



The Risks of Readiness

Susan A. Cosio, MDiv, BCC

Sutter Medical Center, Sacramento



CALIFORNIA
HOSPITAL
ASSOCIATION



Objectives:

- Describe the physical, emotional and psychological impacts of crisis preparedness and response; including the impact of chronic stress, hyper-vigilance and adrenaline.
- Discuss the impact of “perceived threat” on health and well-being.
- Identify ways for staff and leaders to manage stress and cultivate resilience as they prepare for and recover from crisis and disaster.
- Demonstrate an innovative model for ongoing staff support.



An Unrecognized Toll

Most healthcare professionals and institutions understand the need to support front-line staff and first responders after a critical incident or disaster. Staff defusings and debriefings are commonly provided in hospitals; often by professional chaplains trained in the CISM model.

Ø *What we may fail to attend to, however, are the risks of readiness, and the physical, emotional and psychological toll of being in a state of preparation for crisis.*



Our Motto: “Be Prepared”

**stay ready
so you
won't have
to get
ready**

**WE DON'T WANT
YOU TO BE CAUGHT
OFF-GUARD.**



But Hyper-Vigilance is Stressful



- It requires our senses to be on full alert.
- While preparation is essential and beneficial, “Standing Guard” can be physically and emotionally draining.
- Participation in disaster planning and drills may evoke a stress response to a “perceived threat,” similar to the response to an actual crisis event.
- **Perceived Threat:** *The stimuli arousing the emotion of fear; Any possible danger that is experienced by a person subjectively; often out of proportion to the real threat or physical danger.*



FEAR

Future/**F**ictitious
Events
Appearing
Real





“Where there is smoke, there is fire.”



- Laura’s story – seeing flames in the distance
- Recent fires in Napa Valley evoke traumatic memories
- Even smoke (without fire) may trigger a crisis response



