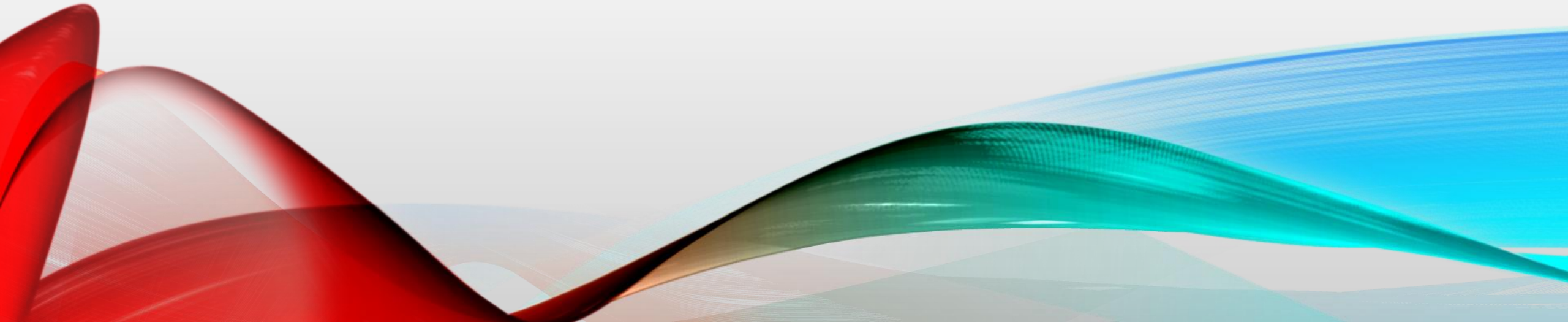


# Mental Health in COVID Times: Three Allied Health Professions Compare and Contrast Experiences

Canadian Society for Medical Laboratory Science  
Sonography Canada

Canadian Association of Medical Radiation Technologists



**Healthcare workers cannot provide the right care,  
at the right time,  
for the right patients  
if healthcare workers are not able to seek and receive  
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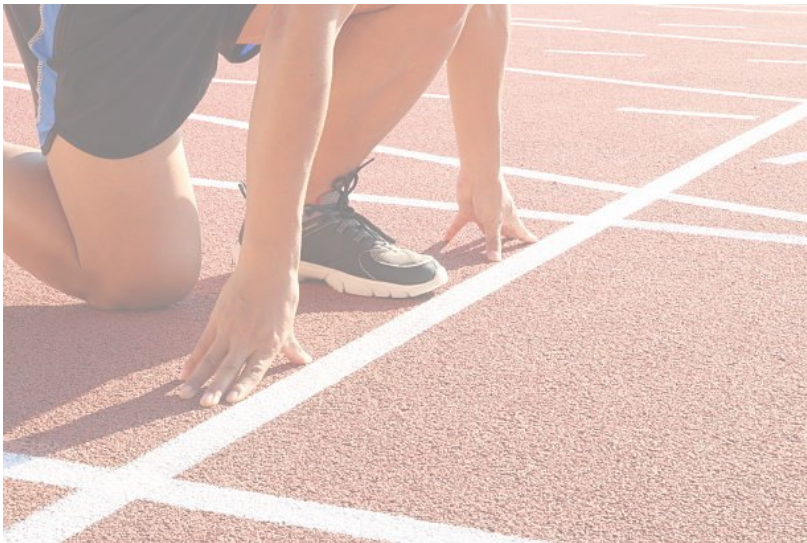


# AGENDA

- The state of mental health in health care
- Contextual experience of each professional group
- Findings from the National Mental Health Survey (2016, 2018, 2021)
- Implications and Impact

# BACKGROUND

**2016**



- An outstanding item on the CSMLS Board of Directors work plan – Workload Units
- Intent unclear
- After years of circular dialogue, with Laura Zychla we facilitated a conversation about workload stress, pressure, fear and landed on
  - Mental Health Survey
  - Creation of Mental Health Toolkit



# BACKGROUND

## 2017

- Award winning toolkit (Free Access)
- Bilingual Launch
- +78,000 views
- CSMLS does outreach for members
- Rise of Bell Let's Talk – reduce stigma

## 2018

- Partnership with CAMRT and SC
- Joint Research Ethics Board submission
- Sharing of toolkit
- Data used internally



