



EHMA 2024

Shaping and managing
innovative health ecosystems

The Protective Role of Sense of Coherence in Resident Physicians Facing Secondary Trauma due to Patient Death in Intensive Care - A Qualitative Inquiry

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Background & Methods

- The salutogenic paradigm is understudied in secondary trauma of Drs.
- The Goal: To qualitatively explore the main anchor of salutogenics, the sense-of-coherence (SoC) as a protective force.
- Research Question: Is SoC a coping mechanism among resident physicians (RPs) facing secondary trauma, due to continuous exposure to suffering and death.
- Participants: 16 RPs from ICUs at EDs of two Israeli public tertiary hospitals.
- Method: Narrative Interview: What is your daily experience at the ICU?
- Data-analysis: Reflexive thematic analysis
- Procedure: All contacted to schedule interviews, held after 26 hrs. shifts.

Findings By Comprehensibility, Manageability and Meaningfulness

Comprehensibility

- All RPs understood the clinical tasks and the emotional needs of patients, shared that while for them working in ICUs is a routine, for patients it is an acute crisis.
- RPs understood the person and invested time in communication despite scarce time and energy resources.

Manageability of RPs

- expressed themselves emotionally, actively using coping mechanisms.
- related to the encounter with suffering/dying patients to whom RPs deliver bitter news.
- Aware of the emotional & physical effect of stress. Described behavioral aspects of coping.

Findings By Comprehensibility, Manageability and Meaningfulness

Manageability of RPs

- Shared coping difficulties with emotional aspects and shifting between a sense of control & lack of control.
- Reported helplessness, being emotionally flooded, poor emotional wellbeing, lack of skills in face of extreme situations of mortal danger to patients.
- Expressed difficulty in containing patient suffering.

Meaningfulness of RPs

- Drew meaningfulness from the challenges, from difference they make for patients, their gratitude, peer support, communication with patients/families that changes lives & mentoring supervision.