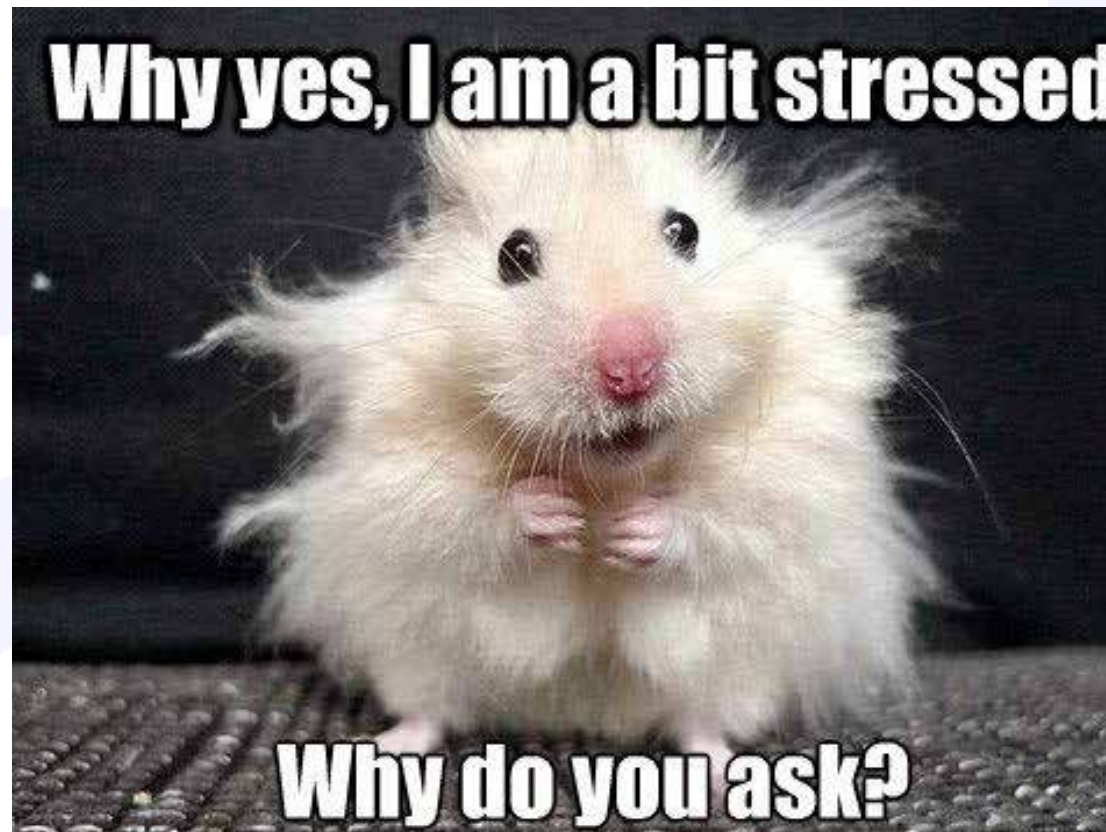
Americans are Anxious

- Almost 40% of Americans are more anxious than they were last year, according to a May 2018 American Psychiatric Association (APA) poll.
- Approximately 40 million American adults — roughly 18% of the population — have an anxiety disorder.
- Safety, health and finances are the greatest sources of anxiety. 68% said “*keeping myself or my family safe*” and “*my health*” made them either somewhat or extremely anxious.





Sometimes “Baseline” can be Pretty High





In the News

*Is it any wonder we worry . . .
given some of the things we've
seen and experienced the past
few years?*



Hurricane Irma hits Southern Florida



Hurricane Harvey hits Texas



Hurricane Maria hits Puerto Rico



Mass Shooting at a Music Festival in Las Vegas



Amtrak Derailment in Washington State



Violence in Charlottesville, Virginia



Church Shooting in Texas



Massive Fires in California



Immigration Issues across the Country



Volcano Eruptions and Earthquakes in Hawaii



Police Shooting in Sacramento

Bombarded with Disturbing Images

- Social media and mass media bombard us with dramatic images, so we feel closely connected to traumatic events going on around us.
- Many people know – or know of – someone impacted by the crisis.





So it isn't hard for us to imagine the worst

Even if we are participating in an emergency preparedness drill.



The Stress Response: *Reaction to Perceived Threat*

- The body is built to react, but may also over-react.
- A stressful situation can trigger a cascade of stress hormones that produce physiological changes.
- Stress can make the heart pound and breathing quicken. Muscles tense and beads of sweat appear.
- **Overwhelm:** being stressed beyond coping; Over arousal of the adrenal system
- **Chronic Stress:** Extending oneself without adequate time for recovery between events.
- Our system is only designed to respond to short-term crises. Chronic stress can lead to illness, injury, premature death



Your Body may not Know the Difference

The emotional and physiological trauma from a perceived threat can be similar or as severe as trauma from an actual threat.

“I thought he was going to shoot.”

“It looked like the truck was going to hit me.”

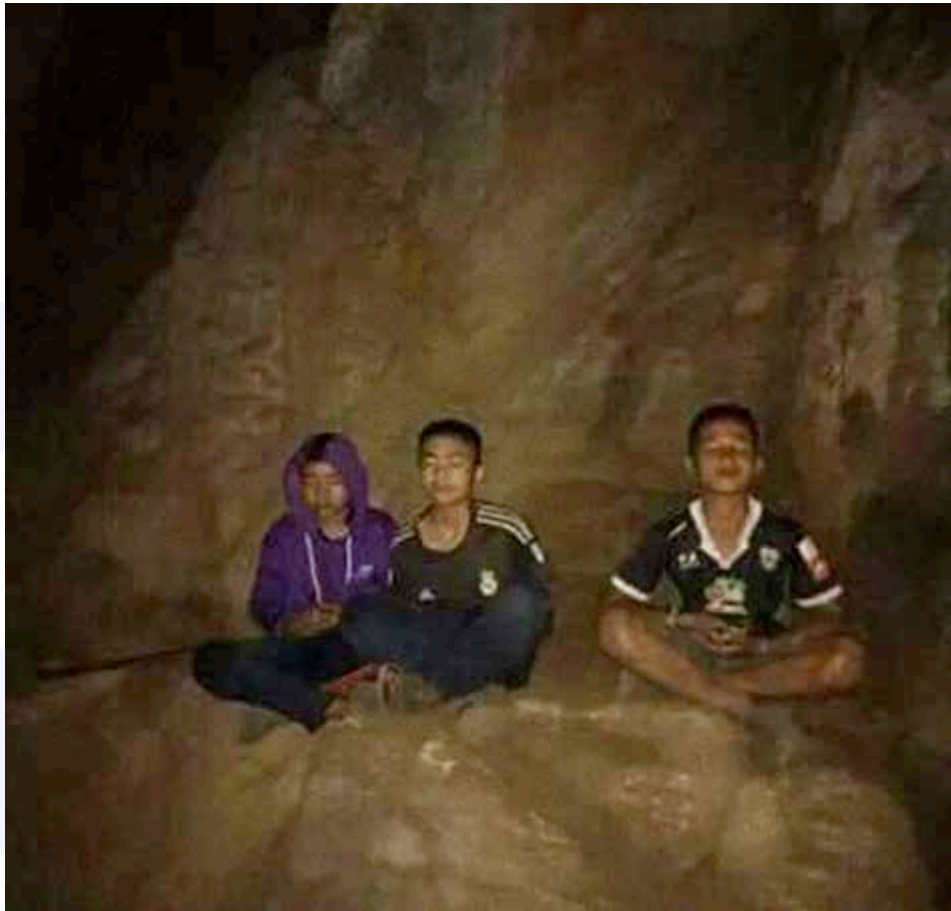
“It felt like the woman was going to die right there in front of me.”



