

Episode 3 – Kathleen Stoop

Kat Penno

Hello, everyone listening today. My name is Kat Penno, and I'd like to welcome you all to the Women in Hearing Health podcast in No Need to Shout. So I feel very privileged to have a close friend of mine and colleague and role model, Kathleen Stoop, join us on the podcast. Kathleen, welcome to the podcast. You inspire me in my professional and personal life very often, and I am very happy to have you on the show today. So would you like to do an introduction and let the audience know a bit about you?

Kathleen Stoop

Thank you so much for those kind words, Kat. It's an absolute pleasure to be here. I'm a big fan of the work that you and Caitlin are doing on this podcast. So yeah, I was born and raised in South Africa. I grew up during the height of the apartheid era, so I had a really interesting childhood in South Africa. And I trained as a speech and hearing therapist and then went on to do a master's in audiology. I met my husband Gerrard in 2008 and we made the joint decision to emigrate to New Zealand in 2010. And then unexpectedly emigrated again within 18 months. So, we moved to Australia, and I've been living in Australia for the past nine years. My interest in audiology, I was very, very fortunate in South Africa to be able to work across a range of different environments in various roles. And I found that really stimulating. One of my passions was very much taking audiology to the community and clinical education. In New Zealand, I worked at the University of Canterbury as a clinical educator. I came to Australia on a skilled work visa, and found that the demand for our professional skills, and the type of visa I was on had very much to do with dispensing hearing aid. So for about seven, almost eight years, I dispensed hearing aids and recently I've moved into a different role, which is perhaps closer to my heart, which is community outreach audiology, working in an indigenous eHealth programme with young children aged zero to six.

Kat Penno

Kathleen, there's so much to unpack there. You've had a very diverse and global career, which is incredible, and I feel grateful that we get to sit down today and unpack some of that because today's podcast is going to focus on mental health and burnout. And if you are happy and confident and comfortable to talk about that, at any stage you've had in your professional life, and then how that's impacted your personal life as well. I'd be really grateful, and I'm sure the audience would be as well to hear about that, and then how we can improve that for women in hearing health.

Kathleen Stoop

Absolutely Kat, and I think you know, one of the positives of the last few years is that COVID has really forced us to talk more openly about mental health, and to talk more honestly about the blurring of our professional lives and our personal lives. And I hit the point of burnout really, towards the end, I would say probably midway through 2020, maybe even earlier than that. And it's taken me up to recent months to recover from burnout. So burnout isn't the type of thing you just snap out

from. It's definitely a long recovery process. And in a way, that recovery process has been a little bit of a gift in that it's really forced me to evaluate a lot of things. And also I'm in a place now where I think I'm leading a much more productive professional life but I'm also much more connected to friends and to family and to nature.

Kat Penno

So much for me listening and hearing what you're saying there to unpack because I mean a lot of our catch-ups when we catch up face to face, we do a park run and we have a coffee and we sit in the park, which I absolutely love. That's how we catch up here because there's such a large drinking culture in Australia. So for me, it's super valuable to hear that you are more connected to your personal life. But can you identify when you had burnout or reached that? What does that look like? And, you know, what were the indicators? Because I think as women in healthcare professions, we are survivors, so we can cope with a lot. And then we can't. So what did that look like for you?

