RESILIENCIES

for Personal Sustainability and Staff Engagement

Angie Chatman

It's not only COVID-19. It's everything that came with this once-in-a-century viral pandemic. It's information overload and not knowing what information to believe. It's reconfiguring the work environment and the home environment. It's childcare and patient care. It's loss—of routine, of income, of lives, of *normalcy*.

"Unfortunately, we will not be going back to normal," says Patricia Morris, principal consultant at PMCOE. "Life will not pause until COVID-19 goes away."

Until then, Morris explained, ophthalmic administrators will manage practices in a "new normal" environment. This new normal is hallmarked by issues of physician retirement, employee retention, telehealth and other innovations, and a decrease in patient volume due to the need for potentially long-term social distancing.

Given this new normal, there is a need for ongoing strategies that create the resiliency administrators and their staffs need to cope, adapt, and thrive.

THE "NEW" NORMAL

There are approximately 20,000 licensed ophthalmologists in the United States. The American Academy of Ophthalmology estimates that eight doctors will retire every week, an annual loss of 400 medical professionals per year.[1] In addition, as with other medical specialties, few people are entering the field due to high financial barriers to entry. Projections based on 2017 data by the U.S. Department of Health and Human Services report ophthalmology as the surgical specialty with the greatest predicted workforce shortage by 2025. Add to that the increasing prevalence of systemic disease among Americans, such as diabetes and hypertension, which are associated with ophthalmic consequences, and there will be a significant gap, particularly in rural areas, between the need for ophthalmic services and trained professionals who can satisfy those needs.

But this is not news to eyecare professionals. Speakers at ASOA Annual Meetings have been pointing to such trends for years, especially given the increasing need for eyecare as people age (according to the U.S. Census Bureau, by 2030 20% of the United States population will be over 65).

What is new, Morris points out, is that for some eyecare professionals, the pandemic is hastening their decision about how soon to retire.

"Most people don't wake up one morning and say, 'It's time to retire,'" she says. "They've been considering it for a while. COVID-19 could be the tipping point for practitioners to decide to leave the industry."

That tipping point includes the fact that COVID-19 protocols, such as social distancing, will likely continue despite the introduction and use of vaccines.

Physicians are not the only eyecare professionals exiting the industry. Some eyecare professionals who are also parents and squeezed by multiple roles—say, technician and remote schooling supervisor—have resigned their positions because their home and work responsibilities have become overwhelming. This information is largely anecdotal in the eyecare industry. Nationwide, however, four times more women than men dropped out of the workforce in September 2020, according to the Women's Law Center.[2]

Furthermore, some eyecare practices have instituted pandemic-related layoffs or furloughs.

Kati Read, COT, COE, medical department manager at the Wheaton Eye Clinic outside of Chicago, expressed gratitude that her practice was able to keep all their staff. "We were fortunate (that) there were no layoffs or furloughs. And we upped our technology game so that we could have COVID Town Hall updates on Zoom to keep everyone informed about how and when the office would reopen."

The gap between an increased need for patient care and a decrease in providers means more pressure as the system adjusts to whatever the new normal will be. The COVID-19 crisis has exposed the entire healthcare system as woefully inadequate for current patient volumes, let alone those expected in the future. Savvy eyecare practices have reimagined services in light of changes required during this pandemic, including

their use of tools such as telemedicine/telehealth. The article "Telemedicine in ophthalmology in view of the emerging COVID-19 outbreak," for example, endorses teleophthalmology as "…a more accepted modality, all the more so in circumstances where social distancing (has been) inflicted upon us."[3]

On the one hand, the adoption of new technology brings with it unintended consequences. The higher cost of equipment has increased the barrier to entry by new ophthalmologists, who often begin with substantial student loan debt. These costs have also sped up consolidation in the market.[4] On the other hand, remote screening devices, which could be operated by minimally trained personnel, may bridge the gap in the availability of medical care for patients. It could also be a new revenue source as the need for and cost of medical supplies have increased.

Telehealth also directly addresses the problem of decreased in-house patient volumes due to social distancing protocols in the foreseeable future. Multiple hand sanitizing stations, plastic barriers, and six-foot spacing reduce available real estate for exam rooms and offices. For routine diabetic retinopathy surveillance, telemedicine is already an established method that makes in-person visits unnecessary.[5] Mask wearing will also likely persist as the COVID-19 virus continues to mutate. Staff will need to enforce those protocols as well as educate and assist clients with unfamiliar electronic communication methods.