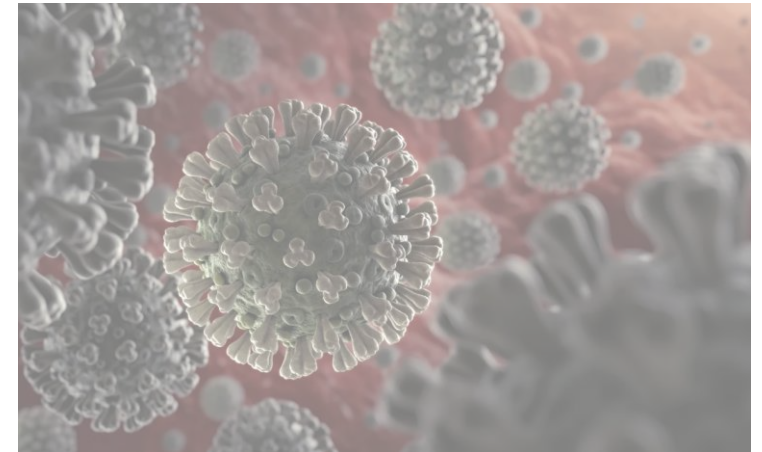
# BACKGROUND

## 2020

- Global pandemic hits
- Talk about impact to healthcare
- Interest from other groups now affected by COVID-19
- Three organizations commit to working together again

## 2021

- New data - collection complete, information emerges
- Knowledge translation phase
- 12,000 toolkit users, as we prepare to release the 2021 report
- Unique! – all the professions can track changes due to pandemic
- It is NOT anecdotal



