



Burnout: An epidemic

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Disclosures

I have no relevant financial interest, agreements or relationships with any organization related to commercial products or services to be discussed at this presentation.

Diana Page ACNP-BC: Burnout Survivor

My Story

- ▶ You're probably wondering...so who is this woman? Is she an expert in this?
- ▶ Truth is I have become an expert in this for a few reasons.
- ▶ #1: I am a burnout survivor: My first NP job almost made me leave the profession after 5 years. I had poor boundaries, poor support, terrible work life balance and worked myself into a shell of my former self.
- ▶ #2: I decided enough is enough, we need to talk about this more. I have become an advocate and educator on this topic as well as a nurse/APP mentor for those suffering from burnout.
- ▶ It took me years to recover from my own burnout but there IS life after burnout, even though it doesn't feel like it at the time...

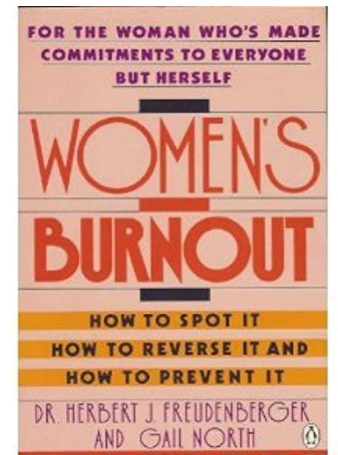
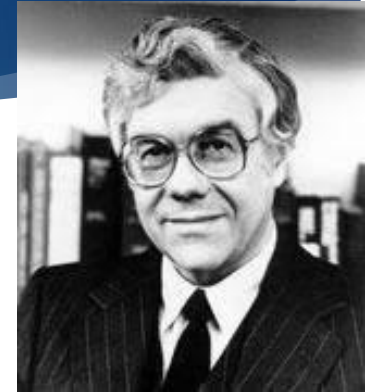


Objectives

- ▶ A little burnout history lesson
- ▶ What is burnout?
- ▶ Burnout risk factors/drivers of provider burnout
- ▶ Burnout signs and symptoms
- ▶ Burnout triggers
- ▶ The costs of burnout
- ▶ Ways to combat burnout
 - ▶ Organizational
 - ▶ Individual

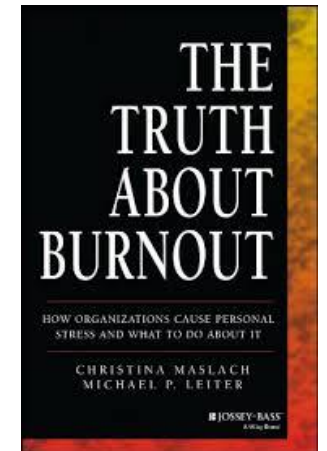
A little history lesson...

- ▶ The “burnout syndrome” was first described in two scientific articles published in 1974, (Herbert Freudenberger and Sigmund Ginsburg).
 - ▶ Freudenberger went on to write about it more so he has been associated with coining the term.
- ▶ Freudenberger: Burnout = “becoming exhausted by making excessive demands on energy, strength, or resources” in the workplace
- ▶ He believed that burnout is particularly linked to specific working environments and organizational contexts
 - ▶ He proposed intervening at an organizational rather than just an individual level.
 - ▶ i.e shorter working hours, regular job rotation, frequent supervision and staff training.





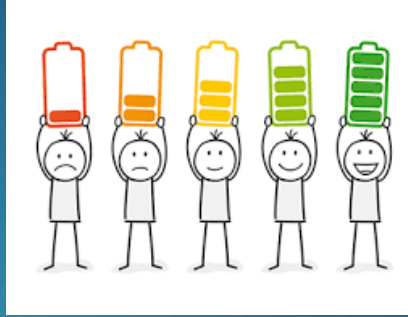
- ▶ Christina Maslach: Social psychologist and professor at UC Berkeley
- ▶ Still one of the most prominent scholars in this field
- ▶ Maslach Burnout Inventory (Maslach and Jackson conceptualized burnout as a three-dimensional construct consisting of Emotional Exhaustion, Depersonalization and reduced Personal Accomplishment)
 - ▶ “Maslach Burnout Inventory” (MBI), which is available for different professional groups. Originally developed for research purposes
 - ▶ One version unique to health care
- ▶ Wellbeing Index
- ▶ Mini-Z 2.0 (what we use at MMC)
- ▶ Oldenburg Burnout Inventory



