

Friday October 14, 2022
Romanian Health Care
Conference & Expo

MAJOR TRENDS IN THE HEALTHCARE INDUSTRY IN THE POST-COVID ERA

Mental health for caregivers and the
special case of compassion fatigue.

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Global trends

1. **Digitalization**
2. **In-home and community care over hospital care**
3. **Acceleration of science and technology**
4. **Challenges in recruiting and retaining talent**
5. **Mental Health challenges for the medical personnel.**



1. Digitalization

Telehealth. Migrated from rural and isolated places to urban areas

Data sharing. Wearable devices for health data.

Deloitte consumer survey: majority ready to share their medical data to enhance their health.

The data also helps improve the health of the entire population & enhance clinical research & diagnosing in general.

Artificial Intelligence. AI improves the efficiency of analyzing global data. Confirmed its value during the pandemic. From CT scans to predictions on the pandemic on mental health. It frees up time for medical personnel. Very precise.



1. Digitalization

Augmented reality & virtual reality - great potential to significantly improve the healthcare industry.

VR already helps surgeons plan and perform complicated surgeries.

Eases patient discomfort – alternative to painkillers/opioids (chronic pain, anxiety, PTSD).

AR technology is widely used by surgeons (headsets that provide extra information during surgeries).

Blockchain health records. Controversial.

Estimated **890.5 million USD** in the healthcare market by 2023

Database of transactions that can assist in keeping and storing electronic health records.
An effective instrument for improving accuracy and preventing data violations (Australia and the UK).

Solved the problem of fragmented medical records (could lead to misdiagnosis and even death).



1. Digitalization

Telehealth. Migrated from rural and isolated places to urban areas.

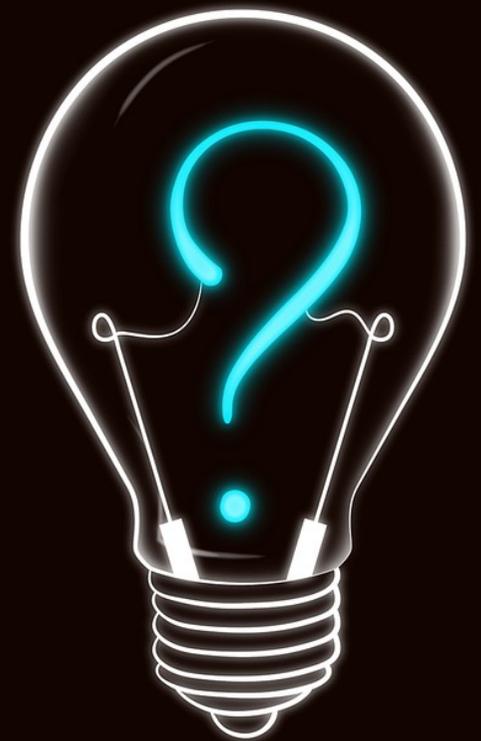
Bioprinting is a method of creating 3D-printed human organs – in clinical testing.