# CONTEXTUAL EXPERIENCE

## Three Views

CSMLS: student and educator data

CAMRT: working professionals and impacts on academic community

SC: age 30 or less / educator

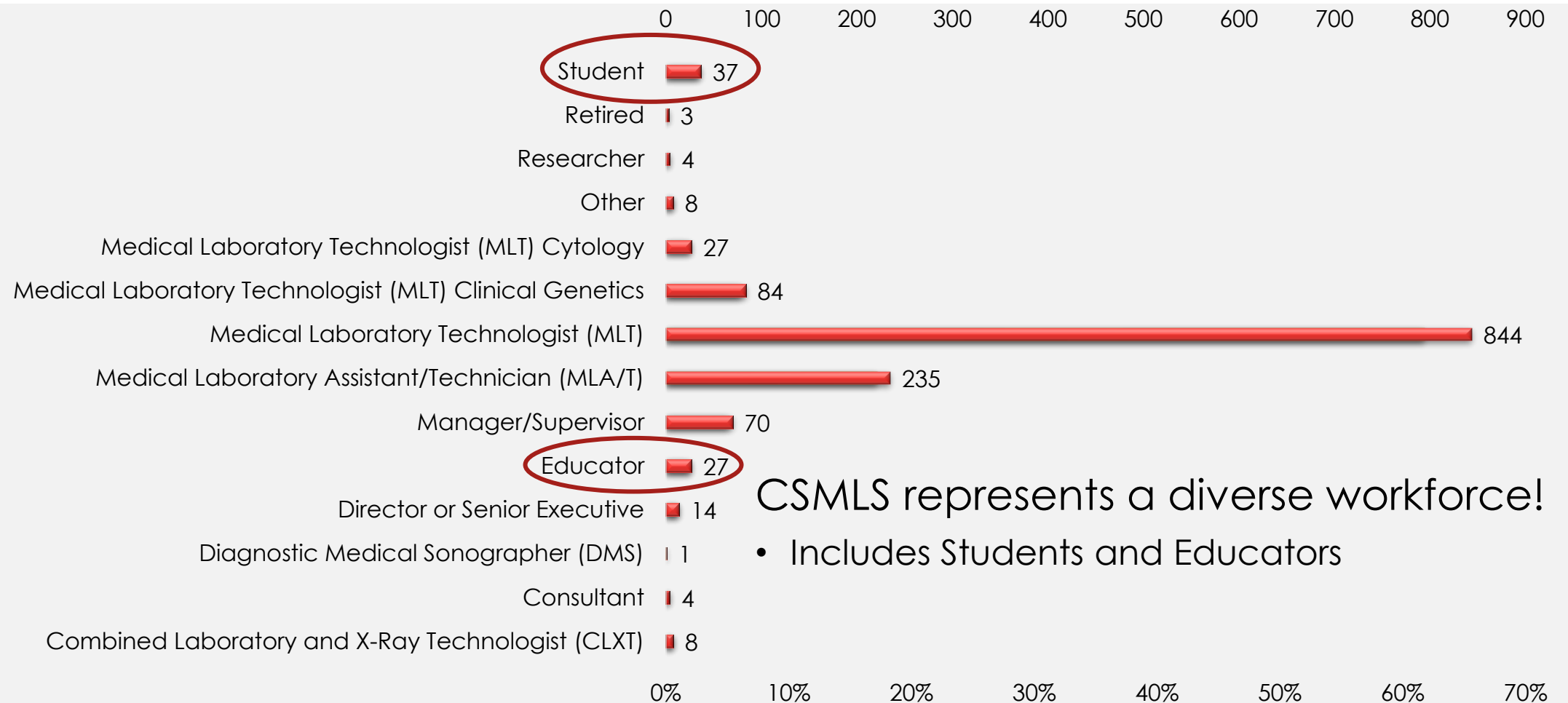


# MEDICAL LABORATORY CONTEXT





# DIVERSITY

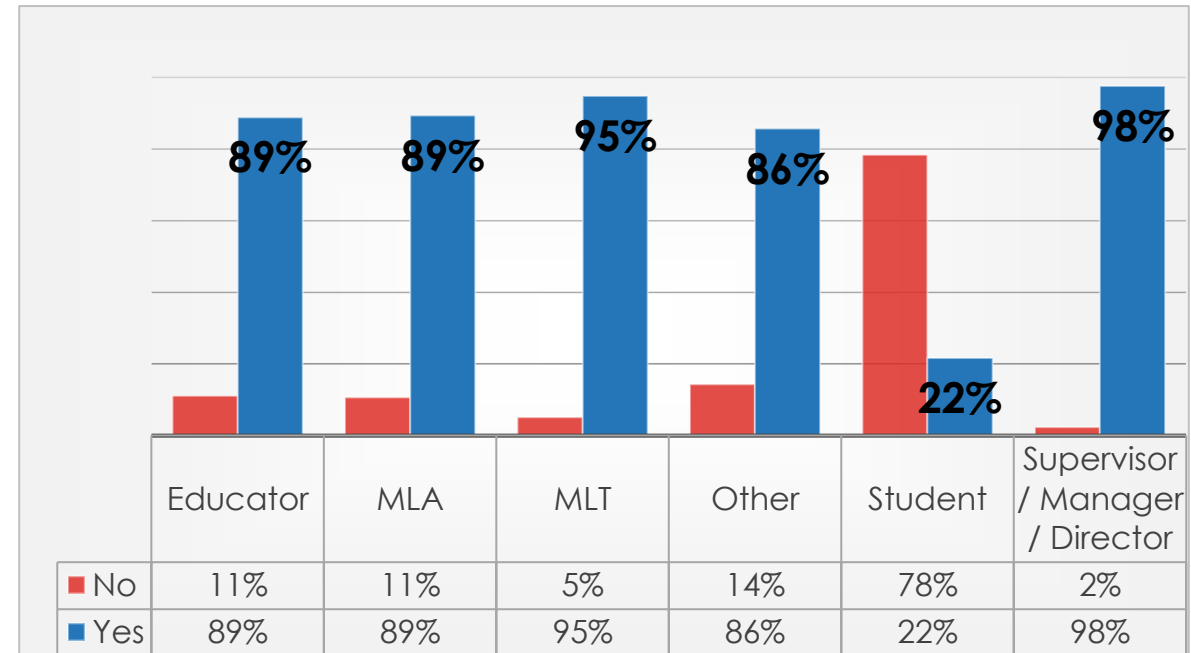


CSMLS represents a diverse workforce!

- Includes Students and Educators

# GENERAL EMPLOYMENT TRENDS

- **92% employment rate (member average)**
  - 89% - MLA
  - 95% - MLT
- **42% of respondents indicate they will make a genuine effort to find a new job** with another employer within the next year. This has increased from 34% in 2018.
- **Mental health issues have contributed to 8% and 16% of the instances of unemployment** for MLAs and MLTs respectively.
- **Workers were affected 4 days per month on average.**
  - including 1.5 days they were totally unable to work, and
  - an additional 2.5+ days they spent doing only half or less of what they would normally have been able to do.



**Employed?**

# EDUCATORS

Educators indicated they had high levels of job satisfaction and lower levels of mental illness

- 71% overall job satisfaction
- 92% feel job security is good
- 88% not at all likely to find a new job with another employer within the next year
- 100% do not have severe mental health illness

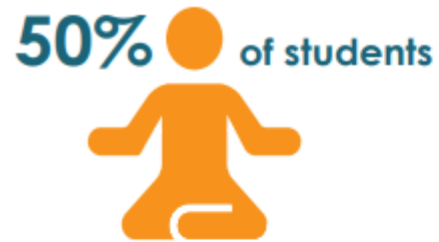


Do you have access to stress management or stress reduction programs at your current workplace?

**17% Unsure**

**8% No**

# STUDENTS



have access to stress reduction programs within their institute/workplace

25% unsure | 25% no access

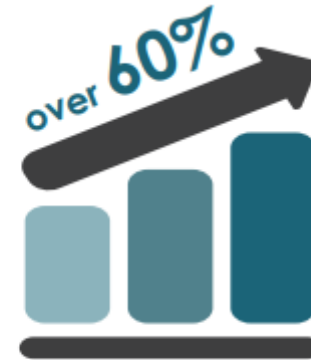


of unemployed students cite mental health as the reason.