Terminology: Moral injury vs. Burnout

- In 2019 Wendy Dean and Simon Talbot wrote an article challenging the term “burnout” and felt it was instead MORAL INJURY that clinicians were suffering from
- The concept of moral injury was first described in service members who returned from the Vietnam War with symptoms that loosely fit a diagnosis of posttraumatic stress disorder (PTSD), but which did not respond to standard PTSD treatment
- **Moral injury:** “When we perpetrate, bear witness to, or fail to prevent an act that transgresses our deeply held moral beliefs.”
 - In the health care context, that deeply held moral belief is the oath each of us have taken: Put the needs of patients first.
 - We are increasingly forced to consider the demands of other stakeholders

So what is BURNOUT?



- ▶ Still a controversial topic and experts disagree at times
- ▶ In May 2019 the WHO included burnout in the 11th Revision of the International Classification of Diseases (ICD-11) as an occupational phenomenon. It is **not** classified as a medical condition.
- ▶ “Result of chronic workplace stress that has *not* been successfully managed”
- ▶ It is characterized by three dimensions:
 - ▶ Feelings of energy depletion or exhaustion
 - ▶ Increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job (depersonalization)
 - ▶ Reduced professional efficacy
- ▶ Burnout according to Merriam Webster: to cause to fail, wear out, or become exhausted especially from overwork or overuse



Burnout

- ▶ Burnout is not unique to healthcare but especially now with the pandemic this has become a hot topic
- ▶ Left unresolved, burnout has been linked to hastened retirement, poor professional conduct, increased risk of medical errors, as well as negative effects on personal health and relationships
- ▶ Dissatisfaction → Disengagement → Burnout
- ▶ Think of it being linked with your “energy bank account”
 - ▶ We *withdraw* energy from this account for the activities of our life and work. We *deposit* energy to this account during times of rest and rebalance. Burnout occurs when there is a negative balance over time



Burnout mimickers

- ▶ Burnout ≠ stress
 - ▶ Burnout ≠ mental illness
 - ▶ Burnout ≠ compassion fatigue
 - ▶ Burnout ≠ depression
-
- ▶ Symptoms often associated with burnout can also occur with things like medications, sleep disorders, mental health disorders.



Why are healthcare providers so vulnerable to
burnout?

Work is often in emotionally-charged situations

Isolation, loss of autonomy, misaligned values

Recent changes to the practice of medicine

Clinician personality types

The same traits responsible for our success simultaneously set us up for burnout down the road

Are you one of these??

- ▶ **Workaholic** – Your only response to challenges or problems is to work harder
- ▶ **Superhero** – You feel like every challenge or problem sits on your shoulders and you must be the one with all the answers
- ▶ **Perfectionist** – You can't stand the thought of making a mistake – ever – and hold everyone around you to the same standard
- ▶ **Lone ranger** – You must do everything yourself and end up micromanaging everyone around you

Signs and Symptoms of burnout

► Physical

- Feeling tired and drained more often than not that does not respond to adequate rest
- Lowered immunity, feeling sick a lot
- Headaches, back pain, muscle aches
- Change in appetite or sleep habits
- GI symptoms