The Antidote: *Relaxation Response*

- Deep breathing
- Soothing words
- Visualization of tranquil scenes
- Repetitive prayer or meditation
- Yoga/Tai Chi
- Physical activity
- Social support
- Mindfulness
- Shift in perspective
- Centering/Grounding
- Focus on present reality

Keeping Calm in a Crisis



The Thai cave football coach, a former Buddhist monk, taught his team to meditate to help them survive their 17-day ordeal.

Meditation, prayer and mindfulness can help decrease stress and increase clarity of thinking.



In Today's World, we are Challenged With:

- **Rapid Change**
- **Fast-paced, “multi-tasking” schedules**
- **Increased cost of living**
- **Rising violence & crime**
- **Opioid Crisis/Alcohol Abuse**
- **Racial/Cultural Tension**
- **Sense of relational disconnect despite technology**
- **Widespread Obesity**
- **Domestic Violence**
- **Human Trafficking**
- **Increased Suicide Risk**
- **Political Tension/turmoil**



**The world feels
to many like an
increasingly
unsafe place.**





Cultural Shifts Impact the Hospital

- Increasingly multicultural → misunderstandings, xenophobia
- Increase threat of violence in the hospital
- Funding decreased/eliminated for mental health, homeless
- Family dynamics often more “dysfunctional” than functional
- Immigration issues create tension for patients and staff
- Healthcare Reform and reductions in compensation, staffing
- Financial Stressors
- Increased technology/EHR streamlines but also stresses



Staff Work in Stressful Environments They Don't Always Feel Equipped or Prepared For

“If I wanted to focus on mental health patients, I would have trained to be a psychiatric nurse.”

– ED nurse

“We don't know what to expect from families anymore. They may show up loaded, or with loaded guns.”

– Labor & Delivery RN





Another Way to “Be Prepared”

- Because interdisciplinary staff in the hospital setting are increasingly exposed to stressful and traumatic events for which they feel unprepared, chronic stress and trauma can lead to compassion fatigue and burnout.
- Burnout is on the rise among healthcare professionals.
- Ø **Rather than waiting for the aftermath of a crisis or disaster, leaders are wise to invest in staff support to manage ongoing stress and encourage staff resilience and retention.**