78% are unemployed



of students feel a high sense of personal accomplishment



of students feel stressed, significantly higher than MLTs, MLAs, Educators or Managers/Supervisors



# MEDICAL RADIATION EXPERIENCE



## Pre-Pandemic

Robust  
Workforce

Changing  
Technology

Enhancing  
Professional  
Practice

Increasing  
System  
Efficiencies

## Pandemic

- Employment
- Scheduling
- Perception of Profession
- Personal Protective Equipment
- Workforce Isolation
- Direct + Secondary Trauma

Inappropriate  
Referrals +  
No Shows

Backlog  
+ Waitlist

Workload  
+ Schedules  
(e.g., surgeries)

Physical  
Environment

Patient  
Interactions

Funding

Transition Period:  
Upwards of 2 years post  
pandemic

# LIVED EXPERIENCE

- CAMRT conducted interviews and focus groups with our members during the pandemic:
  - “On paper, we are seeing less patients, but the patients we are seeing require **more work to do.**”
  - “**We’re very much conditioned** to believe that we are the heroes, we wear the capes, we are the ones that take care of the sick, we are the ones that care and are compassionate and we have to be strong when everyone else is not.”
  - “I literally just felt like I was **a shell of my usual self** where I really was detached from the patients.”
  - “I’ve heard colleagues talk about a lot of guilt around calling in sick and saying, **I’m at the end of my rope**, but not feeling they had the ability to take time off because they would be leaving co-workers in the lurch.”
  - “It’s not just the long work hours, or having to wear PPE all day, every day. **It’s the mental toll that it’s taking on people to watch others die, essentially alone.**”
  - “Half the time you just have to tell somebody, you can’t hold it in yourself. It’s like **by telling other people you’re somehow freed of some of that burden.**”

# SONOGRAPHY EXPERIENCE







# CANADIAN SONOGRAPHY CLIMATE – COVID-19

## **Then – Spring 2020**

- Reduced workflow (urgent only)
- Initial large-scale layoffs
- Students pulled from clinical placements
- Order triaging and prioritizing
- Extensive changes to facility practices and protocols

## **Now – Fall 2021**

- Increased staffing shortages (retirement and health - physical and mental)
- Increased educational program numbers and need for clinical placements
- High volumes of examinations and long wait times
- Changes to referral/ordering practices
- Dealing with increased conflict and strain with patients and their support people

# 2021 SONOGRAPHER TRENDS IN RESULTS



**7 out of 10 respondents often or always find their work to be stressful.**



**More than 50% of respondents feel they have too much work to do everything well.**



**63% of respondents did not have access to, or were unsure about, stress management or stress reduction programs in their workplace.**



# 2021 SONOGRAPHER TRENDS IN RESULTS

- Significant increase in the amount of high-level ***emotional exhaustion***
- Increased incidence of ***severe mental illness***
- *Behavior control* and *positive affect* saw a positive increase - ***hope***



# 2021 EDUCATOR AND DATA\*

## **Educator Trends**

- Almost 2/3 have too much work to everything well
- Over 1/3 do not trust the management where they work
- Many of the same trends as practitioners but less severe in most areas

## **National Educational Advisory Committee (NEAC)**

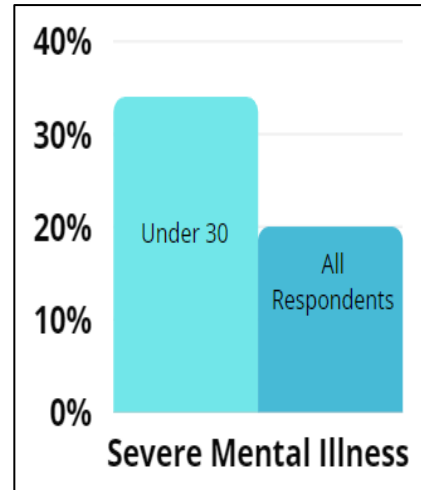
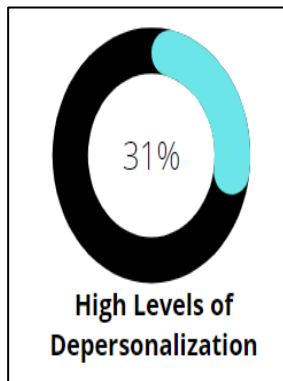
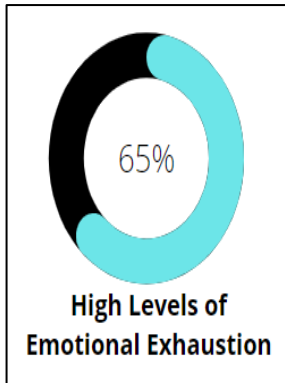
- Has not been an easy time for educators
- Struggle to find clinical sites - related to workload and practitioner burnout
- Students more apt to identify concerns and prioritize their mental health

\*Educator and student specific data was not statically valid due to low numbers of respondents.