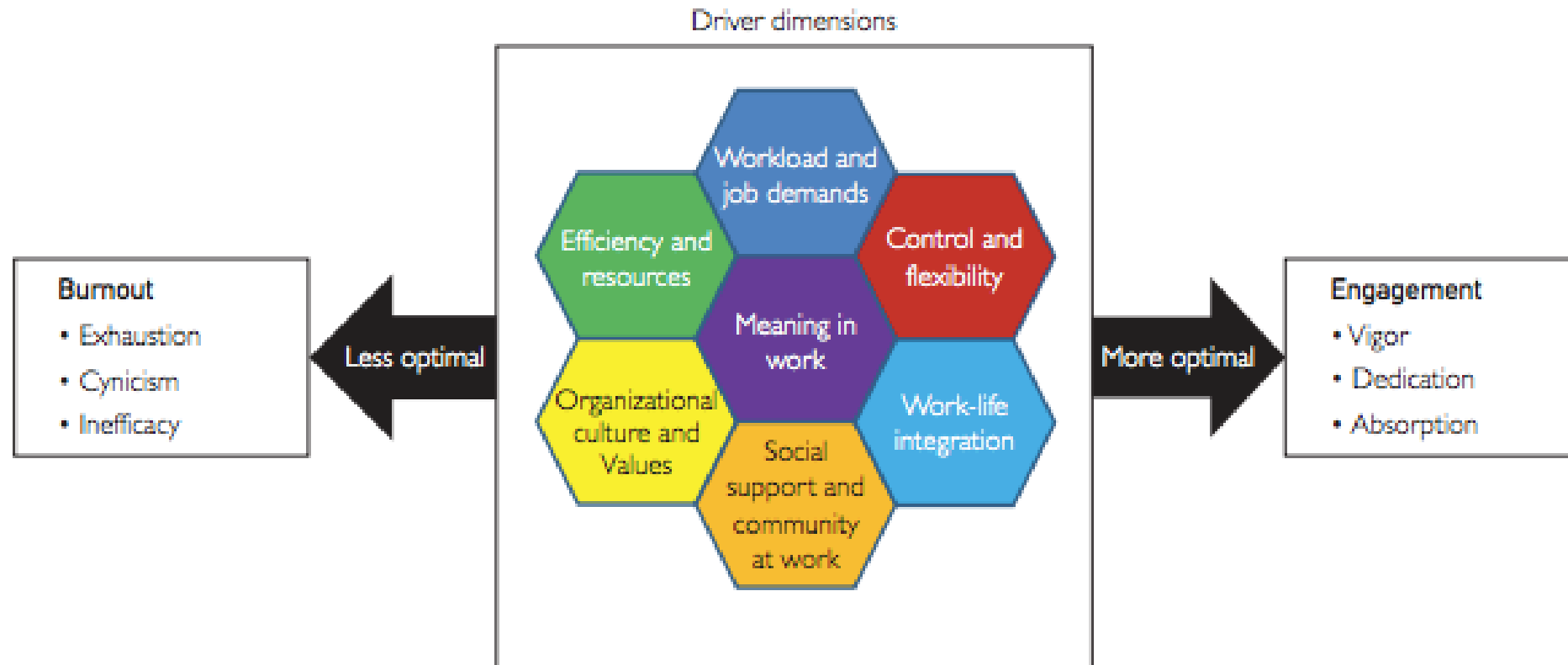
► Emotional

- Sense of failure and self-doubt
- Feeling helpless, trapped, and defeated
- Detachment
- Loss of motivation
- Decreased satisfaction and sense of accomplishment
- Activities you used to enjoy are no fun any more

► Behavioral

- Withdrawing from responsibilities
- Isolating yourself from others
- Procrastinating,
- Using food, drugs, or alcohol to cope
- Cynicism and a negative attitude
- Taking out your frustrations on others
- Irritability
- Skipping work or coming in late and leaving early

Key drivers of provider burnout



Source of burnout

▶ **Individual**

- ▶ Lack of boundaries
- ▶ Not making a difference
- ▶ Self judgment
- ▶ Neglecting self and own needs
- ▶ Feeling overworked or under challenged