Kathleen Stoop

The actual physical office, I guess it's important to say is that it was, eventually, a physical experience, when it happened, was very different to what I expected. So I'll make a couple of comments. I think one of them is to say that the seed for burnout was probably planted many years ago when we first immigrated to Australia. So when you emigrate, I guess, you're the constant, you're moving to a country where even if the population speaks English, the culture, the humour, the currency, the landscape, the climate, everything is very different. And when you emigrate on the basis of your qualifications and your skills, that just necessarily for your survival becomes a very important part of your identity. And I think, where things began to become stressful for me was immigrating here and essentially being told that my qualification wasn't valid. I hold a Master's Degree in audiology. I've been through all the immigration hoops in terms of making sure that your qualification is equivalent and writing very elaborate CVs to explain all the skills I had. And so it was really devastating for me to have someone turn around and go, Well, you're not who you thought you were, your qualifications aren't valid, you're really a speech therapist, not an audiologist. And so I really struggled with my identity, my professional identity in Australia. And it definitely took its toll needing to prove myself eventually be recognised as an audiologist and be able to practice my profession to support my family. So I think that the seeds for burnout were planted a long time ago. And I think they did want us to say what women do you know, we've, you need a job to look after your family. You're in a new country. I didn't know anybody when you ask people that lived in Australia, but we didn't know anybody in Australia, when we moved in, it's just the two of us. And so that certainly takes a toll. And then a couple of years ago, I embarked on a new business role. And I was a little apprehensive about taking it on because I'm quite in touch with my abilities. And one of the things I realised was that I was going to need to take on some roles that weren't necessarily my strengths. But I'd interpreted this new venture as offering me support systems, which it turned out were actually not available to me. And so I found myself in a situation where there were chronic stresses, and I just couldn't find a way to manage them. And so I'd sort of try and come up with solutions about ways that I might cope better in the work environment. And as quickly as I'd come up with a potential solution, I'd be told that that solution wasn't possible. And so my initial reaction was to just try harder and work harder and put in more hours. And initially, I could cope. But eventually, I was working seven hours a day, I didn't feel like I was doing anything efficiently. I never felt like I was on top of anything. And I think

became quite a hard person to be around at home because I'd get home and be in a bad mood, because I felt like I shouldn't be at work. And when I wasn't home, I couldn't relax because I was constantly thinking about work. And so I just actually couldn't switch off. And I guess one of the first signs for me that something was really wrong was I began to experience anxiety. I've lived through lots of things, but I've never experienced anxiety or a panic attack. And I had a panic attack one day and I didn't know what it was, but to me, my interpretation of I felt like that might be what it felt like to have a stroke. And I approached my doctor as if I think something's up, so take a few days off. And I began to realise at that stage that I was really in trouble. And then, when it all came to a head was actually on a Monday I got dressed for work, and the only way I can describe the experiences that I felt like something's switched off, I kind of just got stuck at the door of our bedroom. And my husband looked at me and said, Well, what are you doing? You're gonna be late for work. And I just told him, I can't go in. I said, Are you sick? And I said, I don't know. I just feel as though my body doesn't want to move, I just feel completely disconnected. And it was a really frightening, physical feeling of just being stuck. And that was kind of my experience this very strange, physical disconnection, from our body, a numbness, and just really for the next kind of three weeks, not actually being able to do anything physically.

Kat Penno

That Kathleen, is unbelievable to me, that you were, I've got so many things to comment on. So first of all, you said seven hours, but I know you met seven days a week because I used to catch up with you. And you're like, no I'm working, and I was like, it's the weekend, let's just go for a run or walk a coffee and you're like I can't I'm working. So I just want to autocorrect you there, because, yes, I knew exactly what you meant, but for the audience. And then second of all, let's just take a moment to reflect on the initial seed planting of doubt, from professionals. And to me, when I've heard your story, and a few others who've been down the path who've come across on this skilled visa, the pressure you must put upon yourself to succeed for your loved ones must be huge. And then to have the seeds of doubt or disrespect, planted. And to say that your qualifications are worthless, that to me is just unprofessional, unethical, and things that I don't think have changed in terms of certain practices that we practice out there. So I think that, I feel when I hear your story every time there's an anger bubble that boils in me because, you know, as an individual who'd like to work and live overseas one day, I imagine I will face similar challenges. And now those hurdles are because courses aren't, say equivalent across the world in terms of how you become an audiologist. So we've constantly got to be proving ourselves. And I feel like the theme here as a woman in hearing health is, am I constantly improving myself as an audiologist to the public? Because do they trust me? Or do they just think I'm selling a device to them, and then you have to, you can't, and then you're proving yourself to the professional bodies, and then to your peers, and then so on and so forth. So there's a bit of a theme in regards to how the public views us and how we view ourselves and how the professional bodies view us and support us. And so there's, that is, deserves to be a conversation one day. And the other thing you said, and I just wonder how many audiologists out there feel like they're in automation mode, to get to the point where you have physical breakdowns because your body is actively trying to tell you to stop what you're doing, there's more that you can do that won't have you have this physical and psychological disconnect. And so you said you saw your GP and you had three weeks off? Was that enough time to heal in those three weeks Kathleen? Like that's a huge disconnect when your body's getting a rash to a situation you can't explain, or hives because you're so stressed this is your body telling you this situation isn't good for you. And so how do you move on

from that? Or how do you stop, actively stop, and then go okay, I need to seek whatever help or things you need to do to get better.