Internet of Things and **Machine Learning.**

Digital engagement is essential, not optional

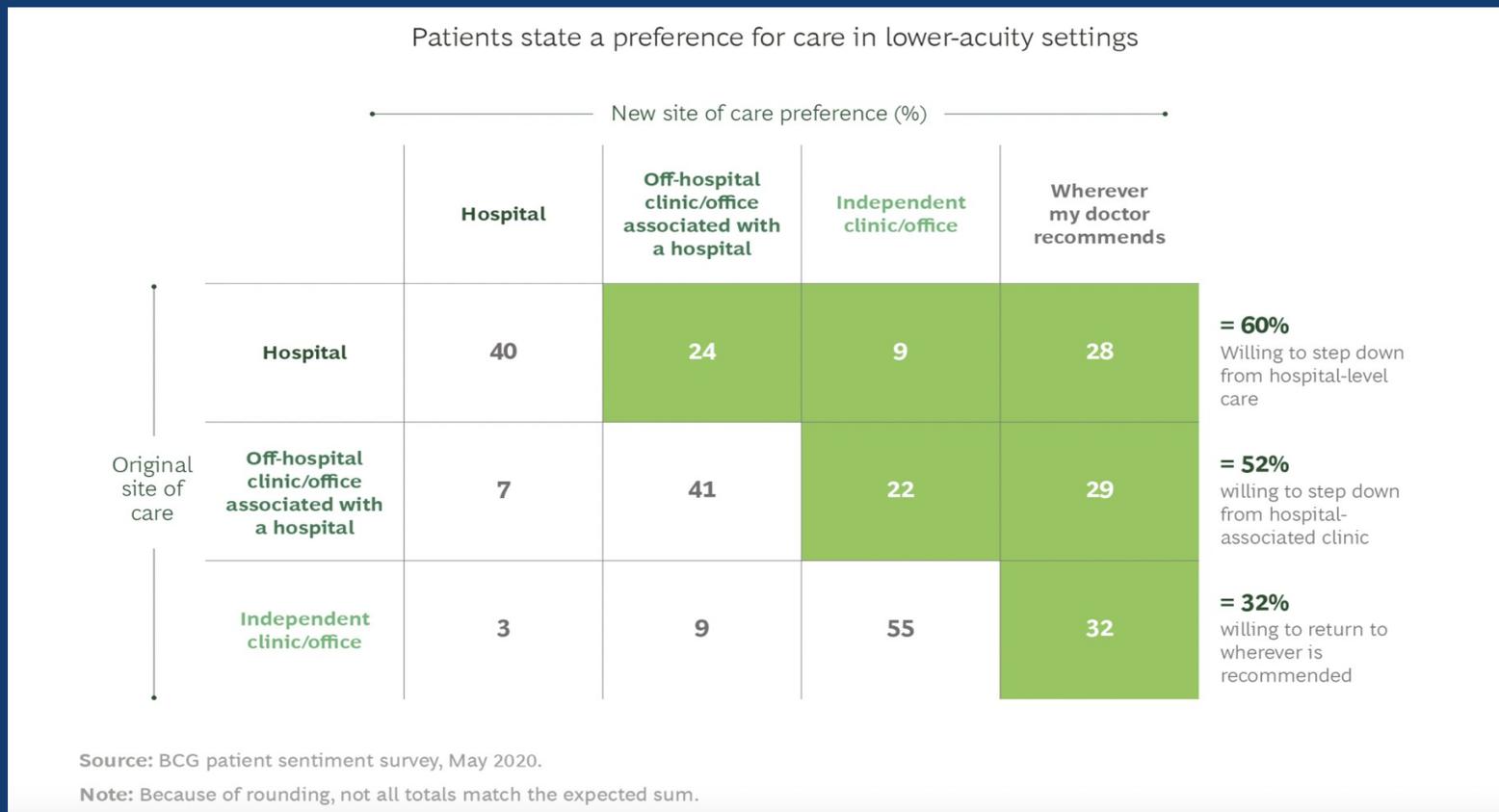
Digital engagement is essential, not optional

Are the medical personnel and the institutions prepared for this reality?



2. In-home and community care over hospital care

Patients are exhibiting a shift in preference away from hospitals and hospital-related sites of care



The traditional medical setting is changing

What do medical institutions do to proactively and efficiently adjust to this trend?





3. Acceleration of science and technology

- New and advanced treatment technologies - RNA, CAR-T, and cell and gene therapy.
- The successful development and delivery of two mRNA COVID-19 vaccines in less than a year will accelerate a wave of RNA innovation.
- Expected accelerated use of mRNA as a therapeutic modality in oncology and rare diseases and in other acute and chronic diseases.
- Strong growth in the funding of digital ventures in healthcare - surpassed \$20 billion in September 2021.
- the average size of funding deals increased as well—to \$39 million in 2021 (vs \$15.9 million in 2017).

