Trauma for the Trauma providers?

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Disclosures

- Nothing to disclose.

Background

- 35 million injured patients per year visit Emergency Departments

- 275,000 deaths from traumatic injury

- Everyone in here has seen at least dozens (more likely hundreds, thousands) of traumatically injured patients per year

Talk about terminology

- Burnout
- Moral Injury
- Post Traumatic Stress Disorder
- Secondary trauma
  - Compassion fatigue
- Vicarious trauma
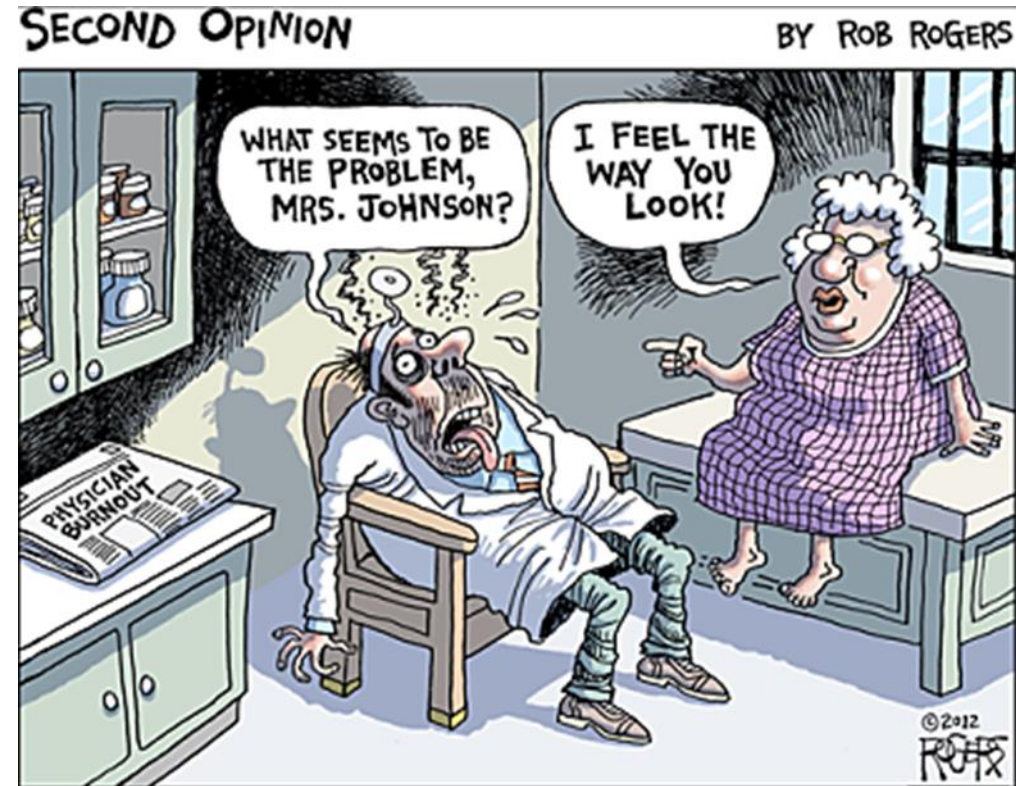
Burnout

- Concept late 1960's
- "Staff Burnout" published 1974
- Syndrome resulting from chronic workplace stress
  - Emotional exhaustion
  - Depersonalization
  - Low sense of personal accomplishment

Burnout - Prevalence

- Prevalence
  - Physicians – 50-87%
  - Nurses – 18-43%*
  - Pre-hospital - ????

Burnout – Causes, Contributing factors

- Excessive workloads
- Inefficient work processes
- Clerical burdens
- Work-home conflicts
- Lack of input, control
- Physicians
  - More prevalent in younger, female

Moral Injury

- When someone engages in, fails to prevent, is subjected to, or witnesses acts that conflict with their values or beliefs

- Being unable to provide the type or level of care due to lack of resources or system issues

- Persisting distress which can follow after exposure(s) to these types of events

Post Traumatic Stress Disorder

- Criterion A: Stressor
  - Person exposed to death/threatened death/actual or threatened serious injury or sexual violence
    - Direct
    - Witnessed
    - Relative or close friend was exposed
    - Indirect exposure to details of the trauma

Post Traumatic Stress Disorder

- Criterion B: intrusion symptoms
  - Trauma is recurrently and involuntarily re-experienced (one required)
    - Nightmares
    - Flashbacks
    - Unwanted memories
    - Marked psychological and/or physiological distress or reactivity after exposure to a reminder
- Criterion C: avoidance
  - Feelings
  - Situations/Environment

Post Traumatic Stress Disorder

- Criterion D: Cognition and mood changes
  - Negative thoughts or feelings (two required)
    - Isolation
    - Exaggeration of blame to self or others
    - Decreased interest in activities
    - Anhedonia – difficulty in experiencing happiness
    - Negative affect
    - Inability to recall trauma
    - Overly negative thoughts about self and/or others

Post Traumatic Stress Disorder

- Criterion E: Arousal and reactivity
  - Aggression
  - Risky or self destructive behavior
  - Hypervigilance
  - Exaggerated startle reaction
  - Difficulty concentrating
  - Sleeping disturbances