> "I keep my office window open. The circulation of fresh air is not only to dispel any lingering droplets—it's good for my mental health."
>
> —Donna Vierheller, COT, COE, Johns Hopkins University Medical Center

STRATEGIES FOR PROFESSIONAL AND PERSONAL SUSTAINABILITY

These new normals are creating unprecedented stress on healthcare personnel. Stressors, according to the American Psychological Association, refer to any type of condition that can upset the adaptive capacity of the individual. Two potential mental health outcomes of stress are psychological distress and major depression. People exposed to the same stressors are not necessarily affected in the same manner; everyone handles stress in their own way.

Morris and other sources suggest, however, broad categories of sustainability strategies that can be used by and customized to different individuals and situations: improving the amount and quality of communication, which contributes to employee engagement and retention, as well as developing coping strategies for personal sustainability.

Administrators not only must be concerned with the pressure on clinic operations and staff that is forcing everyone to operate according to "new normal" protocols. They need to respond to the stress on themselves. Following are strategies ophthalmic administrators have used to do both.

LEADING THROUGH CHANGE: COMMUNICATION IS KEY

People resist change because it's difficult and uncomfortable; managing change successfully is the most challenging problem leaders face. For decades business management gurus have made a variety of recommendations for how to implement change in organizations. The common denominator across industries, locations, program changes versus process changes, etc.: communicate, communicate, communicate. Those businesses that have a wide variety of communication channels and use them often and effectively tend to have higher rates of employee engagement, which leads to employee retention. A recent article in the *Harvard Business Review* describes the four top personnel decisions to make now to thrive post-pandemic. Engagement of employees is second after repurposing business operations.[6]

Susie Purcell, human resource manager, and Myra Cherchio, COMT, COE, director of clinical operations at St. Luke's Cataract and Laser Institute in Tarpon Springs near Tampa, Florida, estimated that they increased formal communications with staff by three times compared to the time period prior to the pandemic. Zoom meetings were recorded, so that staff—particularly those with children—could "timeshift" and watch at their convenience. Updates regarding consolidating operations, curb-side services, and sanitation protocols were shared by doctors and senior management on screen.

"With over 300 employees spread over six clinics, creativity [was the watchword that] formed our thought processes to serve our patients and protect everyone from the virus," said Cherchio.

Purcell added, "We also made ourselves available outside of normal workhours for 1:1 conversations about insurance coverage, vacation pay, and other personal concerns during those six weeks when surgery was closed."

COPING STRATEGIES FOR PERSONAL SUSTAINABILITY

Donna Vierheller, COT, COE, is the ophthalmic clinic supervisor at Baltimore's Johns Hopkins University Medical Center. Vierheller's mindful of the iconic advice of flight attendants, who admonish passengers to "Put Your Mask on First" in the event of a loss of

Morris and other sources suggest broad categories of sustainability strategies that can be used by and customized to different individuals and situations: improving the amount and quality of communication, which contributes to employee engagement and retention, as well as developing coping strategies for personal sustainability.

cabin air pressure. It's a good reminder that administrators' first priority is to take care of themselves.

Vierheller says, "I keep my office window open. The circulation of fresh air is not only to dispel any lingering droplets; it's good for my mental health. I also walk every day for at least 30 minutes. And my children work at Hopkins as well, so I know how fortunate I am to be able to spend time with them and my grandchildren."

After immediate family, co-workers are people with whom most people spend the most time. However, the connections among work colleagues do require ongoing and regular maintenance.

"I also focused on my direct reports," continued Vierheller. "Pre-COVID-19 we met the third Thursday of each month to share information. Now, we meet to relax and vent a little. We've done Zoom yoga together, watched a movie, talked about books we're reading. As a unit of the Medical Center, we didn't need to create our own protocols. It's mandated that we follow those of the Center."[7]

"Every day, I go outside and exercise during my lunch hour," said Rebecca Rivenbark, COE, OCS, CPSS, practice administrator at Carolina Ophthalmology Associates in Chapel Hill. "And, I had to learn how to listen to (my co-workers) without always trying to fix things."

Read at the Wheaton Eye Clinic also made a point of focusing on her mental health as well as her co-workers'. "The first six months (of the pandemic) I couldn't detach myself long enough to read a book. Having something that's just mine is what helped me take care of myself and others in our practice."

While patients may not visit a clinic frequently, they are seen regularly year after year—becoming part of the practice "community" with whom staff spend their time.

And so another aspect that's aligned with personal sustainability is the desire to make a positive impact in patients' treatment and care. Administrators and staff also tend to make an emotional investment in their patients' lives.

"We all care so much about our patients and their well-being (because) for our patients, having their sight corrected and restored is equivalent to helping them maintain their independence," Read says.