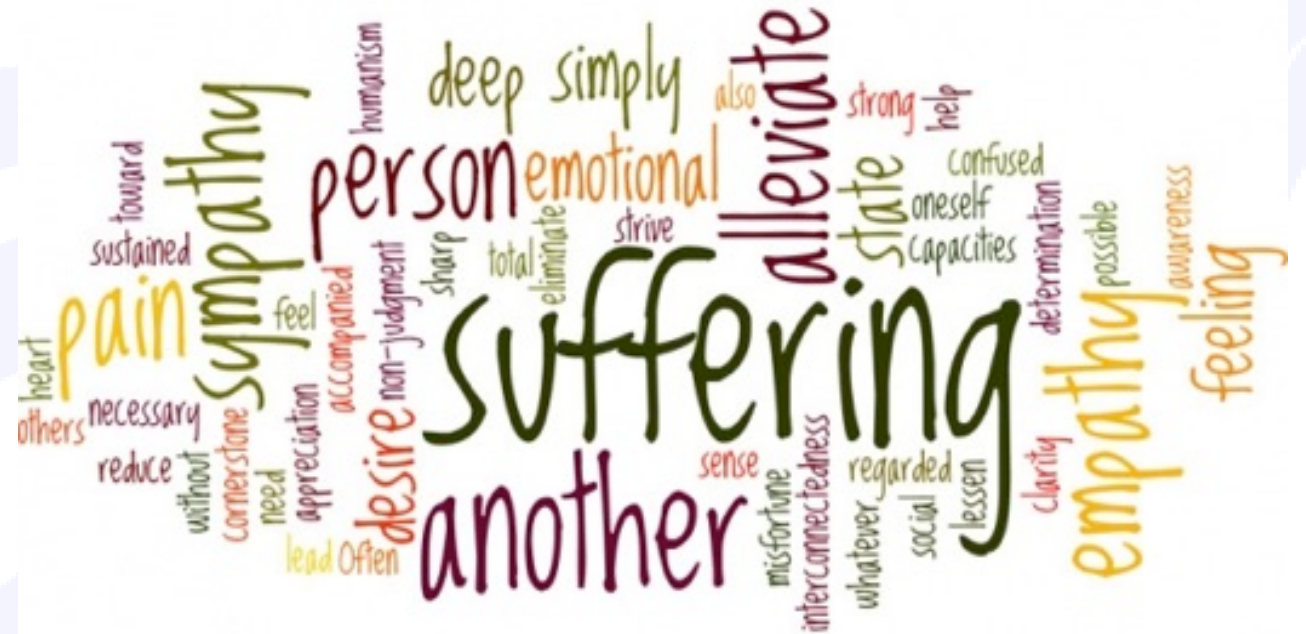
What is Resilience?



- The ability to spring back into shape after being pulled, stressed, or pressed upon.
- The capacity to recover from difficulties and challenges and become healthy, successful and strong again (or even stronger) after something unsettling happens.
- It isn't about stubbornness. It is about stamina. It is about sustaining compassion and passion for our work.

What Tends to Push us Out of Sorts?

- Crisis and adrenaline
- Chronic stress
- Exposure to suffering
- Compassion fatigue
- PTSD/Vicarious trauma
- Moral distress
- Burnout





What is Compassion Fatigue?



The gradual lessening of compassion over time. Feeling like you are “just too tired to care.” It is common among individuals who work directly with trauma victims and those who are suffering. It is not the experience of those who truly “do not care,” but those who care deeply and are highly invested in their work.

What is Moral Distress?



The sense that you know the right thing to do, or how things “should be,” yet feel powerless to make it happen. When you cannot carry out what you think is ethically or morally appropriate because of institutional or cultural constraints. It is a major reason nurses leave the profession.

What is Vicarious Trauma?

- Being a witness to the pain and suffering of others.
- Seeing and hearing things that are shocking or disturbing.
- Trying to help a broken person, and being hurt by their shattered pieces.
- Being “secondary victims” of someone else’s trauma.





Our Hospitals are Full of These Stressors





Signs we May be Suffering

- Exhaustion or extreme fatigue
- Sleep difficulties
- Gastrointestinal problems
- Elevated heart rate or blood pressure
- Hypervigilance, anxiety or hypersensitivity
- Avoidance of places, people or activities we once enjoyed





We May Also Experience:

- Intrusive imagery
- Relational difficulties
- Excessive busyness
- Isolation from others
- Increased intake of food, alcohol, smoking, TV, etc.
- Diminished sense of career enjoyment; sense of futility



Temperatures Rising



**We can get so used
to these symptoms
we don't even notice
them . . .**

***But the water is boiling
around us.***



The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.

– Rachel Naomi Remen, MD



The Key Question is:

Ø If we cannot eliminate stress from our lives and our work, how do we foster resilience in the face of ongoing stress and suffering?



It Begins With Self Care

- Improved self-care is really the key to compassion fatigue prevention.
- As helpers, we may tend to put our own needs last, and even feel guilty taking time out of busy schedules to exercise, get a massage, rest, play, pray or meditate.
- But it is essential that we identify things that help to personally restore us and make them an ongoing priority.
- Being mindful and attentive to our needs can help us be resilient. But it does take intentionality and practice.



It is Important to Assess our Life Balance:

What is Restoring my Reserves?

