Chapter 4
Pediatric Healthcare Providers: Unique Challenges and Strategies to Improve Wellness

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ABSTRACT

Healthcare providers are at risk for stress-related illness (e.g., burnout, compassion fatigue, and secondary traumatic stress) due to the nature of their jobs. Healthcare providers who work in pediatrics face unique challenges compared to those who work in adult healthcare. This chapter reviews three common challenges pediatric healthcare providers face, including working with children who may die or may be facing death, managing difficult family dynamics, and responding to cases of suspected child abuse and neglect. In addition, pediatric providers face additional challenges during public health crises (e.g., natural disasters and the COVID-19 pandemic), including specific challenges related to telehealth, navigating a lack of services and mental health programs and managing adverse childhood events. Several recommendations are made throughout this chapter to assist pediatric providers with these challenges.

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INTRODUCTION

Regular exposure to others' traumas, heavy workload, high-pressure situations, and generally stressful work-related activities are all hallmarks of working in healthcare. Unfortunately, each remains a significant risk factor for stress-related illness (Koinis et al., 2015). Stress-related illness in healthcare providers has been studied under many names: burnout, compassion fatigue, secondary traumatic stress, vicarious or primary traumatization, and occupational stress (Meadors et al., 2010). These constructs are related and share some overlap, but they also have unique features and represent slightly different conceptualizations. Most of the literature on stress-related illness related to employment focuses on the major constructs of burnout, compassion fatigue, and secondary traumatic stress. These are not distinct constructs, as burnout and secondary traumatic stress are believed to be symptoms of compassion fatigue and burnout is believed to be a risk factor for the development of secondary traumatic stress (Figley, 1995). However, each construct is valuable for its unique contribution to the broad domain of stress-related illness in healthcare providers. Regardless of name, these constructs try to capture the negative consequences of working in caring professions

Burnout is defined as a "defensive response to prolonged occupational exposure to demanding interpersonal situations that produce psychological strain and provide inadequate support" (Jenkins & Baird, 2002). It is characterized by emotional exhaustion, depersonalization, irritability and emotional instability, disrupted relationships with coworkers, disrupted physical health behaviors (e.g., sleeping and eating), and a decreased sense of personal accomplishment (Embriaco et al., 2007; MacKinnon & Murray, 2017). Physicians and nurses have been identified as experiencing burnout at nearly twice the rate of providers in other fields, and greater than 50% of physicians and nurses experience burnout at any given time (e.g., Colville & Smith, 2017; Shanafelt et al., 2015). Psychologists may experience burnout at rates of 20–70%, depending on the study (Morse et al., 2012). Consequences of burnout for healthcare providers include impaired work performance (Rabatin et al., 2016), lower patient quality of care (e.g., Shanafelt et al., 2010), and job turnover (Waldman et al., 2004).

Compassion fatigue is described as a consequence of working with a significant number of traumatized individuals (i.e., medical or psychological trauma), in combination with having a strong empathic orientation (Figley, 1995). In other words, empathic individuals are affected by others' traumas, resulting in them experiencing their own corresponding traumatic symptoms. Compassion fatigue is characterized by emotional exhaustion, cynicism, and a low sense of personal accomplishment (Maslach et al., 2001). Prolonged compassion fatigue can lead to burnout in healthcare providers (Zadeh et al., 2012).

Secondary traumatic stress is defined as emotional stress related to hearing or witnessing the trauma of someone else (National Traumatic Stress Network, 2021; Clay, 2020). Secondary traumatic stress is believed to share significant overlap with compassion fatigue and may, in fact, describe the same construct (Figley, 1995). In one study of 274 pediatric providers, 25.1% were found to be at high risk for compassion fatigue, while 30.9% were at high risk for burnout and 26.9% were at high risk for secondary traumatic stress (Branch & Klinkenberg, 2015), suggesting that about a quarter of the pediatric healthcare workforce may be at risk for developing a stress-related illness, regardless of the name or construct used.

Numerous variables have been linked to the development of burnout, compassion fatigue, and secondary traumatic stress for healthcare providers. It is important to note that these variables are consistently identified across healthcare specialties (e.g., physicians, nurses, psychologists, social workers, counselors, and child life specialists). Factors influencing burnout may be characterized into those related to the work setting and those related to the individual. Individual factors related to burnout include younger