Short Communication

Avoiding Apathy as an RT: By Rachel Clevenger, RRT; Certified Trauma Professional

Rachel Powell*

***Corresponding Author: Rachel Powell,** Respiratory Care Practitioner and Pulmonary Rehab Specialist at Memorial Hermann Katy Hospital.

Received Date: May 19, 2021
Publication Date: June 01, 2021

The respiratory care profession is a literal cornucopia of medical specialties, with an area of noted interest for every walk of life. From emergency air transport to asthma/allergy education, a niche can be found for even the most selective of individuals with the proper motivation. A list of these teams includes the following:

Emergency department team
Surgical and Neurological ICU team
Cardiac ICU team
ECMO and perfusion team
The neonatal ICU care team
The pediatric ICU care team
Trauma team or Rapid Response
Transport team (within a facility)
Flight and ground transport team
Bronchoscopy team
Sleep lab team
Pulmonary function testing lab Team
Educators of the respiratory home health team
Palliative and comfort care team
Organ transplantation teams
Asthma and allergy educators
Clinical and academic educators

Hyperbaric Chamber Team
Hospital Administration Team
Government Advocate Team
Tobacco Cessation Team

Respiratory therapists also treat anaphylaxis, epiglottis, foreign body obstruction, atelectasis, Cystic Fibrosis, Emphysema, Bronchitis, Pneumothorax, hydrathorax, congestive heart failure, empyema, pneumonia, dyspnea, orthopnea, Acute Respiratory Distress Syndrome, meconium aspiration, premature babies with underdeveloped lungs, ALI, congenital heart defects, diaphragmatic hernia, crushed ribs, neuro-muscular diseases i.e ALS, MG, GB., decompression sickness, all varieties of lung carcinoma, sepsis complications, and a variety of cardiac conditions. Respiratory therapists may get mistaken for the CNA on occasion, but we adore advanced medical knowledge and complex procedures!

All of these RT teams are exposed to fair amounts of grueling work, both physical and psychological. The standard shift length for a respiratory care practitioner is 12 hours on their feet, with any amount of overlap due to staffing issues. Although RT professionals do their very best to leave their workplace stress at the job site where it belongs, often the effect of the shift travels home with the clinician. The scrubs may have been removed, but the mindset of on-call clinical assignment is still very engaged. If you are an employee with overlapping assignments or work on traveling rotations, the stress may be even more magnified.

There are many articles and studies about the incredibly high burn-out rates among new healthcare clinicians (RTs, new nurses, physical and occupational therapists), which might sound strange after all of that individual's scholastic effort to complete their licensure. But in their bullheaded drive for program completion, an abrupt confrontation of reality for some of these new graduates is often much greater than they had ever anticipated.

The other side of the coin on this issue can even be more dangerous and common: apathy. The clinician's desensitization to seeing trauma and death in the hospital becomes quite palpable after a while, and the person may appear to have little to no empathy towards compassionate situations. This can seem very alarming to patients and family members, who are perhaps just experiencing this disease or injury for the first time. The respiratory is already trained not to panic, and is usually very professional and reserved about emergencies during their assignment. But a complete lack of effect can often be a clue to a greater issue; PTSD. The constant stress of experiencing patients in severe pain coupled with emergencies is a terrible thing to watch, even if it has been normalized and experienced every day.

Apathy can make an RT less receptive to vital signs and subjective statements from the patient; leading down a path where their ability to assess is very calloused. This is especially true when dealing with pediatric and neonatal critical units. While we might expect the elderly to eventually leave this life, young children and babies are simply not supposed to die. Mild forms of apathy are truly just coping mechanisms for many dedicated employees, but there could come a time when an important symptom or clue is missed because of the desensitization of a well-seasoned clinician. Respiratory therapists should strive to always find the balance between hypersensitivity and apathy; for neither of these extremes will serve the needs of your patients, or yourself.

Tips to avoid apathy:

Ask to be rotated into different areas of your hospital or clinical site, even if you are a specialist. Ask for an assignment in a different unit, or inquire about a different area of training. If your manager inquires further into the reason for you inquiry, be honest about what you are experiencing. You are part of a healthcare team, and your supervisor has an obligation to strengthen that team; even by rotating staff as beneficial to their mental health needs.

Drop the burden of your own expectations on "healing of the masses". Remember that while you are trained to save and prolong life to the best of your abilities, you are not responsible for the situations where you do not succeed. And when the worst happens, acknowledge with yourself and others that the patient's expiration or deterioration in care was not your fault. I have seen many medical students and doctors sobbing outside a trauma room because they refused to drop the burden. Believe me, when I say, it does not make you a stronger clinician to carry this added weight.

Monitor and measure your own responses in future critical or emergency situations. Try to recall your first few years on the job, and do a side-by-side comparison of your responses then and now. If the differences are night and day, evaluate why your outlook is so very changed. While any person will change and mature with time during the course of their career, see if you can find legitimate reasons for the contrast. Was there an event that tipped the balance, or do you feel yourself in an aloof place that does not fit your circumstances? You might even ask a close friend or family member privately as to whether they have noticed drastic changes. Self-care is just as vital for clinicians as it is for their patients, and we must remember that life gets to us as well.

In the event that you cannot find a way to re-acclimate, consider taking a mental health day or a leave of absence for a short duration. This is not a sign of weakness, but rather one of self-awareness, and

there are many clinicians who wish they would have taken this option before they became so distraught. Just because an RT has "seen it all" does not correlate with the idea that they have not been impacted by the experiences. There are plenty of servicemen and women who have trained and served on battlefields that need assistance after the tour. Let us be sure to give ourselves the same latitude with trauma that we give to our military.

Volume 2 Issue 6 June 2021