a VITAL WorkLife article

The Ripple Effect of Trauma in Medical Practice and How to Dampen the Wave

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Coming up in the article:

- The Trauma Factor
- The Ripple Effect—from Sufferer to Sufferer
- How Do We Dampen This Wave?
- A New Hierarchy of Needs for Healthcare Workers
- Shifting the Current Paradigm
- Dunbar's Number and the "Positive Ripple Effect"

There is no doubt that practicing medicine today predisposes physicians to a tsunami of mental and emotional health issues. Certainly, there are predictable causes of stress that come from deep concern for the well-being of patients and there are added demands of time constraints, complex charting, burdensome bureaucratic tasks and more.

The Trauma Factor

Additional events that can precipitate traumatic stress reactions in even the most seasoned clinicians include medical errors, patient deaths, and increasingly, rude or violent reactions by patients or their families. Simply witnessing a cardiac arrest in the emergency room can be distressing for some. More covert trauma might come from leadership demands or organizational requirements that restrict one from providing the quality of care they believe in. This form of trauma leads to moral injury—the sense that one is violating their moral code. For female physicians and those from minority groups, micro-aggressions and subtle or overt signs of disrespect can wound and contribute to an ongoing cycle of trauma. The aftermath of such experiences may include grief, psychological, emotional, physical, or spiritual distress, rumination over the event or flashbacks.

However, one's response to trauma can be purposeful and allow for personal growth.

Not everyone is traumatized to the same degree by a given event, but we all experience suffering. Over time droplet-sized traumatic events and other stressors add up, leading to the familiar symptoms of burnout—exhaustion, cynicism, a loss of sense of self and feelings of ineffectiveness or lack of accomplishment. However, one's response to trauma can be purposeful and allow for personal growth. This growth is as much about how we manage suffering as how we help others walk through it.

> **"If we decide to walk through suffering alone- stand tall, draw a line in the sand, tough it out– we will suffer more and spread more suffering around"**

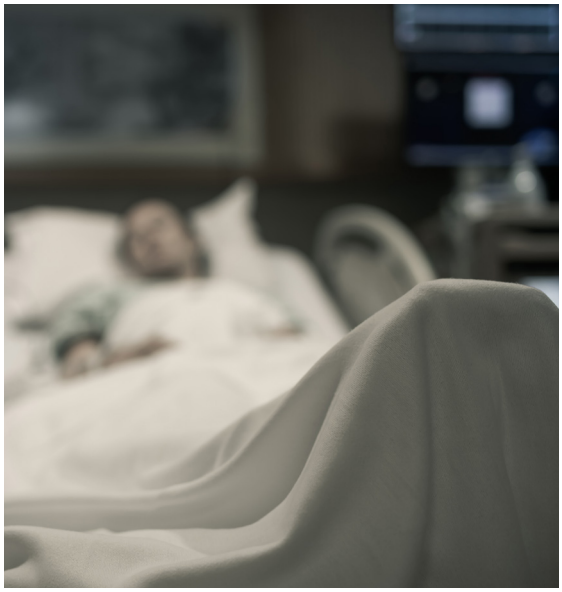
—Samuel Shem, author of *The House of God*

The Ripple Effect—from Sufferer to Sufferer

While the patient is often considered the first victim of a traumatic event—an injury, critical event, or medical error; the healthcare professional exposed to such events has become known as the "second victim,"—or, to avoid misinterpretations related to the word "victim", let's use the term "sufferer." The inciting traumatic event begins a ripple effect among those exposed to it, creating a wave of second sufferers within the healthcare team. This "propagation of suffering" has not been given the same degree of attention that primary burnout effects have been given, so let's explore this more. Secondary suffering continues to spread with emotional, psychological and physical consequences moving out like waves in a pond from the central traumatic event. We know ripples dampen over time and space and so can the effects of a traumatic event, although many people can be left in the wake of the initial wounding surge. For example, a physician experiencing burnout phenomena due to repeated traumatic experiences in the work environment may be inefficient, cynical, frustrated and fatigued. They may snap at colleagues or become withdrawn and non-communicative. Team cohesion suffers; the work suffers. Colleagues, now caught in this wave, have become the second sufferers. Patients can also get caught up in the ripple effect when the distress of a suffering physician and affected team members overflows onto the people they are working to heal. This collateral effect directly leads to decreased patient satisfaction, short-staffing, longer wait times and in the worst-case scenario, medical errors. A third level of the ripple effect can touch the family members of a provider or patient. The physician may come home from work with such limited emotional bandwidth that they lash out at family members who become netted as second sufferers.

There is plenty of evidence that burnout stirs up a cascade of negative effects. For example, a 2019 research review in the American Journal of Medicine cited an increased risk of medical errors, adverse patient safety incidents, reduced overall quality of care and decreased patient satisfaction. "Physicians reporting burnout symptoms work fewer hours and leave clinical medicine at a higher rate than do those not affected," the report states. "Burnout among primary care physicians also increases turnover and therefore costs."

