
<td>Non-White</td>
<td>7 (23.3%)</td>
<td>3 (3.8%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>3 (3.8%)</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partnered</td>
<td>24 (80%)</td>
<td>58 (73.4%)</td>
</tr>
<tr>
<td>Un-partnered</td>
<td>6 (20%)</td>
<td>21 (26.6%)</td>
</tr>
<tr>
<td>Work status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full/Part-time</td>
<td>18 (60.0%)</td>
<td>57 (72.2%)</td>
</tr>
<tr>
<td>Not working</td>
<td>11 (36.7%)</td>
<td>22 (27.8%)</td>
</tr>
<tr>
<td>Missing</td>
<td>1 (3.3%)</td>
<td>0</td>
</tr>
</tbody>
</table>

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*The Relaxation Response Resiliency Program (3RP) in Patients with Headache and Musculoskeletal Pain: A Retrospective Analysis of Clinical Data*

Adam Gonzalez ¹, Minjung Shim ², Brittain Mahaffey ², Ana-Maria Vranceanu ³, Anthony Refifi ², Elyse R Park ³

## Research Results – SMART Program

<table>
<thead>
<tr>
<th>Symptom Scales</th>
<th>Headache Group N=28</th>
<th>Musculoskeletal Pain group N=69</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre Trx M (SD)</td>
<td>Post Trx M (SD)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>62.6 (9.6)</td>
<td>55.2 (12.1)</td>
</tr>
<tr>
<td>Depression</td>
<td>63.9 (8.9)</td>
<td>56.8 (10.1)</td>
</tr>
<tr>
<td>Somatization</td>
<td>60.9 (10.9)</td>
<td>56.0 (7.9)</td>
</tr>
<tr>
<td>Global Severity Index</td>
<td>63.6 (7.5)</td>
<td>55.7 (9.9)</td>
</tr>
</tbody>
</table>

Notes: *p < .05, **p < .01, ***p < .001; ¹Symptom CheckList-90-R; ²Paired-sample t-test; ³Cohen’s d effect size
## Research Results – SMART Program

### Patients with Headache Pain (N=30)

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Frequency of Symptom</th>
<th>Degree of Discomfort</th>
<th>Degree of Interference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre Trx M (SD)</td>
<td>Post Trx M (SD)</td>
<td>t</td>
</tr>
<tr>
<td>Headaches</td>
<td>4.2 (1.7)</td>
<td>3.5 (1.7)</td>
<td>3.0**</td>
</tr>
<tr>
<td>Fatigue</td>
<td>2.8 (2.9)</td>
<td>2.2 (2.5)</td>
<td>1.8</td>
</tr>
<tr>
<td>Insomnia</td>
<td>2.4 (2.5)</td>
<td>1.9 (2.2)</td>
<td>1.9</td>
</tr>
<tr>
<td>Backache</td>
<td>2.0 (1.9)</td>
<td>1.4 (1.8)</td>
<td>1.9</td>
</tr>
</tbody>
</table>

Notes: *p < .05, **p < .01, ***p < .001; 1Medical Symptoms Check List; 2Paired-sample t-test; 3Cohen’s d effect size

### Patients with Musculoskeletal Pain (N=79)

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Frequency of Symptom</th>
<th>Degree of Discomfort</th>
<th>Degree of Interference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre Trx M (SD)</td>
<td>Post Trx M (SD)</td>
<td>t</td>
</tr>
<tr>
<td>Backache</td>
<td>4.0 (3.2)</td>
<td>3.2 (3.1)</td>
<td>2.6*</td>
</tr>
<tr>
<td>Fatigue</td>
<td>3.6 (3.1)</td>
<td>2.5 (2.7)</td>
<td>4.1***</td>
</tr>
<tr>
<td>Headaches</td>
<td>2.3 (2.0)</td>
<td>1.8 (1.7)</td>
<td>2.6*</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>2.0 (2.6)</td>
<td>1.4 (2.1)</td>
<td>2.6*</td>
</tr>
</tbody>
</table>

Notes: *p < .05, **p < .01, ***p < .001; 1Medical Symptoms Check List; 2Paired-sample t-test; 3Cohen’s d effect size
A Mobile Videoconference-Based Intervention on Stress Reduction and Resilience Enhancement in Employees: Randomized Controlled Trial