LOOK FOR SILVER LININGS

As much as the pandemic has shifted what is now considered "normal," the adjustments practices have made to continue protecting and serving their patients and staff have created some unexpected and long-lasting benefits.

"Our team is stronger. We appreciate our jobs, our patients, and each other," says Rivenbark. "We have more empathy for one another. Patients can sense the cohesion and unity. They're sending thank you notes expressing gratitude."

Read echoes this sentiment. "I've learned a lot about myself and my co-workers. We can come together and do amazing things because we care so much. We care about one another and our patients."

"We already had a foundation of trust in one another, and it continues to sustain us through this crisis," says Cherchio. "We're going to continue to believe the best in one another. We are Warriors, not Worriers, because we start by showing each other grace. It was hard, but we're now referring to that first few months (in 2020) as the Summer of Love."

"People are adaptable," Vierheller says. "It takes time and patience, but it has already gotten better and will continue to do so." *AE*

NOTES

[1] Calandra, R. (2016, August 1). Heading for the exit? Are ophthalmologists retiring due to the heavy hand of the government? *Ophthalmology Management*. Retrieved from

> "We already had a foundation of trust in one another, and it continues to sustain us through this crisis. We're going to continue to believe the best in one another. We are Warriors, not Worriers."
>
> —Myra Cherchio, COMT, COE, St. Luke's Cataract and Laser Institute

https://www.ophthalmologymanagement.com/issues/2016/august-2016/heading-for-the-exit

[2] Ewing-Nelson, C. (2020, October). Fact sheet. National Women's Law Center. Retrieved from: https://nwlc.org/wp-content/uploads/2020/10/september-jobs-fs1.pdf

[3] Sommer, A. and Blumenthal, E. (2020, August 19). Telemedicine in ophthalmology in view of the emerging COVID-19 outbreak. U.S. National Library of Medicine/National Institutes of Health. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7436071/

[4] Kent, C. ed. (2019, April 26). Saving private practice: Is solo still viable? *Review of Ophthalmology.* Retrieved from https://www.reviewofophthalmology.com/article/saving-private-practice-is-solo-still-viable"

[5] American Academy of Ophthalmology Task Force. (2018, February) Telemedicine for Ophthalmology Statement. Retrieved from https://www.aao.org/clinical-statement/telemedicine-ophthalmology-information-statement

[6] Homkes, R. (2020, April 27). Make the right personnel decisions now to thrive after the crisis. *Harvard Business Review*. Retrieved from https://hbr.org/2020/04/make-the-right-personnel-decisions-now-to-thrive-after-the-crisis

[7] Hopkins' Medical Center's campus includes an Office of Well-Being that is open 24-hours a day, seven days a week. And in the aftermath of the 9-11 attacks, the University established RISE (Resilience in Stressful Events) for healthcare workers who experienced emotional distress following mass disasters/acts of terrorism. The peer response-based program was updated to include support for healthcare worker post-patient adverse events. It has recently been modified again in response to the COVID-19 pandemic and is available to every employee within the system.

LEARN MORE

Langlieb, Alan et. al. (2007, February). An Evidence-Informed Model of Human Resistance, Resilience, and Recovery: The Johns Hopkins' Outcome-Driven Paradigm for Disaster Mental Health Services. *Brief Treatment and Crisis Intervention*. Retrieved from https://triggered.edina.clockss.org/ServeContent?url=http%3A%2F%2Fbtci.stanford.clockss.org%2Fcgi%2Freprint%2F7%2F1%2F1

Angie Chatman (achat331@gmail.com) is a writer, editor, and storyteller based in Boston, Mass.

Visit https://ascrs.org/advocacy/regulatory/telemedicine for ASOA telehealth resources.

IN A BLINK

In addition to reading and exercise, here are some other self-care suggestions:

- Meditation: Start and end the day with a few minutes of quiet and calm.
- Sunshine: Natural light is a natural pick-me-up. An inexpensive alternative to waking up in the dark during winter is to use a light box of at least 10,000 LUX which mimics natural sunlight.
- Healthy snacks: Make sure raw vegetables, nuts, and dried and fresh fruit are available and plentiful.
- Drink plenty of water: According to the Mayo Clinic the average human should consume *at least* 3 quarts of liquid (from water, other beverages, and food) per day.*
- Take long breaks from social media.
- Maintain a sense of humor and try to find the funny in whatever is happening.

*Source: https://www.mayoclinic.org/healthy-lifestyle/nutrition-and-healthy-eating/in-depth/water/art-20044256