# 2021 NEW PRACTITIONER DATA

We had ~115 respondents under the age of 30 which was approximately 18% of total respondents. Includes the majority students and those who are new to the profession.



Significantly greater levels of anxiety, behaviour control, depression, and positive affect compared to overall population (worse overall mental health).



# 2021 NEW PRACTITIONER DATA

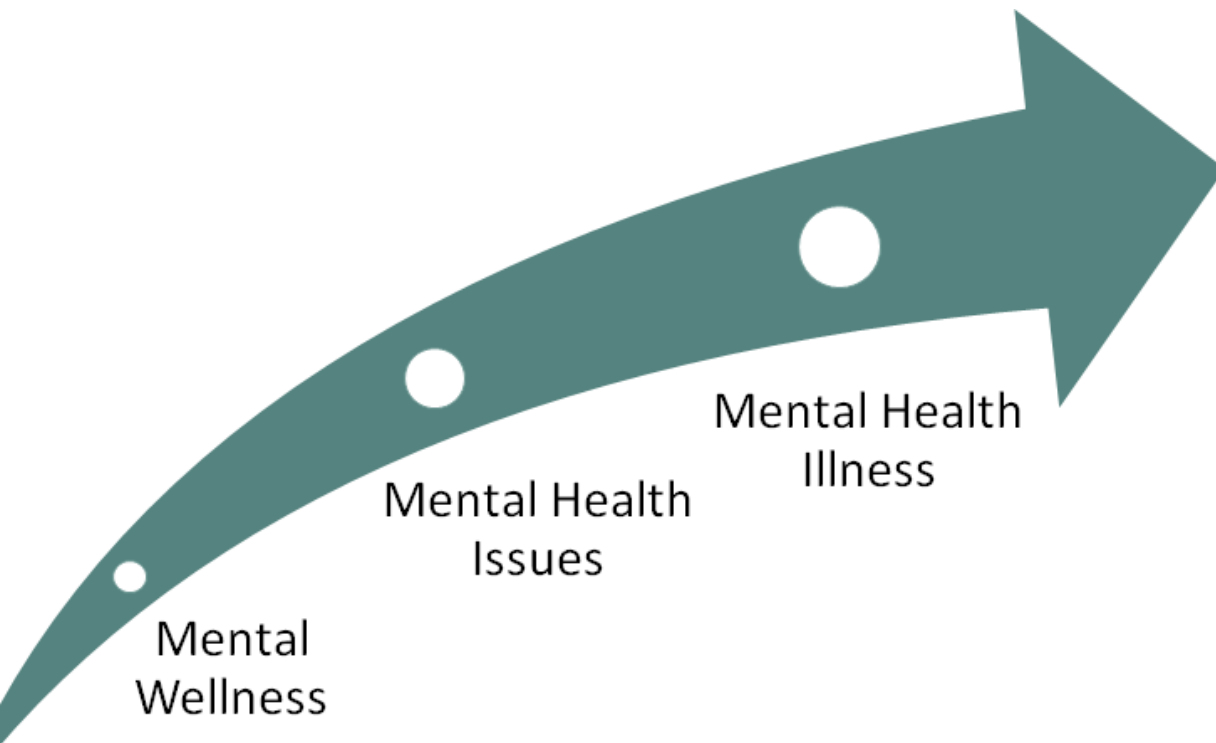
Transition to practice (onboarding, access to resources, mentorship, resilience training, etc.)

- Educational programs
- Employers
- Sonography Canada

# RESULTS FROM THE NATIONAL MENTAL HEALTH SURVEY



# BRIDGING INFORMATION



- National online survey available to professional association members
- Unique pre- and peri-pandemic data on mental health
  - CSMLS = 2016, 2018, 2021
  - CAMRT and SC = 2018, 2021
- Focused on quality of worklife and mental health (wellbeing to illness) using standardized surveys
- Providing you a *focused* examination of the results