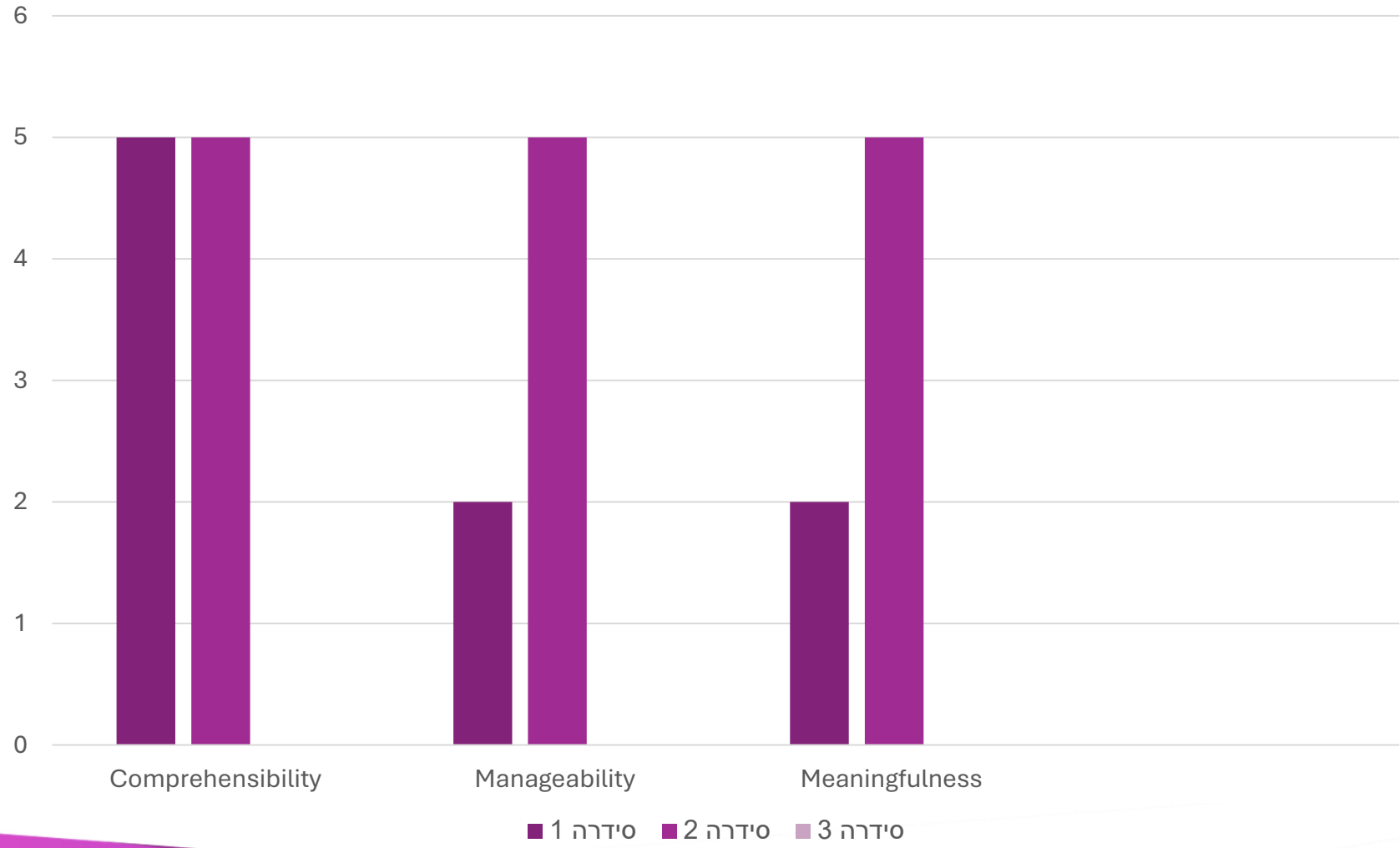
Discussion

Theoretically, the 1st study to extend the knowledge on SoC as a protective factor among RPs exposed to death and suffering in ICUs, supporting salutogenics.

- Some RPs thrived, coped well with secondary trauma, centered on patient emotional needs.
- Others suffered while providing care, reported poor well-being, were too overwhelmed to center patients, had low self-efficacy & doubted their career choice.
- Perception of sufficient coping resources (manageability) enabled shifting from clinical to building relationships with patients/families & separating the objective clock from the time they dedicated to patients in turmoil.
- Expressed passion for Emergency Medicine, for people & described caring encounters with suffering patients, saw the individual patient. Invested efforts in preparing patients/families to make end-of-life decisions.
- Lacked support for processing their secondary trauma & grief. Disenfranchising of trauma, jeopardizes RPs' wellbeing, quality of care, burnout & retention.

Discussion

The Axes of SoC



Practice Implications for Managements

Salutogenic-based interventions can cultivate the resilience of RPs facing secondary trauma.

- a). Acknowledge the distress due to continuous exposure of RPs to secondary trauma and its effects.
- b). set regular activities to process the secondary trauma.
- c). empower RPs and strengthen their SoC.
- d). Integrate clinical indicators with mental, emotional, and wellbeing indicators of RPs, as a pre-requisite to high quality care & wellbeing.
- e). develop tools to monitor behavioral, social, and emotional indices of wellbeing in RPs over time.
- f). Encourage peer support & belonging, to enhance RPs wellbeing and high-quality care.
- g). Provide in-time support “Bereavement Care” to meet their emotional needs and strengthen their resilience & professional psychological counseling to RPs with manageability challenges.

Practice Implications for RPs

- Workshops legitimizing and sharing distress, thoughts, and emotions, to improve coping & build a supportive network.
- A bereavement coordinator to process grief, facilitate reflection, gain a shared experience with peers, abstract thinking techniques, and psychological first aid – to reduce consequences of secondary trauma.
- A bereavement coordinator to support RPs in containing their anxiety and other painful emotions.

Target the Manageability capacity by

- a). Simulations
- b). Coaching enhancing self-efficacy, confidence and pride in their work.
- c). Mindfulness-based group therapy, preventing adverse effects through digital psychological interventions



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Thank you

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