Difficult to keep up with the scientific acceleration

**What are your plans to educate your main actors,
the medical personnel, to keep up?**

**How are you involved in educating the public
(patients)?**



4. Challenges in recruiting and retaining talent

- Estimated shortage of 13 million nurses in 2030 ([International Council of Nurses](#))
- Severe mental health issues reported for the medical personnel



Nurses



- Before COVID: already a 5.9 million nurses shortage.
- 2020-2021: up to 20-30% have “intention to leave”
- Severe mental health issues reported – burnout, exhaustion, PTSD.
- Underfunding, inadequate staffing, mistreatment.
- 50% of nurses in Canada – met the criteria for PTSD.
- 73% of nurses in Oman – have trouble sleeping.
- 38% of nurses in Lebanon wanted to leave their jobs but stayed to feed their families.

Doctors



- ONE in FOUR clinicians want to leave healthcare
- Reason cited: BURNOUT (89%).
- 40% report a lack of resources – effective processes and workflows, supplies, and equipment.
- 59% believe their teams are not adequately staffed.
- 1/3 of the rest want to change the clinic/hospital.
- 36% physicians and administrators considered early retirement.

Bain&Company, 2021

The (good) doctors and the nurses are leaving the system

What is your strategy for attracting the best healthcare workers on the market?

What are your plans for 2023-2024 to retain and motivate your best employees?



5. Mental Health Challenges for the Medical Personnel



COVID-Stress Syndrome (US research)

- fear of contagion by touching surfaces or other human beings.
- fear of the socioeconomic impact of the pandemic.
- fear of foreigners.
- compulsive checking and reassurance-seeking.
- traumatic stress symptoms.



After COVID



- A profound sense of **loss**. Lack of **security**. Rise of depression and anxiety. High in suicide rates.
- Confusion. Clutter, informational chaos, no anchors.
- Individual pressure (guilt, responsibility, exposure, failure).
- Systemic and oppressive stress. War. Inflation. Recession.



Compassion Fatigue

- the negative cost of caring, a form of secondary traumatic stress.
- direct and indirect exposure to the patient's pain and hopelessness. **WITNESS.**

The convergence of **secondary traumatic stress** and **cumulative burnout** - a state of physical and mental exhaustion caused by a depleted ability to cope with one's everyday environment.