Suffering begets suffering and the effects of individual anguish and burnout are magnified in the process. This is why burnout statistics are climbing. There is a veritable tsunami of well-hidden pain among healthcare professionals.

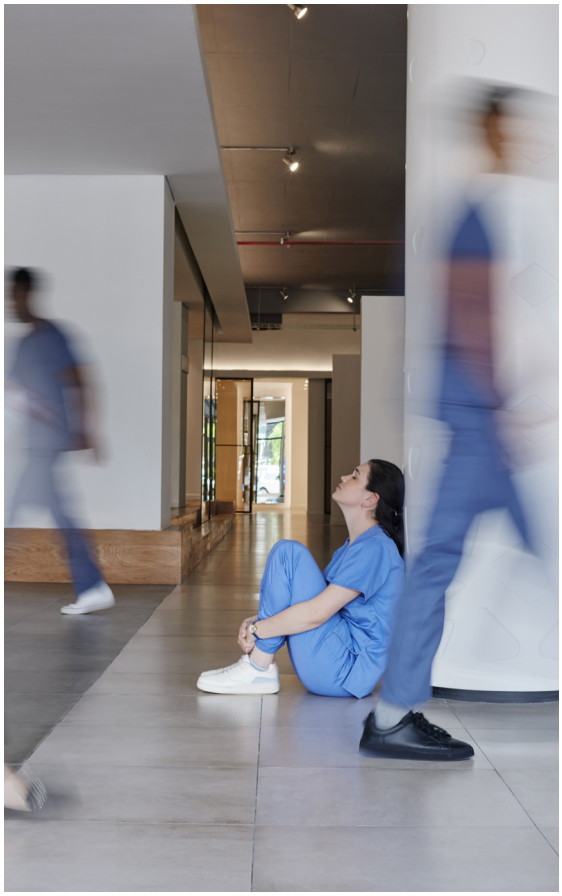


How Do We Dampen This Wave?

As the American Journal of Medicine article and other research reveal, we are excellent at gathering data and reporting statistics on burnout and its comorbidities. Psychological resources abound, so much so that institutions nationwide are forming wellness committees and working to develop their approaches to buffering against burnout. Although there is great sharing of information, to some degree we are each fishing in our isolated ponds. We must begin to work toward a growing awareness of the ripple effect of trauma so that we can stem this negative tide. We know that caring for the suffering healthcare professional requires individual and organizational engagement and commitment to affect healing change. How can we move on to reduce the ripple effect and distress of all sufferers? The first step in that direction is to understand that current attitudes and approaches are grossly inadequate.

Contemporary medical culture remains a top-down, shaming-blaming-judging culture where genuine, compassionate connection with a suffering colleague is often the exception rather than the rule. A shift toward a just, healthy culture of well-being will take years to occur.

For any individual overwhelmed with an infinite workload, pausing to offer a compassionate gesture toward a colleague is something to be avoided. Skipping an interaction like this means the day runs more smoothly. Unsolicited words of kindness are uncomfortable and awkward (we don't know what to say anyway). Physicians are far too busy and often emotionally under-equipped to provide this form of support to one another. Furthermore, the scheduled automaticity of our days, as cogs in the waterwheel of healthcare, does not allow room for this form of genuine connection. But suppose we begin in good research fashion by invoking a theoretical construct that could be the foundation of a new medical culture, one that is as compassionate toward its workers as it strives to be toward its patients.



A New Hierarchy of Needs for Healthcare Workers

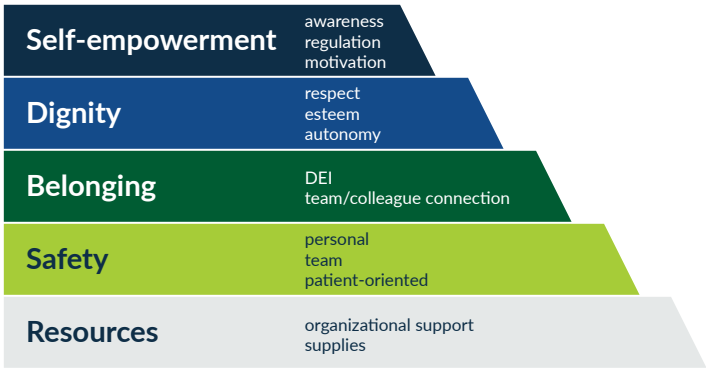
We're all familiar with the sociologist Abraham Maslow's Hierarchy of Needs pyramid, a ranking of human needs from, at the bottom, the most basic requirements for survival to, at the top, the elements that make for a psychologically and morally satisfying life. It runs from physiological needs—breathing, food, water, and shelter—up through four additional clusters of needs: safety and security, love and belonging, self-esteem, and "self-actualization" (morality, creativity, spontaneity, purpose, meaning).