Kathleen Stoop

I think I have to acknowledge my GP who just really took the time to listen. And I guess also to admit I think my personality type has a lot to do with the experience because I'm certainly someone who holds myself to high standards. I'm a bit of a perfectionist and I went to see Dr. Conrad he was just very clear on this is burnout. This is not stress. This is not depression. This is burnout. And having him say that and validate what I was feeling was really empowering. I think something that happened fortuitously, and I'll be forever grateful is I wandered into a bookshop in Applecross. And I was actually looking for a particular book, which has nothing to do with self-care or burnout. But in finding this book on the shelf, I came across a book simply called burnout, which is written by twin sisters. And in the book, it actually explained what I'd experienced. So most of us will be familiar with the fight or flight response, the body's automatic reaction for survival, where you'll either choose to stay in fight, or flee. What I didn't know about was the freeze response. So essentially, you know, I'm from South Africa, so I'll use the lion example. But if I'm faced with a lion, my body is going to make an instant decision and calculation, am I strong enough to stand my ground and fight the lion, or is the best chance of survival for me to turn and run and hope I outrun it. If my body does a calculation to say, look, you're not strong enough and you're too exhausted, you're best bet is in this case, to actually play dead, and hope that the lion loses interest, or perhaps, it just won't be that painful, inevitable, what happens there is it's no longer your sympathetic nervous system. It's actually your parasympathetic nervous system that kicks in. So it's your body's last-ditch attempt really to save you. And instead of being mobilised, you're actually shut down. And I recognise now that that's actually what happened in my case. So I'd been trying to find by doing the extra work, just facing it head-on. I couldn't flee, you know, you can't, you can't just not go to work, you've got responsibilities, you've got to earn a living. So fleeing was never really an option for me, and the type of role I was in, I couldn't just give leave, I couldn't resign and just stay with that period of time. It was a lot more complex than that. And so looking back, the whole experience makes sense physiologically, it was basically dysregulation of my sympathetic and parasympathetic nervous systems. And reading about the actual biology is quite confronting because you really do physical damage, you really wear and tear your physical body down when you have all of these stress juices essentially, just turning around in your body. So you know, I think I just I guess, anybody who is starting to experience that sense of overwhelm, and sense of just not being able to get on top of something. While it's still the fight or flight, that's really the time you want to recognise that you need help. I'd left it for too long. And when I say left for too long, and I knew I needed help, I just I didn't have the capacity to get the help that I needed. I was outpaced by the stress at the time.

Kat Penno

And I wonder, you've described sort of what I envision as the stages of burnout, because you start off optimistic, committed, you know, you believe in what's the cause, or you believe in the mission, sorry, the cause the outcome of what you're doing. Then you have this stress, that settles in, and you um, you know, as an audiologist, you go, okay, my strengths probably going to outweigh my weaknesses. So I'll be able to cope to a certain degree. And then that onset of stress turns into chronic stress. And then I don't know, to me, it's like you had that, like you said that the freeze the

disconnect, and your body hit burnout. So you know, what comes first for you. Maybe it's a bit of both, and I guess it'd be different for everybody, the signs and signals and symptoms would be very different and then just cope and cope until you physically can't. And then you just physically can't get out of bed or do what might be called a daily routine of getting out of bed and having breakfast and having a shower etc. So it's so important, thanks for sharing it because you sort of definitely understand the fight or flight and the example you use with the line is excellent. The freeze, this inability to think that you can go anywhere else, or your hope that it just disappears. I think we've all been there at certain stages of our careers. And you said you had this excellent GP who will listen to you, and then you know, what are the strategies did they talk to you about or like you said they could identify burnout versus this is not depression, this is anxiety? How did they talk you through things? And then how did they support you to get the support you needed to move on, or to improve?