Compassion Fatigue

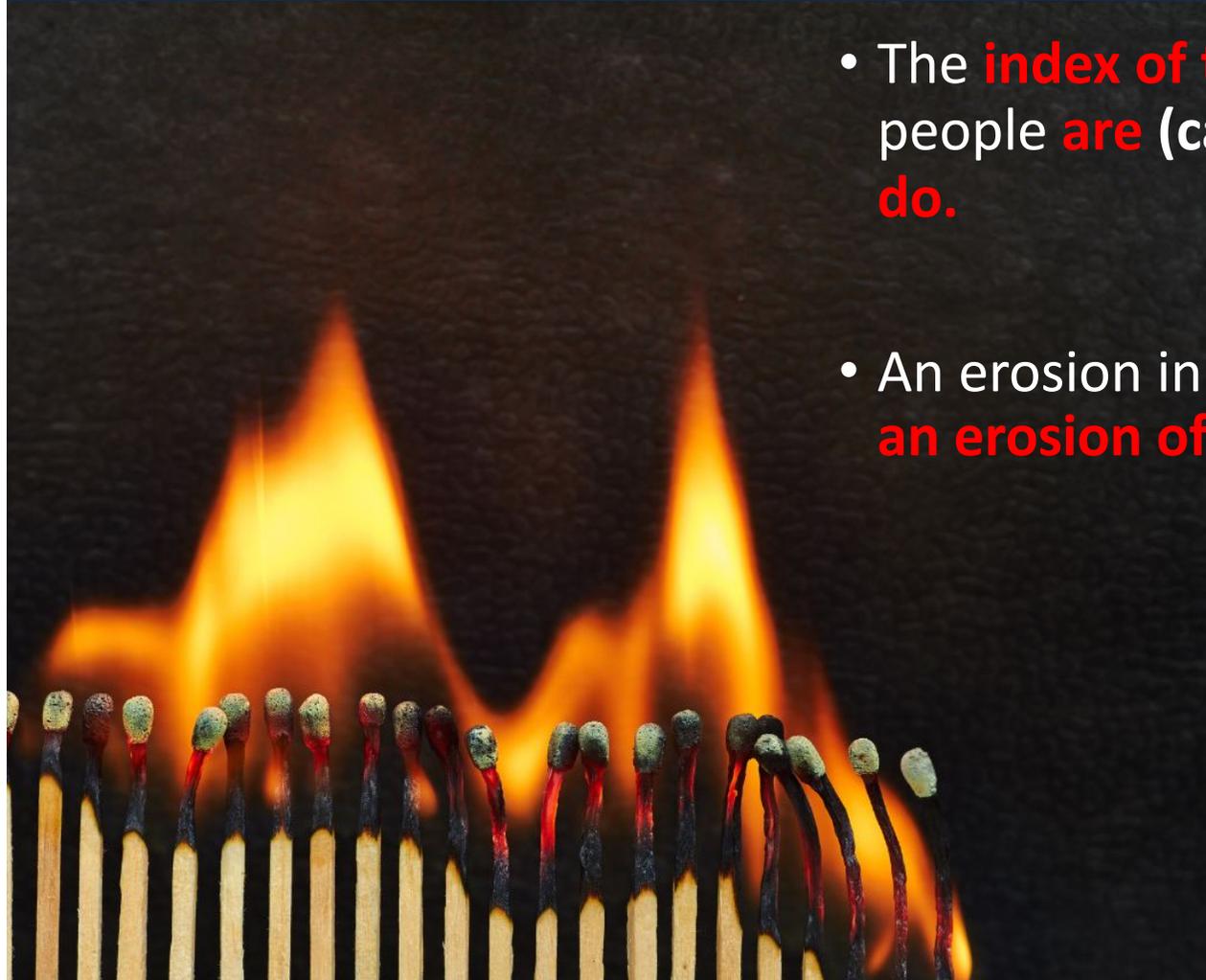
- In addition: The quantitative aspects of the accumulation of the caseloads, institutional problems, politics, paperwork, increased accountability.
- **Various roles:** medical doctors, administrators and managers, HR personnel, nurses, colleagues, peers, parents, friends.
- Sometimes cold, hostile environment, **insecure.**
- Deficient professional and personal support.