Monitoring Editor: Gunther Eysenbach

Reviewed by Cathal Ryan and Tanjir Rashid Soron

Johanna Inyang Kim, MD, PhD,¹ Je-Yeon Yun, MD, PhD,²,³ Heyeon Park, PhD,⁴ Suk-Young Park, MA,⁴ Youngsheen Ahn, MA,⁵ Hansol Lee, MA,⁶ Tae-Kwon Kim, MS, MBA,⁷ Sooran Yoon, MA,⁷ Young-Joon Lee, MD, PhD,⁷ Sohee Oh, PhD,⁸ John W Denninger, MD, PhD,⁹,¹⁰ Bung-Nyun Kim, MD, PhD,²,³,¹¹ and Jeong-Hyun Kim, MD, PhD⁵⁴
Where Can We Intervene?

System Level

Individual Level
Employee Support Team (Launched 2/2020)

- Behavioral Health
- Chaplaincy
- Clinical Nutrition
- Communications/Marketing
- EAP
- Employee Engagement
- Employee Health
- Food Services
- GME
- Healthier U
- Nursing
- Patient Experience
- Physician
Wellness Tips for Staff

R-E-S-T

Relaxation: Practice Paced Breathing. Breathe in for 3 seconds and breathe out for 5 seconds. Do this 4 to 5 times in a row. Take breaks when you can.

Eat: Nutrition is important. Be sure to eat regularly to get the energy you need.

Sleep: Recuperative sleep helps us recharge. Be sure to rest when you can.

Talk: We’re in this together. Talk to others about how you are doing and reach out for support when needed.

Wellness Tips for Staff

Help Others by Helping Yourself: Responding to COVID-19

During Your Shift

Stress is Understandable
Extreme responses to extreme circumstances are understandable. You are doing the best you can, given the circumstances.

Partner Up
Partner up with someone on your shift and check in on each other. We are all in this together, and looking out for each other can help.

Use Paced Breathing
Pace your breathing—breathe out for longer than you breathe in. Breathe in for 3 seconds and breathe out for 5 seconds. Do this 4 to 5 times in a row.

After Your Shift

Stay in Touch
Texting, calling or whatever is possible with people you care about can reduce your stress.

Do What Works for You
You know what works for you. Adapt whatever you do to de-stress to your circumstances (e.g., modify your gym workout for home).

Take a Pause
This is a difficult time. Take a pause to recharge. Some examples include taking a few deep breaths; thinking of a positive image or word; saying a prayer; thinking of something you are grateful for; checking in on a co-worker, family or friends.
Code Lavender is a rapid response program designed to provide support for employees during times of high emotional stress.

Our team works together to help restore emotional and spiritual well-being and to promote resilience and healing of the mind, body and spirit.

Anyone can call a Code Lavender.
Code Lavender Offerings

• Psychological education about compassion fatigue, burnout, moral distress and stress management
• Emotional support
• Spiritual Support
• Relaxation/breathing exercises
• Aromatherapy
• Journals
• Other
Spreading Comfort & Support
Chaplaincy and Spiritual Care Hotline

Chaplaincy is available not only for patient support but for staff support too. If you have spiritual concerns, moral distress, burnout, or ethical concerns, please reach out to your unit-based chaplain or page a chaplain on call.

There are daily Catholic Mass services in the Chapel and Friday Jumah Prayers.

Spiritual Care Hotline: Chaplains are available Mon.-Fri. 8am-5pm
What is a Wellness Champion?

- This is an employee serving as a liaison, connecting employees to appropriate mental health and wellness resources.

- Wellness champions are the eyes, ears and voice of wellness for your team to enhance a culture of compassionate care.
Workforce Well-Being

National Academy of Medicine
Action Collaborative on Clinician Well-Being and Resilience

NATIONAL PLAN for health workforce well-being

Stony Brook Medicine
Workforce Well-Being: National Plan

The National Plan will coordinate action across priority areas, including:

- Positive work & learning environments & culture
- Measurement, assessment, strategies & research of well-being
- Mental health & stigma
- Compliance, regulatory & policy barriers for health workers’ daily work
- Effective technology tools
- Effects of COVID-19 on the health workforce
- Recruitment of the next generation
Workforce Well-Being: Resources

6 Essential Elements

- Advance Organizational Commitment
- Cultivate a Culture of Connection & Support
- Enhance Workplace Efficiency
- Strengthen Leadership Behaviors
- Conduct Workplace Assessment
- Examine Policies &
Mental Health America: Tools 2 Thrive
Thank You

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