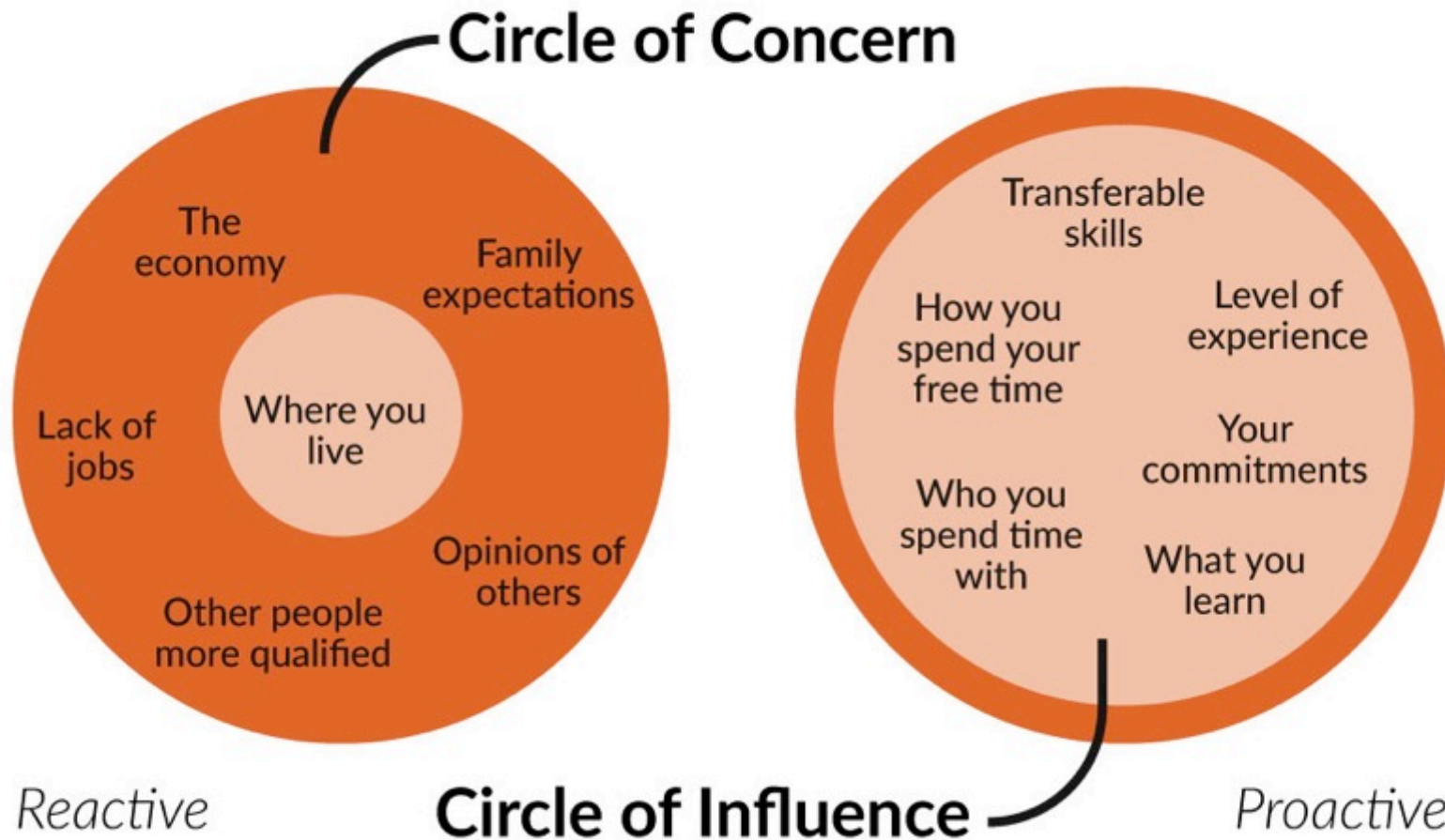
Grief	√	√	√	
Pain	√	√		
Time	√	√	√	
Energy	√	√	√	
Stress	√	√	√	
Worry	√	√		
Fatigue	√	√	√	√

What are the Costs of Caring?