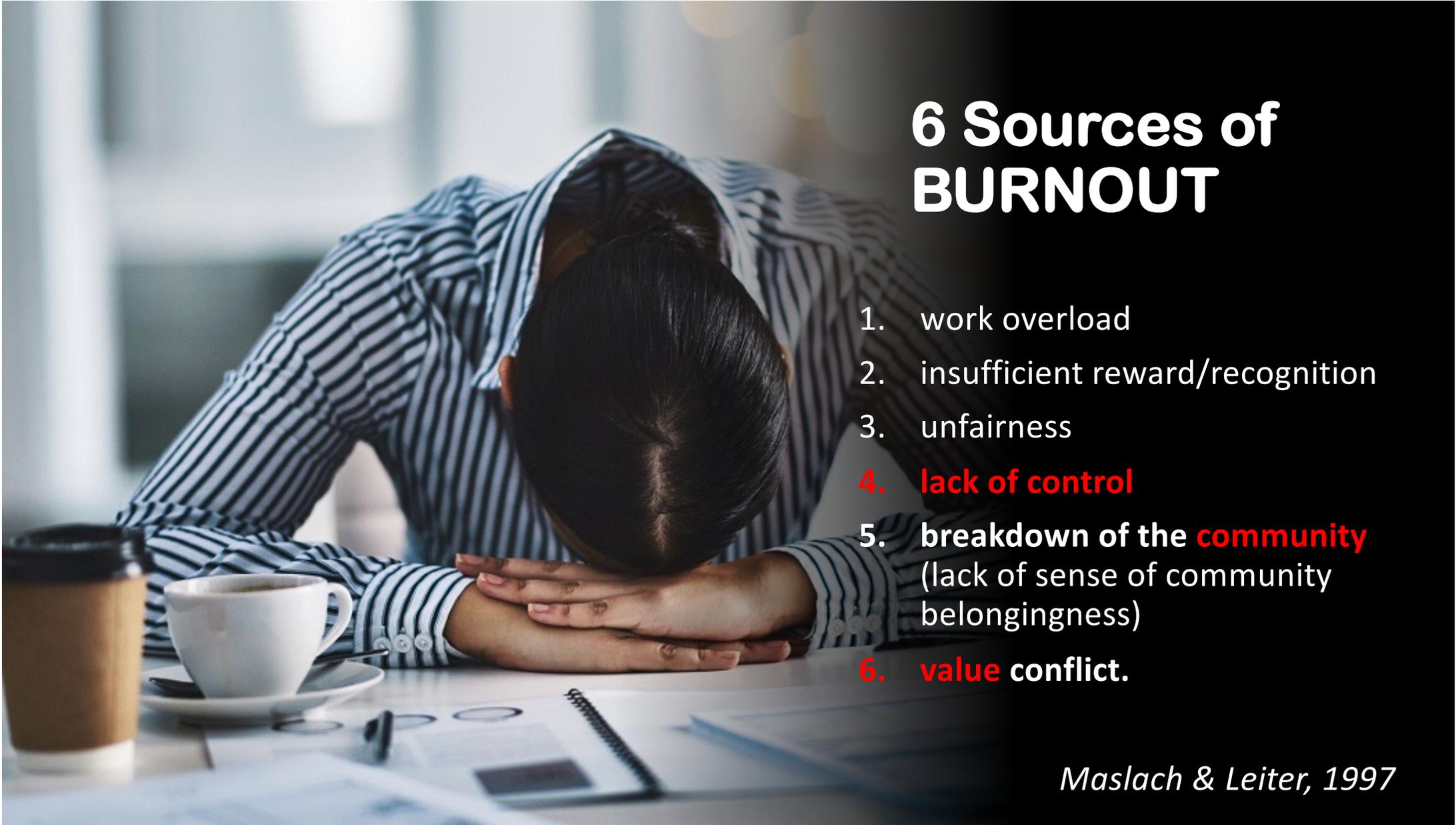
The specialists lose the capacity to safely handle their professional life.

BURNOUT

- The **index of the dislocation** between what people **are** (can do) and what **they have to do**.
- An erosion in values, dignity, spirit, and will – **an erosion of the human soul**.

Maslach & Leiter, 1997





6 Sources of BURNOUT

1. work overload
2. insufficient reward/recognition
3. unfairness
4. **lack of control**
5. **breakdown of the community**
(lack of sense of community belongingness)
6. **value conflict.**

Maslach & Leiter, 1997

BURNOUT - signs

- Sadness
- Apathy
- Irritability
- Exhaustion
- Isolation
- Indifference
- Disconnection
- Poor hygiene
- Self-medication
- Over medication