▶ **Interpersonal**

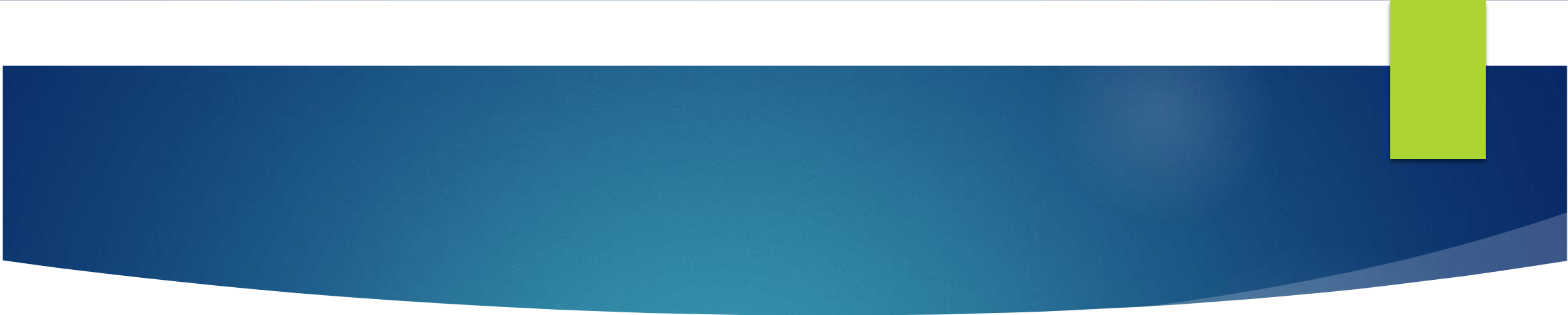
- ▶ Interspeciality conflict
- ▶ Toxic work environment
- ▶ Conflict with colleagues

▶ **Organizational**

- ▶ Role monotony
- ▶ EHR

▶ **Policy**

- ▶ Regulatory issues

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- ▶ The majority of wellness programs are focused on the individual and cultivating resilience
 - ▶ Studies from the Mayo Clinic have suggested that solely addressing provider resiliency is less effective than targeting stressors at the organizational level, and may also imply that the individual carries the brunt of responsibility for wellness in a dysfunctional system
 - ▶ Both systems-based and individual-based wellness initiatives can have benefits.
 - ▶ A combination of organization change and personal development is likely the ideal.

Descriptions from real people

Have you ever said:

“It will get better when...

“I just have to get through...

“I can’t do this anymore”

“I am dreading today...again

“I have no voice”

“I just don’t care anymore”

Tight squeeze, breathless
Not in my body
Feeling jaded, cynical towards patients, colleagues, the system
Exhaustion – Physical, mental, emotional
Lack of vitality and enjoyment
Don't feel like myself and that I'm disappointing others
Emotionally hypersensitive (easier to cry)
Numbness
Difficulty getting up in the morning
Sleepless
Need too much coffee
Like I have nothing left to give (at home or at work)
Irritable
Hypercritical of others (+self)
Boredom
Looking for a way out – Feeling trapped & antsy
Moodiness – low feeling
Aimlessness
Irritability

You can't always see burnout

You Can't Always See Burnout

“Once during a patient visit, the patient began to cry. Instead of considering what the patient might be feeling, I wondered how long this was going to take and how it would impact my schedule. Was I going to fall behind? I made the appropriate gestures, a hand on the shoulder, an attempt to find a tissue, but I was just going through the motions. I had nothing to give them emotionally.”

Primary Care Physician

Identity

You are a human being first
Burnout is not failure



Remember Maslow?

