



Why Wellness?

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The practice of anesthesia is known as a demanding, high-risk, and potentially hazardous occupation, requiring a high degree of knowledge and skill as well as mental and physical stamina.

Research shows that healthcare professionals have high expectations of themselves, often holding themselves to ideals of perfectionism, proficiency, and accessibility. Institutional situations and long, unpredictable, and uncontrollable work hours, disruptive sleep patterns, limited opportunities for nutritional breaks, and periods of isolation can lead to frustration, depression and burnout.^{1, 2, 3}

The loss of physical and mental energy and emotional exhaustion and withdrawal may impair clinical judgment and affect safety and care of patients. Furthermore, there is a tendency to self-diagnose and treat, or engage in risky behavior. Unfortunately, increased incidences of chemical dependence and higher rates of suicide are reported among anesthesia professionals.^{4, 5}

Multiple studies suggest that chronic fatigue, work schedules, dealing with critical patients, fears of litigation, productivity demands, and lack of control contribute to practitioner stress.^{3, 6} In addition to affecting psychological and emotional well-being, stress can also adversely affect physical health, increasing risks of hypertension, heart disease, and immune deficiency disorders.^{3, 4, 7}

Caring and empathy are core characteristics of our profession. Nurses and physicians are also required to develop detachment skills and an ability to turn off emotional reactions, leading to the perception of always being in control and immune to the normal stressors. Among professionals, there is great reluctance to admit to problems and major resistance to seeking help, largely due to considerable fear and concern for appearing weak or failing in our responsibilities and losing our careers. Moreover, there is a deeply rooted social stigma associated with any assessment of psychological illness.⁸

The AANA Wellness Program was developed in acknowledgment of the role internal and external stressors and their subsequent consequences play in the lives of nurse anesthetists.

In 2002, the membership experienced a tragic reminder of the risk and vulnerability each of us may have to personal illness, workplace conflicts, and overwhelming distress. The loss of Past President Jan Stewart, CRNA, ARNP, focused immediate attention on the widespread and pervasive impacts of physical and mental distress in our personal and professional lives.

The Board of Directors moved to establish a formal structure and set objectives toward raising awareness and educating and alerting students and CRNAs of the importance of self-care, of taking better care of ourselves in order to better care for patients. The objectives incorporated the prior educational and support activities related to

drug and alcohol abuse, largely through the work of the Peer Assistance Committee and the AANA Peer Assistance Hotline.

Although the methods may differ on the individual level, wellness is an active process through which one becomes aware of, and makes choices toward, a more healthy and successful existence. In the corporate environment, wellness is a broad term, often used as a catch-all to describe the ever-increasing range of health management programs that companies offer in the interest of lowering costs and increasing productivity of employees. In the world of professional associations, standards, codes of ethics, and competency benchmarks address professional recognition.

There are however, few professional groups that have committed agendas that address the impact of individual practitioner emotional and physical distress and the overwhelming consequences sufficient to impair personal well-being and the ability to care for patients.

Because the program is distinctive and specific to the AANA, there is no template, no return-on-investment spreadsheet, or standardized checklist for measuring success. Instead, it is a visionary, elusive, and less-tangible goal focused on achieving and maintaining personal and professional well-being and subsequent improvement of patient safety.

Among both students and experienced practitioners, burnout and stress have been shown to contribute to suboptimal patient care ranging from minor mistakes to potentially serious medical errors.⁷ Current research suggests that personal well-being may actually enhance aspects of professionalism such as empathy, compassion, and quality of care. These ideas are supported by emerging studies that show that increased well-being may promote professional attributes. Concepts of mindfulness, self-awareness, and positive psychology have been suggested as being important to promoting well-being, but little is known about the quantitative impact they may have on professionalism.⁹

Despite the pressures, most practitioners display tremendous stability and resilience in the face of great demands on their inner resources, time, and energy. Many however, suffer because they lack the psychological resources to cope effectively, or because those resources are limited. Many facilities and institutions lack appropriate policies and referral sources. Medical and nursing student stressors in particular are often not recognized or supported.

