

Brooklyn Heights Behavioral Associates presents:

*Stigma of Individual Treatment among Healthcare  
Workers*

A workshop by licensed clinicians

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# Agenda

- What is stigma?
- Stigma in healthcare
- Mental health concerns among healthcare workers
- Help-seeking culture in the medical profession
- Factors contributing to mental health stigma among healthcare workers
- Mitigation of burnout, compassion fatigue, and secondary trauma
- Stigma reduction approaches utilized in identified interventions
- Closing

# What is stigma?

“A powerful social process that is characterized by labeling, stereotyping, and separation, leading to status loss and discrimination, all occurring in the context of power.”

Nyblade et al., 2019

# Stigma in healthcare

- Health condition-related stigma negatively impacts people seeking health services when at their most vulnerable.
- The way healthcare stigma may manifest includes denial of care, substandard care, physical and verbal abuse, making certain people wait longer, or passing their care off to less experienced colleagues.
- Stigma is a barrier of care for medical services such as disease prevention, treatment of acute or chronic conditions, or medical issues involving quality of life.

# Mental health concerns among healthcare workers

- The increased risk of mental health concerns among healthcare providers is associated with the demanding nature of the work environment.
- Studies show that increased workload combined with lack of resources and structural support may lead to greater risk of developing a substance use disorder.
- Self-medication and diagnosis remain a risk among all clinical professionals.

# Help-seeking culture in the medical profession

- Pattern of not seeking help appears to start early in undergraduate medical training, when the prevalence of depression and anxiety among these students is greater than that of the general population.
- Depersonalization and denial provide short-term relief, although continued use of these strategies may contribute to the development of burnout.
- An NIHR study found that, within health facilities, factors that may inhibit healthcare providers from receiving timely intervention may include negative attitudes, fear, beliefs, lack of awareness about both the condition itself and stigma, inability to clinically manage the condition, and institutionalized procedures or practices.

# Factors contributing to mental health stigma among healthcare workers

- Underdeveloped workforce planning
- Demanding workload
- Loss of autonomy
- Stigma towards vulnerability
- Hiding vulnerability and isolation

# Factors continued: stigma toward professional vulnerability and humanness

- Healthcare providers may not be motivated to access appropriate care due to worries about professional repercussions, as well as internalized beliefs about professionalism.
- In addition, providers may also worry that their patients will not feel comfortable knowing of their “humanness”, or fallibility, which decreases the likelihood of obtaining care.
- Tension between “being a doctor” and “being a patient”

Carrieri et al., 2020; Westphal, 2012; Nyblade et al., 2019



# Mitigation of burnout, compassion fatigue, and secondary trauma

**Burnout:** a psychological syndrome resulting from exposure to chronic stressors at work.

**Compassion Fatigue:** an emotional response culminating in a decrease in feelings toward others.

**Secondary or Vicarious Trauma:** when caregivers experience stress in the course of caring for the trauma or event. While burnout is associated with the stress and frustration of caregiving, secondary trauma can be thought of as an occupational hazard and risk to knowing and caring for individuals.

Kelly, 2020; Huggard 2012

# Stigma reduction approaches utilized in identified interventions

- Psychoeducation
- Skill-building activities
- Participatory learning
- Contact with stigmatized groups
- Empowerment approaches
- Structural approaches

# Interventions: methods of delivery

- Most interventions draw on multiple approaches and use multiple methods of delivery.
- Nonstructural approaches may be led by professionals and delivered in person, using video or streaming technology, or consist of clinical placements, rotations, or clerkships for students.

# Interventions continued

- Interactive and exposure-based intervention methods have been shown to increase tolerance and understanding for stigma-related health stimuli.
- Evidence-based interventions that help a person to reduce judgment while increasing acceptance/tolerance of existing emotional and behavioral dysregulation may help improve overall wellness and reduce stigma in healthcare settings.
  - Both dialectical behavior therapy (DBT) and acceptance and commitment training (ACT) are value-driven and strength-based, and promote increasing self-management skills.

# Interventions continued

- More research is needed to develop and identify interventions that effectively address the complex mental health needs specific to medical workers.
- Once the environment's relationship to burnout, compassion fatigue, and compassion satisfaction is understood, organizations can develop strategies to improve satisfaction and mitigate unnecessary stressors.

“Illness doesn’t belong to us. It belongs to them, the patients. Doctors need to be taught to be ill. We need permission to be ill and to acknowledge that we are not superhuman.”

“Perhaps symptomatic of the stigma attached to mental illness and the culture of invulnerability within medicine, some GP [general practitioner] participants described how they felt ashamed, embarrassed, humiliated and a sense of having failed, due to their perceived lack of resilience and inability to cope.”

“...there is a cultural expectation within medicine that doctors do not expect themselves or their colleagues to be sick, with only one-third of junior UK doctors registered with a general practitioner [ ... ], worries about confidentiality can lead doctors to take responsibility for their own care.”



“Medical training emphasizes perfectionism, denial of personal vulnerability, and delayed gratification. Traits such as compulsiveness, guilt, and self-denial may facilitate success in medical education and training; however, in a long-term career, these same traits can fuel feelings of inadequacy. [ . . . ] these factors contribute to burnout.”

“Medical students often avoid seeking help because they believe it might affect their future career plans or fear that they will be seen as ‘weak’ by others.”

Carrieri et al., 2020

Closing

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