Title	Level	Key factors at level
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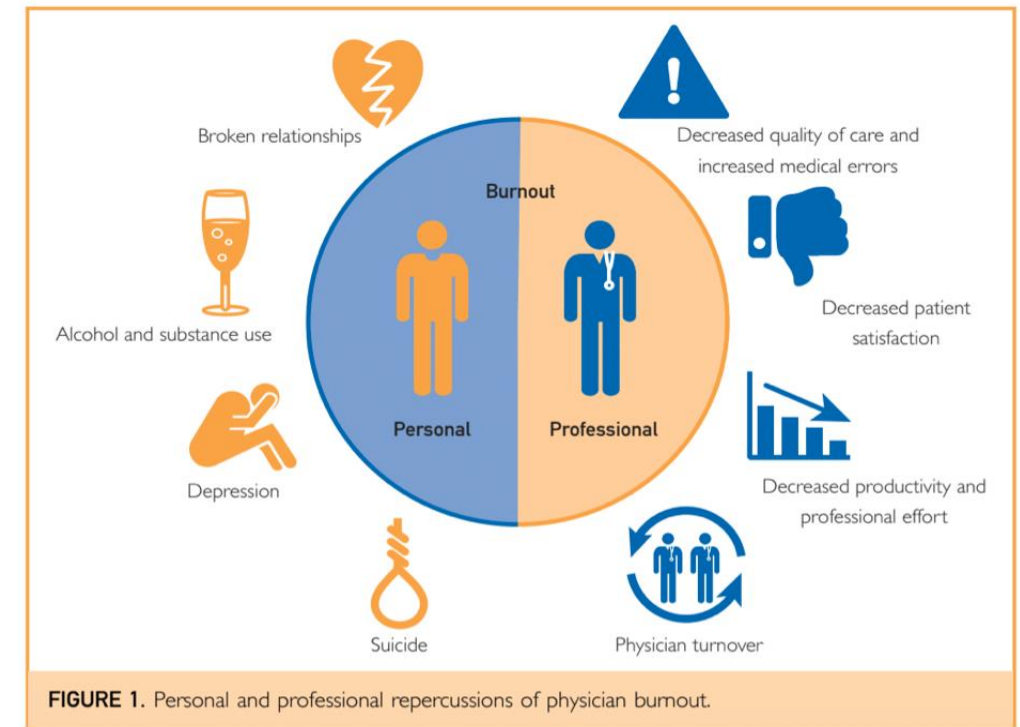
Figure Health professional wellness hierarchy. The American Journal of Medicine, Vol 132, No 5, May 2019

Individual Interventions

- ▶ Mindfulness (MBSR, CBT, meditation, various apps, self auditing)
- ▶ Corporate wellness programs (variable results)
- ▶ Self awareness, knowledge of values, self forgiveness, purpose
- ▶ Boundary setting: ability to say no, work life balance
- ▶ Exercise/lifestyle modification
- ▶ Confidence building, improving communication
- ▶ Sleep

The costs of provider burnout

- ▶ There is awareness but action can be slow
- ▶ Clinical
 - ▶ Patient safety
 - ▶ Quality of care, provider apathy
- ▶ Financial
 - ▶ Decreased productivity
 - ▶ Absenteeism/ retirement/ going part time/turnover
 - ▶ Cost of medical errors and unnecessary testing
 - ▶ Cost of replacing and training new providers
- ▶ Reputational
 - ▶ Patient satisfaction, patients switching providers
- ▶ Personal
 - ▶ Dissatisfaction, divorce, drug and EtOH abuse, depression, anxiety and suicide



Organizational programs

- ▶ Step 1: admit there is a problem.
- ▶ Measure well-being as a routine institutional performance metric
- ▶ Effective leadership, effective communication
- ▶ Peer support
- ▶ Stress management/wellness work-shops
- ▶ Individual training in mindfulness/resilience
- ▶ Grand rounds/brown bag series
- ▶ Fostering community / collegiality
- ▶ Remove sources of frustration/ inefficiency

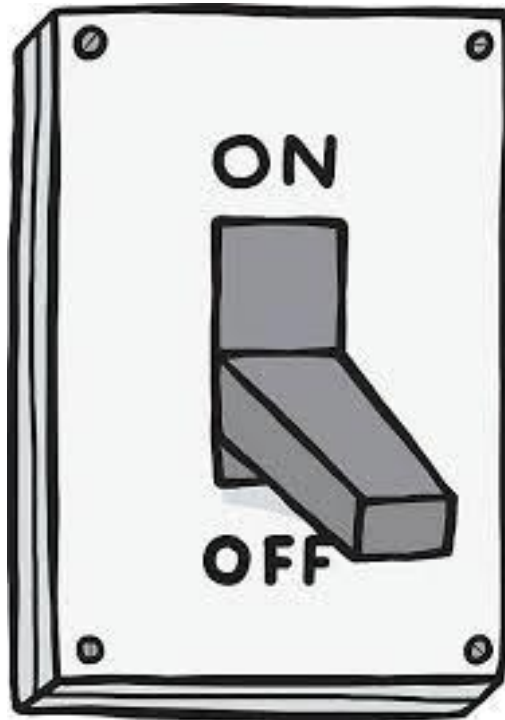
Resilience

Resilience is defined as “ability to bounce back or recover from stress” or “the adoption of positive coping strategies, in times of change or adversity, to enable people to carry on in their jobs and lives”



FLIPPING the switch

If you do not build the habit of putting yourself first when you are not with patients, burnout is inevitable.