Measuring Well-Being

Studies on physicians and nurses and the stressors of their occupations, have focused almost exclusively on impairment. We know far less about what keeps us feeling happy, satisfied, and healthy.

There is however, growing scientific evidence to support strategies that improve and influence overall well-being. While a few specialized journals focus on well-being science, the main research findings are published in peer-reviewed journals of economics, psychology, sociology, and other social sciences.¹⁰

A large part of available research consists of books of advice on how to improve health through diet, exercise, meditation, giving more priority to one's family and other personal relationships, or spiritual beliefs. A significant amount of literature investigating well-being is found in the other social sciences, especially psychology.

Much of the work incorporates the study and measurement of subjective well-being (SWB). Also distinct is a growing body of research on quality of life and social indicators, often from sociology and the health sciences. A smaller part of contemporary publication on well-being comes from economics and philosophy, usually an analysis of personal and social trends that may influence economic welfare.

One of the main factors contributing to subjective well-being is personality. Extroversion and neuroticism, in particular, are strongly tied to emotional experience. People who are highly extroverted tend to experience higher levels of positive emotion such as joy and enthusiasm, even when they are alone. On the other hand, neurotic people are prone to experiencing more anxiety, guilt, and depression. Personality traits are strongly influenced by genes and remain somewhat stable over time. Individuals also have a remarkable ability to adapt to both positive and negative situations and to change according to circumstances.¹⁰

Clearly, any empirical science needs objectively measurable observations. The main challenge for researchers is to develop and validate measures of well-being. For a professional organization, it is important to validate costs and show successful implementation of strategies. Yet, it is hard to produce a single return-on-investment for wellness. There are too many moving parts and it is difficult to achieve a controlled environment. The choices and actions of people are individual and unique. There are many integrated dimensions of wellness. The individual physical, emotional, intellectual, spiritual, occupational, and social variables that impact personal decision and actions also influence efforts to measure and produce specific outcomes.

There is no single definition or determinant of wellness. However, we can study the impacts of stress. Stress physiology is the study of biological defenses mobilized by the body in response to challenging situations. Well-being science relies on indirect methods of measurement such as self reports of life satisfaction, happiness, positive vs. negative affect, and coping behaviors. These measures can be influenced by a number of factors, including time of life, work environments, relationship status, economic welfare, and emotional mind-set when data is collected. Therefore, much of the findings show correlations and do not prove causation, but researchers are moving forward to improve psychometric models that can be applied to analysis and determining validity and reliability of well-being measures.¹⁰

Sustaining Wellness

Studies suggest that stable, healthy, and resilient providers are also better equipped for the emotionally and physically demanding tasks of providing care.^{3, 7}

When health is absent, wisdom cannot reveal itself, art cannot manifest, strength cannot fight, wealth becomes useless, and intelligence cannot be applied.

Herophilus, 300 B.C.

At baseline, wellness is consistently adopting and applying the information from available educational resources. Clearly an individual must be motivated to implement change, probably the most challenging aspect to affecting behavior. Human beings are known for liking the status quo. Making change also takes effort, and most prefer to stay in their comfort zone.

We have taken enormous strides to address and encourage wellness among our profession. The AANA recognized stress as an insidious, potentially harmful entity to both practitioners and patients. Further research is needed; prospective, longitudinal studies using better measures of well-being to determine causality. It is our duty to help each other stay well. It is important to enhance the richness and quality of the organizational data and environments and opportunities for wellness.

The mutual well-being of individuals and organizations is essential in rapidly changing environments where sound decision making is at a premium. Although elusive, well-being can be sustained by systematic and continuous efforts to review the challenges and selectively focus efforts toward professionalism. It requires us to take personal responsibility for ourselves, to develop coping techniques to accommodate our work environment, and to develop lifelong resilience and personal well-being that enhances the profession and patient care. ■

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