Family	√	√	√	
Friends	√	√		
Fun	√			
Faith	√	√		
Beauty	√			
Rest	√			
Music	√	√		

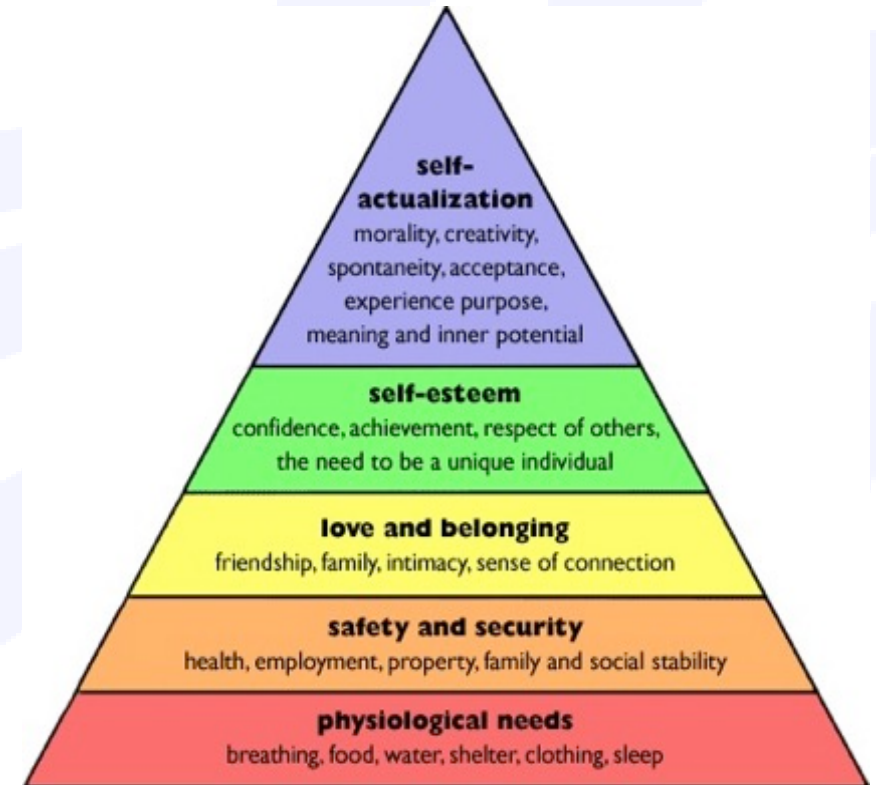
*Are you operating in the **Red** or in the **Black**?*

Knowing What we Can/Cannot Control



Promoting a Culture of Wellness

- Well-being happens within a context where we can commit to self care.
- But we must also look at the culture of the larger system/institution.
- We expect (and are expected) to perform at a very high level.
- But this is hard to maintain if our own needs are not consistently being met.



Maslow's Hierarchy of Needs



What Staff May Need From Leaders

- **Opportunities to Process as well as Prepare.** To debrief their responses to actual critical incidents or sentinel events
- Time and support in processing their responses to “perceived threats,” even if they are drills
- Education on compassion fatigue, moral distress, chronic stress and burnout
- Ongoing support in creating a Culture of Safety, Resilience and Wellness
- Opportunities to review, reflect and “Re-Set.”



RE-SET: *Shift Focus from Future Fears to Present Reality*

Rather than fretting about the future, or regretting and resenting the past, we can choose to:

- **Process the past**
- **Prepare for the future**
- **Be present in the present.**



Being Present in the Present

Being grounded in the present means being aware of what we are actually experiencing today, right now, instead of focusing our attention on what might happen. When we are present in the now, we can feel more gratitude than fear.



be.
here.
now.



Reflection Exercise





Remember *why* you do what you do.

Express your emotions & process your grief.

Set healthy boundaries & accept human limitations.

Invest in self care and regular stress reduction.

Live and work with Integrity. Live fully engaged.

Increase your capacity for Wonder.

Educate yourself to keep up-to-date.

Nurture your relationships.

Communicate/collaborate with your team.

Engage in life-giving, spirit-filling activities.



An Innovative Program for Staff at SMCS

- *Be Balanced* 4-Hour Workshops on Resilience, Stress Management and Emotional Intelligence
- 11-Week *Mind-Body-Spirit* Stress Management Class
- **Brown-bag trainings** for managers and directors
- **Staff Presentations** on Moral Distress, Burnout, Compassion Fatigue and Self Care
- One-on-one and unit **support and debriefings** after critical incidents and drills

Hope Among the Ashes



Resilience can also mean finding Hope among the Ashes

Mosaic memorial made of remains from the 2015 Butte County Fire



Discussion



Thank You

Susan A. Cosio, MDiv, BCC

Board Certified Chaplain

Sutter Medical Center, Sacramento

cosios@sutterhealth.org