Kathleen Stoop

I think for me at that stage, you know, when you're burned out, you get to that point of self-doubt, where you sort of think what am I actually ever going to be able to cope with, with a full-time job again, like, what does this actually mean for me professionally going forward, and he was just very calm and very sensible, and said, it's this particular environment that you're in. You know, you need to take some time out, but you have to get out of this environment. And he actually booked me off. And that I think, for me initially brought a lot of shame to me, because it's not the way I envisage my exit from this business. And I was very worried at the time about how that would be perceived. I'm the type of person who'd like to go into work and tie everything up, put everything neatly under the handover. And it was just clear for the sake of my physical and my mental health that was not going to be an option in this case. So I was very grateful that he actually just provided that guidance. And when you know, your health, we actually have to stop this. Now this stress cannot go on. And I understand your need to make everything tidy and pretty, but that's actually not good for your health. And it took me a good year to sort of get over that shame. And I'll use the word shame because I think that's what it was. And to kind of realise in hindsight that yeah, it might have mattered to me, but in the greater scheme of things, it really would have been the wrong decision. And then reading a book called burnout was really helpful to me, because one of the things I put a lot of pressure on myself to do was to try and practice self-care. So and I guess we do this as women, we think we can do it all. And so in the midst of working seven days a week working these long hours, not actually being productive, because that's another symptom of burnout, you're working a lot, but you actually just not productive because you don't have the focus or the concentration or the energy. And in the back of my mind, I'm going to keep cancelling on friends, like yourself, and I don't have time I'm busy this weekend, I've got to work. So cancelling on social events and connections, not doing exercise the way you usually would, because you kind of keep putting self care on the back burner. And yet, this is the knowledge that you should be doing it, it actually becomes a kind of personal goal and this burden in itself. And one of the great things in the book was, just a sentence saying that actually, self-care is not the solution to burnout, the solution is connection. And what you and Caitlin are doing with the podcast is part of creating that connection and community. So actually being able to connect with other people and debrief about what's happening, being able to connect with your body and do exercise, connect with nature, and just have that time away from your work. So it's, it's things that we know are good for you and that you should do. But it's integrating it into your life where it doesn't feel like another goal that's not attainable.

Kat Penno

That's so powerful, that the solution to burnout is not self-care, it's connection. That is huge on so many levels personally and professionally. Yeah, I would like to hear what other people think of that comment because I agree with it wholeheartedly. There is this big perception of self-care, which not disagreeing with that. Of course, I agree with it and absolutely needed, but we forget sometimes what is the greater picture to that self-care. And that is connection and connection looks different to everyone. But wow, the other thing I wanted to touch on sort of come back because I'm just having this awestruck moment with that sentence quote you gave us, was the use of the word shame, because, you know, for me hearing that from you makes me think there's an intrinsic value to that because you do hold yourself to a very high standard as professional and I believe most women in hearing health do. We pride ourselves on our work, we go into it for caring reasons and compassionate reasons. And then we get caught in a cycle and there's that extrinsic shame where you, you can correct me if I'm wrong because you didn't say this. But when I'm listening, I hear that tone in your voice where perhaps is worried about what other professionals will think about what you do. And then isn't at this point of realisation where you're having these discussions with your doctor and your family where you go well, actually, this isn't the spot a meant to be in. I'll take time off from my career, because that's not bad either. And now, it sounds like to me you've landed on your feet in like you said, more of community centred role. Still quite strategic and operational in business life, but very much community focused and centred. So I guess my question there is, have you now found a balance and then what does that look like? And when you reflect upon all of that, you know, how you feeling in your current place, personally and professionally.