Increased consumption of alcohol and drugs

A general feeling of failure

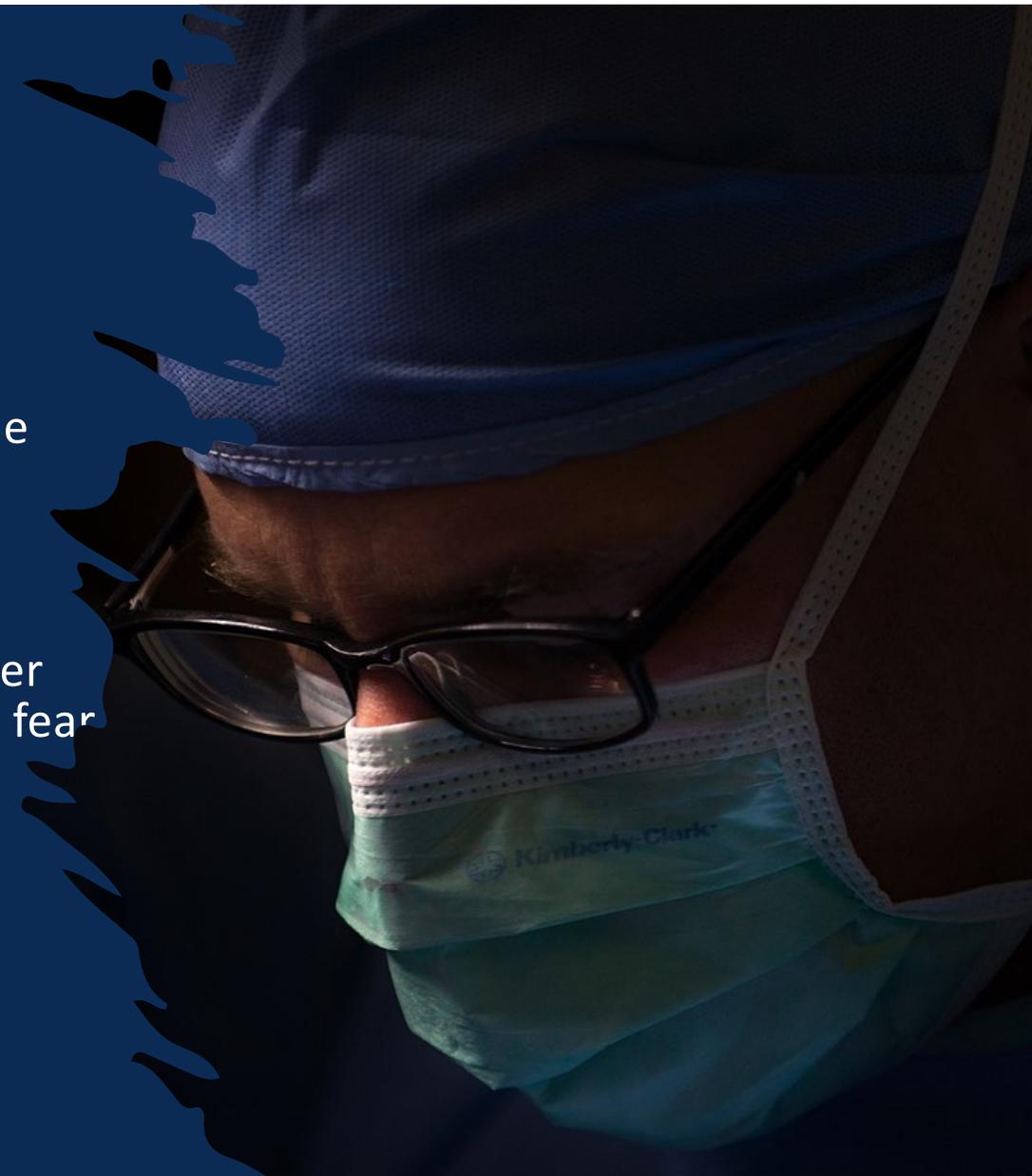
Physical signs of stress (from racing heart, headaches, to elevated blood pressure)

Secondary Traumatic Stress

Could mean an **obsession** related to the difficult cases, and with the feeling that the patients' trauma is part of the medical professionals' own lives.

Nightmares and intrusive thoughts, a higher level of alertness and excessive worry and fear are also prevalent in such situations.

PTSD: 4 times higher than Iraq and Afghanistan veterans (Mayo Clinic, 2017)



Mental Health in healthcare workers is rapidly declining

How do you FEEL about this fact?

How do you plan to protect them?

**How do you support them to regain balance and
motivation?**



A hand is shown reaching towards a single glowing lightbulb in the center of a collection of many unlit lightbulbs. The scene is set against a dark background, with the lightbulbs scattered on a reflective surface. The glowing bulb is the focal point, symbolizing an idea or a path forward.

- Who is our **CLIENT**? Who is the **patient**?

- A paradigm shift

- Listen to the people. Connect with them. **Reinvent**

- Support their education and mental health awareness.

- Invest in educating them for counseling skills (“bed manners”, empathy, communication).

- Unhappy medical staff – lower patient satisfaction
(20-30% decrease- Mayo Clinic, 2017)

- Offer mental health support to your medical doctors, nurses, and administrators – professional development, **counseling, therapy, coaching.**

REFLECT!

BE PROACTIVE!



Thank you!

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