Post Traumatic Stress Disorder

- Criterion F: Duration
  - Symptoms last for more than 1 month
- Criterion G: Functional Significance
  - Functional impairment (friends, family, job)
- Criterion H: Exclusion
  - Symptoms cannot be due to medication, other illness, or substance use

Post Traumatic Stress Disorder

- Surgeons
  - Symptoms: 40%
  - Met diagnostic criteria: 15%
- Nurses
- Pre-hospital
  - Firefighters: 6.3-22%
  - EMS: 6.5-14.1%
  - Law enforcement: 2.5-9.8%

Unveiling posttraumatic stress disorder in trauma surgeons:
A national survey

Bellal Joseph, MD, Viraj Pandit, MD, George Hadeed, MD, Narong Kulvatunyou, MD, Bardiya Zangbar, MD, Andrew Tang, MD, Terence O'Keeffe, MBChB, Julie Wynne, MD, Donald J. Green, MD, Randall S. Friese, MD, and Peter Rhee, MD, *Tucson, Arizona*

Secondary Trauma

- Figley 1983
  - "Emotional duress experienced by persons having close contact with a trauma survivor"
  - Stress reaction following exposure to traumatic material
  - Symptoms similar to PTSD

Compassion Fatigue

- Figley 1995
  - "Normative occupational hazard"
  - "Less stigmatizing"
  - Not an individual problem but an occupational phenomenon
  - Unclear if it is separate entity from Secondary Traumatic Stress

Secondary trauma/Compassion fatigue

- ED nurses: 65% (pooled meta-analysis)
- ED physicians: 34% one symptom, 13% met criteria
- Mixed cohort – paramedics, physicians, nurses 56% low or moderate STS symptoms
- Prehospital – 64% "any stress syndrome"

Secondary trauma

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Vicarious trauma

- Pearlman and Saakvitne (1995)
- Represents a "shift in the clinician's attitude and world view after prolonged exposure to patients' suffering."
- Change in fundamental beliefs about the world and alters a person's cognitive schemas

Vicarious traumatized

- I don't know how any of us in this room haven't had our views on the world changed because of our jobs

Vicarious traumatized

- And.
- I don't think that is necessarily a bad thing.
- "Process of change resulting from empathetic engagement with trauma survivors"

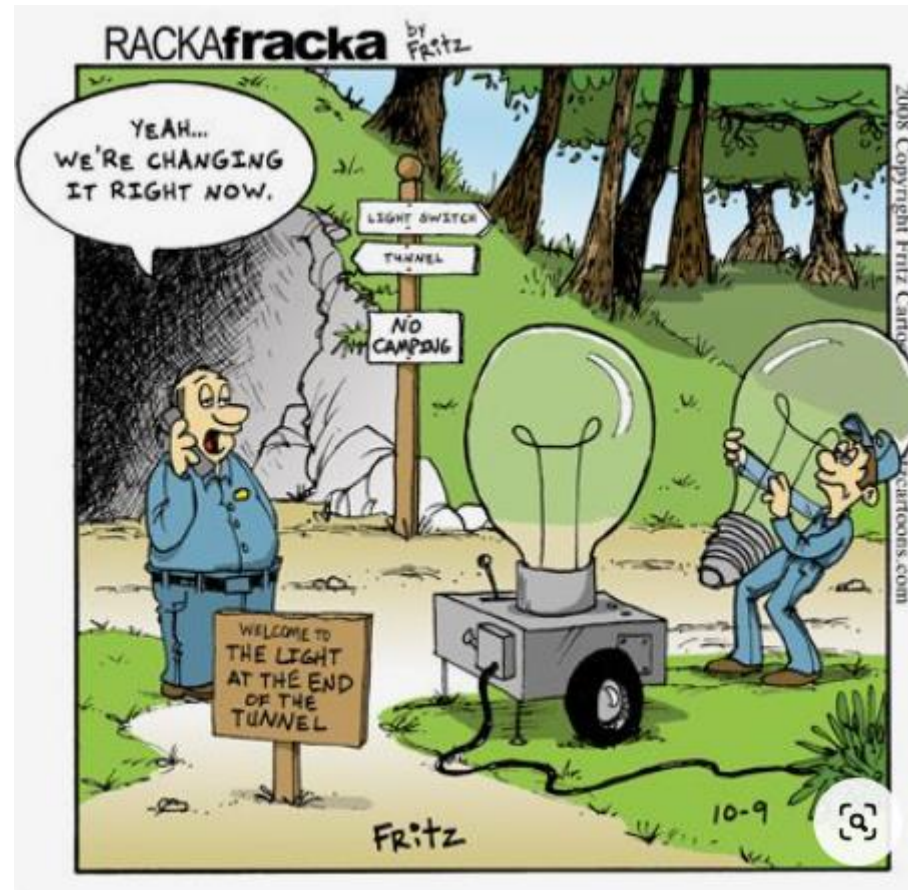# Thoughts lead to our behaviors

Rx for today: Introspection

- Do you recognize your job is hard?

- What are your coping mechanisms?

- Check in with the big three:
  - Mind
  - Body
  - Soul

I promise there is hope!

- Stay tuned to my next talk… where we talk all things resilience!

Reality

Thank you

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