# PARTICIPANTS

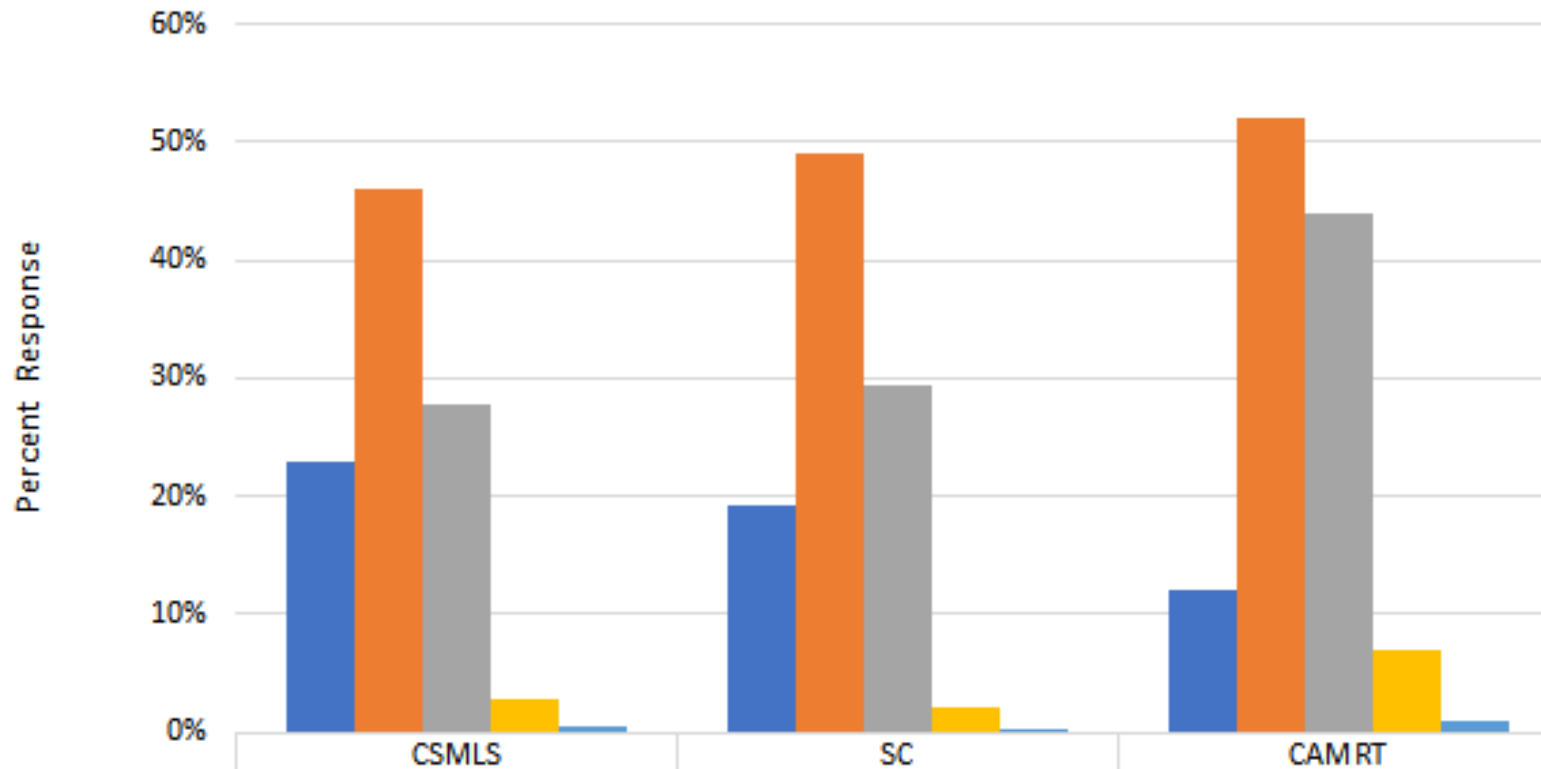
- Sample sizes are representative of the population
- Participation lessened during pandemic which is consistent with the literature
- Additional analysis has been completed on subgroups (see each organization's report – to be released)

	CSMLS	SC	CAMRT
2016	802	-	-
2018	1414	846	1903
2021	1366	629	748
2022	Mini survey anticipated		

# QUALITY OF WORKLIFE

- Multiple questions to gauge quality of worklife
- *Differences existed between the organizations but some similarities were unsurprising:*
  - I have too much work to do everything well (upwards)
  - My job lets me use my skills and abilities (consistent)
  - There are no significant compromises or shortcuts taken when worker safety is at stake (downward)
  - CSMLS and SC members were more likely to feel a sense of safety and trust within the workplace and with management
  - CAMRT saw significant increases in negative responses
    - The safety of workers is a high priority with management where I work (67% to 58%)
    - I trust management at the place where I work (52% to 44%)

## How often do you find your work stressful? (2021)



Always	23%	19%	12%
Often	46%	49%	52%
Sometimes	28%	29%	44%
Hardly Ever	3%	2%	7%
Never	0%	0%	1%

# STRESSFUL WORK

- 64% to 69% of members were stressed 'always' or often'
- Significant upward movement in stress frequency across years for all organizations