Kathleen Stoop

Yeah, Kat look, I was off for a good month. And as I said, that was just really not being able to function. I then started a new role, which is still in audiology, but a completely different role in the sense that it is an incredibly varied role. I would say it's taken, it took about a year to really stop feeling like me again. And to sort of get glimpses of my old self. It probably took that long, to be honest, to be able to process that shame. And, you know, we talked a lot about self-compassion. And one of the things I embarked on was really trying to understand myself more and trying to understand how would I let it get that far, there were clear signs, I had a really bad panic attack at work, probably five months before the freeze incident, and just kind of reflecting on you know, why I wasn't listening to my body. And I asked some close friends whose opinions I do really value and who I knew I could count on to be brutally honest. And I just asked them, you know, what do you see as my strengths and very positive traits, you know, what are the things I do that just drive you crazy? And what are some of the things you can see that I do that actually probably be quite self-destructive? It was a very difficult journey to learn self-compassion, because there was some ugly truths I had to face about myself, and you know, one of them, anybody who knows me will know I'm hopeless at that time and estimating time, I'm pretty time blind. And so just understanding how all those things contribute to stress at work. And I think I'm a much clearer now on whose opinion matters to me, I have a much better understanding of myself, what my strengths are, what my weaknesses are, and I know in the future, I'm on a contract position at the moment. But I know in the future when I look for new roles. I know the type of roles that I will look for a lot clearer. And admittedly, I'm in a different situation, because you know, I'm a citizen, I don't have to worry about these as and what kinds of roles are in demand, I can really just choose a job I enjoy. In terms of where I'm at personally, and professionally, I think, in a way, there was a relief in breaking because I would say I broke under the stress. And there's almost a relief in that and having to go well, kind of

the worst that I could have imagined professionally as happened, you know what I was in a situation that I couldn't deal with. I had to leave it in what I would have considered a very unprofessional way. But after all said and done, I'm still standing. And I'm now in a role that I really enjoy it. It has stresses but I would describe it as a positive stress. It's a stressful environment in the sense that you need to problem solve, and you need to pivot. But I find the stress challenging, rather than overwhelming. And so I think it's a very positive place to be I don't work weekends, I feel much more connected to friends since the burnout episode. I'm a lot more focused on getting outdoors doing bushwalks, I feel like my marriage is a lot richer. And I guess just I didn't realise I was wearing a lot of masks professionally. A lot of those have been able to come down because I need them to feel safe in a work environment anymore.

Kat Penno

We could talk all night and day. So, Kathleen, that's so cool to hear that your connections are richer. And really interesting to hear that comment that you felt like you were wearing a lot of masks prior to and leading up until the episode of burnout. But do you think in our profession, as a woman in hearing health who has experienced a lot of what our profession can offer that we can recover like you have, but then come back and burnout again?

Kathleen Stoop

I think there is that risk. And look, I think, you know, kind of think my position as an immigrant was perhaps a little unique. And when I say unique, I mean, there may very well be other audiologists who have qualified overseas who have been in a similar position were in South Africa I never worked in a dispensing role. So I knew as a student already, you know, my ability to be in a fast-paced environment with sales targets, and this really kind of regimented appointment, was really not who I was. And I'd often say, when I worked at other places, I just feel like a square peg in a round hole. Like I'm trying really hard to fit in and to work this way. But it's just it's not the way that my brain works. But it was the type of role that there was a need for in terms of, you know, skilled migrant, so I had to try and fit in and do the job. And that took a lot of energy. So I think if I were to go back into a very busy dispensing clinic, I think there's a there is a high risk that I would get burnt out again. I think looking at job opportunities in the future, I'd definitely need more flexibility around still getting the job done, but maybe not in a very regimented timeframe. And I think one of the things that was difficult for me personally, and this probably has just to do with the fact that I grew up in a different country and I trained under a different health system, but I did find in some roles that there was definitely ethical stress where perhaps the business model didn't quite fit in with my personal values and that in itself definitely created a lot of stress for me. So I guess goodness of fit in terms of your values and understanding how your brain works and what creates stress is really important. Otherwise, I think there is a risk of burnout.