Now is the time to establish a "needs matrix" for physicians and other healthcare workers that looks like this, bottom to top:

- **Safety:** Personal safety, team safety, patient-related safety, organizational trust
- **Resources:** Organizational support, adequate supplies, equipment, tech support
- **Belonging:** Connection to colleagues and team; diversity, equity, inclusion
- **Dignity:** Mutual respect and esteem among colleagues and leadership; autonomy
- Meeting these needs then supports the development of **Self-empowerment** characterized by the practitioner's degree of self-awareness, self-regulation, self-determination, self-efficacy and motivation.

It's also important to recognize that one can move between multiple needs at any given moment—and that this flow between needs works in conjunction with Maslow's hierarchy. For example, a clinician might function without adequate rest, food, water, or bathroom breaks. They may temporarily remain effective, regulated and determined despite having other unmet needs. But if a trigger occurs such as a schedule disruption, EHR glitch, or missing supplies, the clinician's bandwidth immediately shortens bumping them down to a lower level on the matrix. They feel unsupported and a sense of lack of safety begins to grow.

Healthcare Worker's Matrix of Needs



Shifting the Current Paradigm

Ongoing well-being initiatives have a critical role to play in shifting the current healthcare culture from one that cultivates burnout to one that meets the next-level needs of its workers. Ideally, the general workplace attitude must switch from trying to fix people toward honoring who they are, gently aligning and supporting them while they return to thriving. As we move toward this new "Just Healthcare Culture"—one that recognizes and assists everyone caught up in this traumatic ripple effect—a sense of safety, trust, connection and respect will be reborn. When we need a litmus test for our in-the-moment well-being the Healthcare Worker's Needs Matrix can be used as that reference tool. Through awareness, understanding and a gentler common language of compassion we can begin this shift toward a just, supportive culture of community.

Dunbar's Number and the "Positive Ripple Effect"

In the 1990s, British anthropologist Robin Dunbar used studies in primatology to calculate that, given our cognitive capacity, we can only maintain stable social relationships with about 150 people. Dunbar meant that number as a limit, but it can also represent opportunity. One hundred and fifty people are a lot of people. We can't all be celebrities, thought leaders, or mega-influencers, but we can affect the lives of a substantial number of people at any given time—some critics of Dunbar suggest that his number is too low. The point here of course isn't the number itself—rather it is the idea that if any one of us chooses to be compassionate, understanding, appropriately inquisitive and concerned about the circle of human beings within which we find ourselves, we can initiate a "positive ripple effect" within that circle. If a large number of us do this, the ripples may form a cumulative wave, such that all members in a work environment have the potential to be affected in this beneficial way.

"...the idea that if any one of us chooses to be compassionate, understanding, appropriately inquisitive and concerned about the circle of human beings within which we find ourselves, we can initiate a "positive ripple effect" within that circle."

What constitutes a positive ripple effect?

There has been much discussion about high-level organizational change as a way to improve work and life for physicians and head off burnout—from adding EHR scribes and adjusting schedules to carving out more social time and providing resources and a culture that supports well-being. But equally important to change efforts at the organizational level are also changes in medical culture that begin at the granular level—in the hearts and minds of those of us who live and breathe in this environment of suffering every day. Consider the unmet needs of all of those around you, not just the patients. Where can you offer a kind word or make a connection with a colleague or team member? Perhaps a supportive encounter with a peer coach in a well-being program, or genuine words of encouragement toward a colleague will become the healing droplets of compassion that can move outward, ripple by ripple, to create the new self-empowered culture of medicine that is so very needed.

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Dr. MacLellan-Tobert is a board certified Pediatric Cardiologist who has been in practice for 23 years. She grew up in Edmonton, Alberta and attended medical school at the University of Alberta. Residency and fellowship were completed at the Mayo Clinic in Rochester, MN. After fellowship, she entered a small group practice in the Midwest and has been practicing in La Crosse, WI for the past 18 years. Aside from clinical practice, Sue has interest and experience in administration, clinic outreach development, organization of large group projects, physician wellness and teaching. She received her coaching certification through the Physician Coaching Institute, and steer-headed the development of Gundersen Health System's internal physician coaching program.

Contact us to learn more about how to foster a culture of well-being and launch a well-being program for your organization.

Contact us by phone at 877.731.3949, or online at **VITALWorkLife.com/contact-us**

SOURCES

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VITAL WorkLife is the leading mental health and well-being expert for healthcare organizations and their workforce. We've focused on healthcare since 2007, and today our innovative solutions are leading the way in helping physicians, nurses and entire care teams address professional burnout, life challenges and barriers to seeking help.