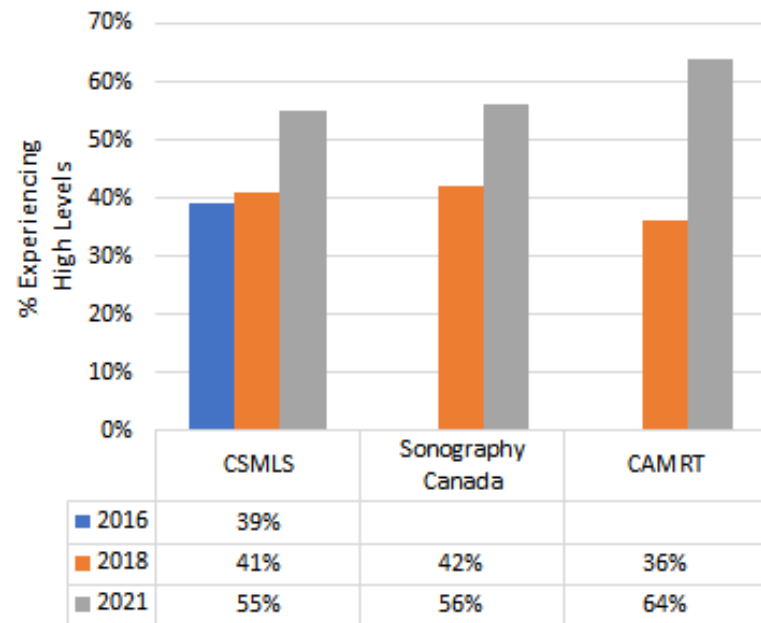
# SEEKING SUPPORT

- **Do you have access to stress management and reduction programs at work?**
  - Healthcare workers cannot provide the right care, at the right time, for the right patients if healthcare workers are not able to seek and receive the right care at the right time for themselves.

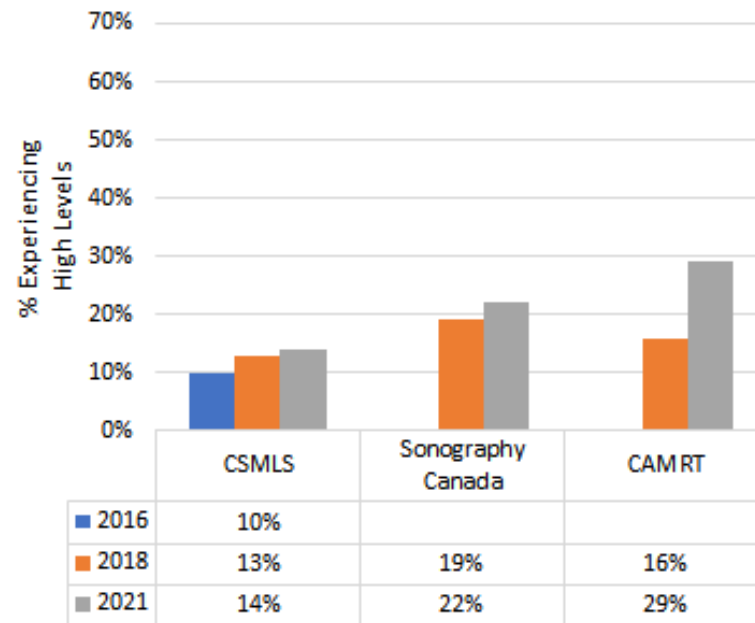
'Unsure' or 'did not have' access:			
	CSMLS	SC	CAMRT
2016	61%	-	-
2018	62%	70%	69%
2021	48%	63%	62%