Kat Penno

So do you think that in the first Worlds here like the Americas, Australia, New Zealand, and perhaps other countries that I can't name off the top of my head right now. Do you think that we need to do more and better? We might as well just call a spade a spade. I think a majority of audiologists work in dispensing clinics. But we may be guided or told otherwise. But do you think there is a real need for

the policies and the system systemic change to occur? Are we treating audiologists, like will churn and burn?

Kathleen Stoop

I think in some environments, that is the case Kat, and I think I think we're entering an era where you know that there are new technologies coming on board, I think hearing aids are going to become more self-fitting the technology is there, we're going to be able to do things differently. So I think it's an opportunity to look at different service modules. I think there's some personality types, and some people who are really skilled and would see a dispensing environment as positive stress and who would just thrive, there's some personalities who will just thrive who, like a fast-paced environment who are motivated by sales targets. So you know, I don't think I think an environment that would be stressful, one personality might actually be a very, sort of positively challenging and stimulating environment for another. And there were times where I was working, where I sort of thought, like, Oh, I wish I wish that just kind of leave the sales to kind of the heavy hitters. And I'd be quite happy to be the audiologist that just deals with the really tough cases where people just continue to have struggles with adjustments and kind of the more complex tinnitus patients, you know, I would have been quite happy to have a longer appointment, play to my strengths deal with the difficult tunings, and with tinnitus counselling, and kind of leave those very fast-paced or high sales pressure parts to someone who was good at it and found it challenging and really enjoyed it. So I don't think there's necessarily a value judgement, I think an environment that might feel really toxic and overwhelming to one person could be a really positive stress experience for another. But I think it's about being honest with yourself. And then hopefully, companies finding business models that, I guess play to everybody's strengths. If that makes sense.

Kat Penno

It 100% does, because when you say square peg round hole, and I talk about the future of the healthcare industry, and in particular hearing help, I always think we're trying to have this one size fits all model for the professional. And like you said, individuals could do well in it. And individuals could not do well in it, they enjoy those stresses, they don't. And we have customers trying to fit this one size fits all nine to five, classic model. And I think most people would agree with me. And if you don't, I'd love to hear that as well. But the nine to five model, the traditional service model has been great for certain populations. But if we're truly going to help people with holistic hearing health, meaning prevent hearing health, let's get people proactive about hearing health, we've got to be very creative with how the new clinical world looks going forward. And therefore workplaces should be thinking, okay, Kathleen is excellent at diagnostics. She wants to complex tinnitus cases, she can do XYZ really well. Let's structure some of this clinical world to help her strengths and improve her weaknesses if she wants. And then the others who love adult rehab, and want to really focused there. And like you said, the heavy hitters who like to dispense and counsel and rehab on that side, that that might be their skills, because the more we can reimagine our unique skill sets and passions, the better off for all of us mentally, healthwise, and then our clients, how amazing they get to choose and they know that audiologists are the experts in all the services and they trust us and they feel confident in our skills because they can choose as someone who's more of a specialist in the tinnitus realm or the auditory processing realm or the vestibular realm or acoustic neuromas? Because I agree, I think devices, not sure the timeline on it, but they will become quite agnostic. And then we'll

have a real battle of services. And we will be the ones to derive that as professionals. Well I hope we are because we've been upset for a while about how things have worked in terms of health care, hearing health across the world. There's a new I think, acceptance and movement of audiologists getting more confident to do their own piece and build their own business in this field. And I just saw in Australia that Medicare has changed their rules to make it a little bit more expensive for audiologists, for referrals from GPs don't necessarily have to be an ENT otologist or a neurologist, it can now be the GP, the referring source, which is excellent, because there are excellent GPs in Australia, who are starting to recognise the impacts of untreated, hearing and ear conditions. So I think we're slowly getting there. To me, that was a really positive policy system change. So yeah, incredible, sorry to digress.

Kathleen Stoop

I saw the article today as well Kat, and it's great. I think whenever we see those changes within the broader health field, that recognition of the importance of hearing health to overall health, and the link to other health conditions. I think that's an absolute positive well for us as audiologists.

