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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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.
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
Thank you

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