# HIGH LEVELS OF BURNOUT

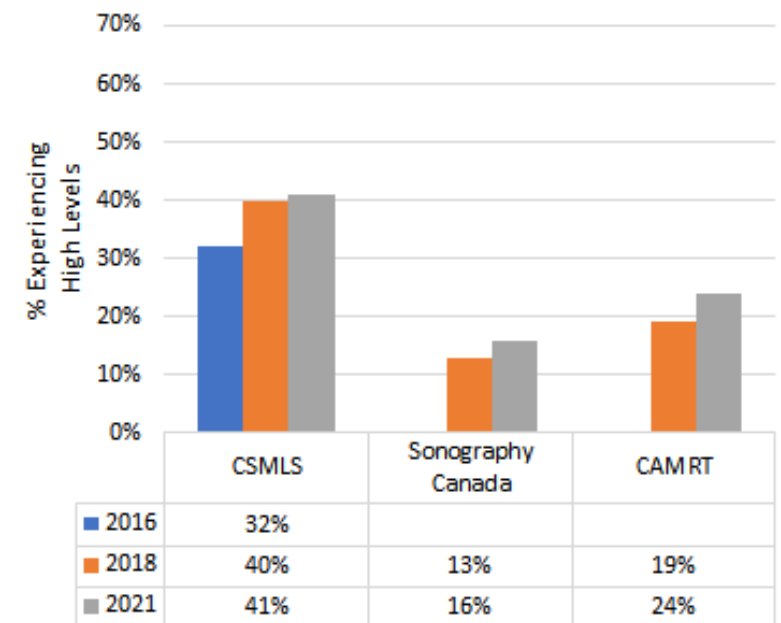
## Emotional Exhaustion



## Depersonalization



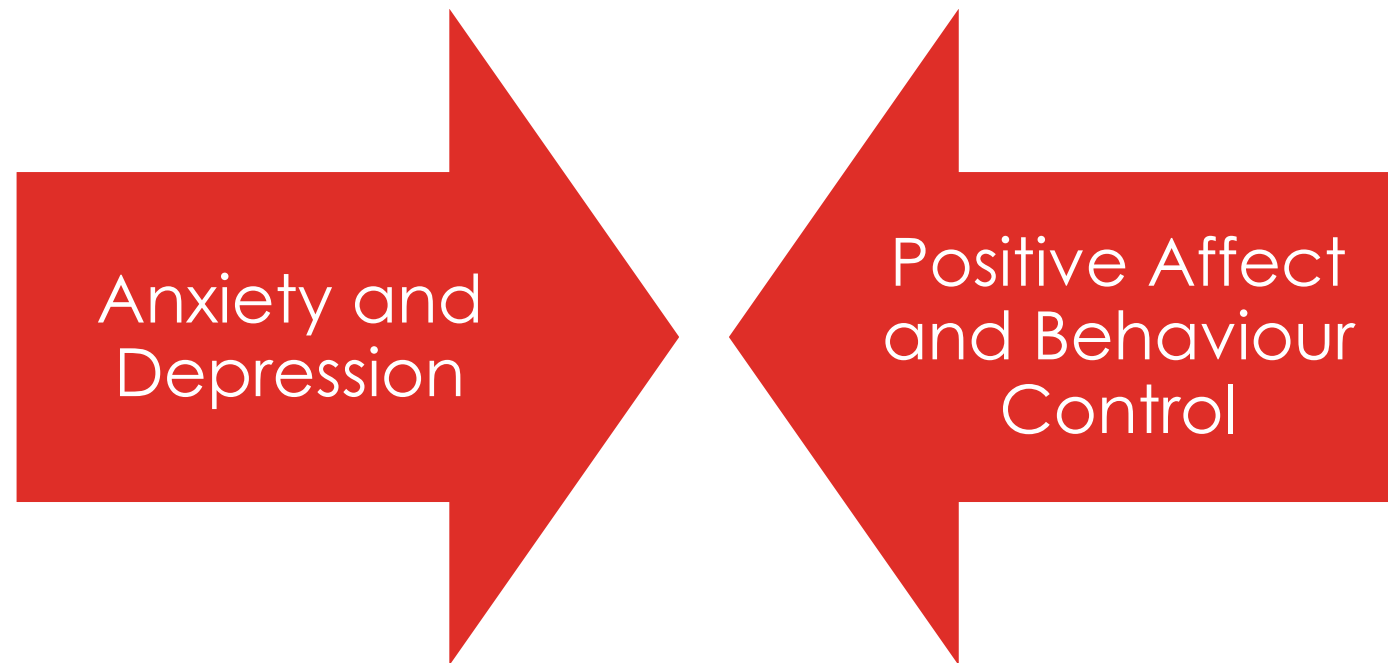
## Reduced Personal Accomplishment





# MENTAL HEALTH ISSUES

- Opposing force and ability to use coping skills to combat mental health issues
- Results were not what we expected!
- Anticipate higher anxiety and depression, but indications of positive coping skills
- Perhaps wrong language to describe membership mental health?
- Consistent with lived experience recordings (more burnout focused)



# MENTAL HEALTH ILLNESS

- Ability to determine severe mental illness that is diagnosable
- Doesn't account for chronic or acute cause; Not created for pandemic situation
- \*Participation bias; however, significance of results remains

Severe Mental Illness			
	CSMLS	SC	CAMRT
2016	13%	-	-
2018	16%	12%	11%
2021	29%	20%	*82%

# IMPACT AND IMPLICATIONS



# CHALLENGE

- The exceptional impact COVID-19 has on Canadian health systems
- Deteriorating mental health and wellbeing of health care workers
- An increase in stress levels is still observed despite increased awareness of stress reduction programs
- Prevent negative effects on worker and patient safety





# RESPONSE

- Our organizations are making plans to **increase awareness** of the supports available
  - Efforts to reduce social stigma
  - Mental Health **Joint Statement** calling for immediate attention to this cause
- **Engaging a clinical psychologist** for recommendations
- Stakeholder **sharing**
  - Educators, Regulators, Associations, Deans of Health, Employers, Members







# SUPPORT

We urge others to join us in supporting health care professionals by:

- **Empowering** healthcare workers to advocate for their mental health and wellbeing in the workplace
- **Promoting** timely and appropriate mental health care and support for healthcare professionals who work directly and indirectly with patients
- **Advocating** for more mental health care services and to remove barriers for the uptake of those services
- **Monitoring** the mental health of those in our professions and welcoming others to join the conversation
- **Upholding** the National Standard on Psychological Health and Safety in the Workplace to improve the work environment for both current and future generations of health care professionals

# QUESTIONS?

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