Kat Penno

So I just thought, I want to wrap up. Because I feel like we've touched on a lot of points, which I think will resonate with a lot of our audience, in hearing health, but just in other health care professions, as well. So I'm interested to see everybody's comments and feedback. But before we wrap up, what are your recommendations or bits of advice, or pearls of wisdom to those who are listening that might be really feeling what you're saying in this podcast? How would you guide them to improve their situation?

Kathleen Stoop

I would say that I guess all the common sense things that we hear all the time about self-care are true, it's important that we are sleeping well, that we're eating well, that we're connecting to others, and that we're getting exercise. But I think as a woman, when that becomes yet another goal or another chore to do that can make you feel like it's just yet another thing that you're not getting to. So one of the strategies, and I think you and I are pretty good at doing this. When we catch up one of one of the small changes we've made is if we catch up with friends, rather than saying, Hey, should we meet for a coffee? It'll be a case of hey, why don't we go for a stroll on the beach, have a chat and then we'll get a coffee afterwards or grab takeaway coffee and do it. So try to find ways to build in that time away is really important. And I think also just recognising and I didn't recognise this before, but dealing with the cause of stress. And actually, the stress itself is different. So I'll just give you a silly example quickly as we wrap up, but I was once on a really awful flight in South Africa back home, it was an hour flight. It was terrible turbulence. I was single at the time when I got when we landed it was a Friday evening when we landed a lot of people had loved ones waiting for them. And a lot of people burst into tears. It was a really traumatic flight and I didn't have anyone waiting for me. I had to drive myself home and I remember crying my way home. But still not actually feeling like I'd dealt with the stress. It was only after I phoned my mom and told her how open the flight had been and how dramatic and she listened and sympathise and said Are you okay? It was only after that conversation that I actually felt safe and okay. And I think one of the things we undervalue is the

benefit of picking up the phone to a good friend and actually just having what, frankly when I call a moan session, but it's really just a debrief, and it's actually completing that stress cycle and feeling better. So my advice would be, you know, try and go for walks with friends, instead of catching up for a coffee and still have your coffee, but also keep in touch with friends and just have those debrief sessions or motion sessions, because talking about it really does wonders, that connection for destressing.

Kat Penno

You know, you say, there are common-sense strategies. And when I hear them from someone else, like you've just summed them up, they are totally common-sense strategies, Kathleen, but I know I've been in situations where I can just cry at a drop of a hat after an experience, I think, what has just happened there? And it's not until that stress cycle has been broken by talking out loud to another individual. And how they responded in that, are you okay, manner? Do I then feel that alleviation or that, like you said, you're breaking this stress cycle, you're breaking out of that traumatic cycle, so that you can acknowledge it and move on. So thank you so much for your time.

Kathleen Stoop

It's been an absolute pleasure, Kat. And as you know, we often will tell children, you're okay. You're okay. And sometimes I think as adults, we just need to hear that as well.

Kat Penno

Absolutely. It's such a great phrase. And it can have like a profound impact on how an individual truly leaves a conversation or appointment. And I remember seeing this quote, that sometimes, as healthcare professionals, we say a lot to our clients, sometimes all the time. And they don't remember a lot of what you say, but they definitely remember how you make them feel. So I think this is a good point for us to wrap up, Kathleen, you can connect with her on LinkedIn and Twitter. So you can connect with Kathleen, straight on LinkedIn or Twitter and connect with women in hearing health on Facebook, or LinkedIn. And if you've got any questions or comments, please send them through to us, we'd be more than happy to address them and discuss them. Thank you so much for tuning in today and for your time. And Kathleen, thank you for all your vulnerability, sharing insights into personal professional life. I feel like we've just scratched the surface of things we can talk about with what you've done with your career. And thank you for being an advocate for being brave enough to come on and share that experience because I think it's a really important one that we all need to hear, and then remember, or read, listen to, and improve on ourselves as individuals and then the systems that we work within our profession. Thank you so much for your time.

Kathleen Stoop

Absolute pleasure, and thanks for keeping us all connect

Women in Hearing Health: <https://www.womeninhearinghealth.com/>

Facebook community: <https://www.facebook.com/groups/442421886837175/>