Ways to combat burnout

First we MUST be clear on what is driving/triggering the burnout

- ▶ Institutional
 - ▶ Enhancing a positive work environment
 - ▶ Wellness programs, coaching/mentoring, peer support
 - ▶ Encouraging professional development
 - ▶ Healthy, safe work environment and mindful of hours worked (esp for residents)
 - ▶ Improving organizational factors that contribute to burnout (EHR, compensation, PTO policies, leadership etc)
- ▶ Individual
 - ▶ Realize there is a problem
 - ▶ Boundary setting/ improving work life balance
 - ▶ Self care
 - ▶ Self awareness/ inner work/ cultivating resilience
 - ▶ Breaking the stress cycle (multitude of modalities)
 - ▶ Time auditing

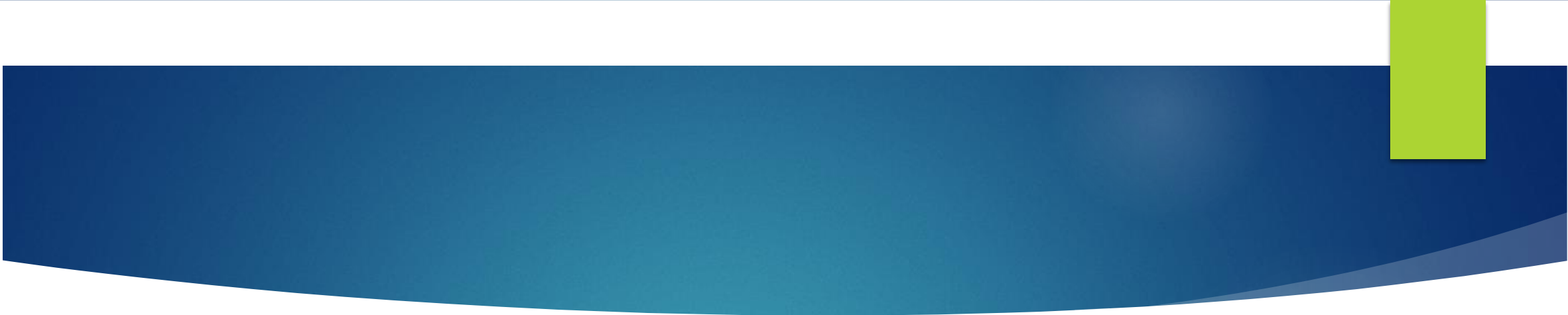
Prevention over Intervention!

- ▶ Burnout can take you by surprise. It did for me.
- ▶ Its important to check in with yourself daily and ask yourself how you feel and what you need
 - ▶ Body scan/self awareness → action and
 - ▶ Going home checklist
- ▶ Let go of guilt when it comes to addressing your own needs
 - ▶ When you show up for yourself you are better equipped to care for others
- ▶ Routines and rituals
 - ▶ Help take the pressure off
 - ▶ Help decrease decision fatigue (think of Obama and Zuckerberg always wearing the same thing...it was intentional)
 - ▶ Can help break the stress cycle
 - ▶ Ex. Journaling, gratitudes, mindful meditation, morning/evening routines, meal prep, movement, etc.

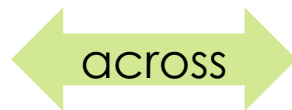


Nurse Grid Survey: December 2020 (12000 nurses)

- 80% felt their work was meaningful to them
- 61% were at high levels of burnout (compared to 25% in September 2020)
- Short staffing and disconnection had greatest effect on RN wellbeing
- Younger RNs tended to struggle with managing personal wellbeing vs older RNs
- Only 19% felt comfortable talking to their managers



15,000
Physicians
Surveyed



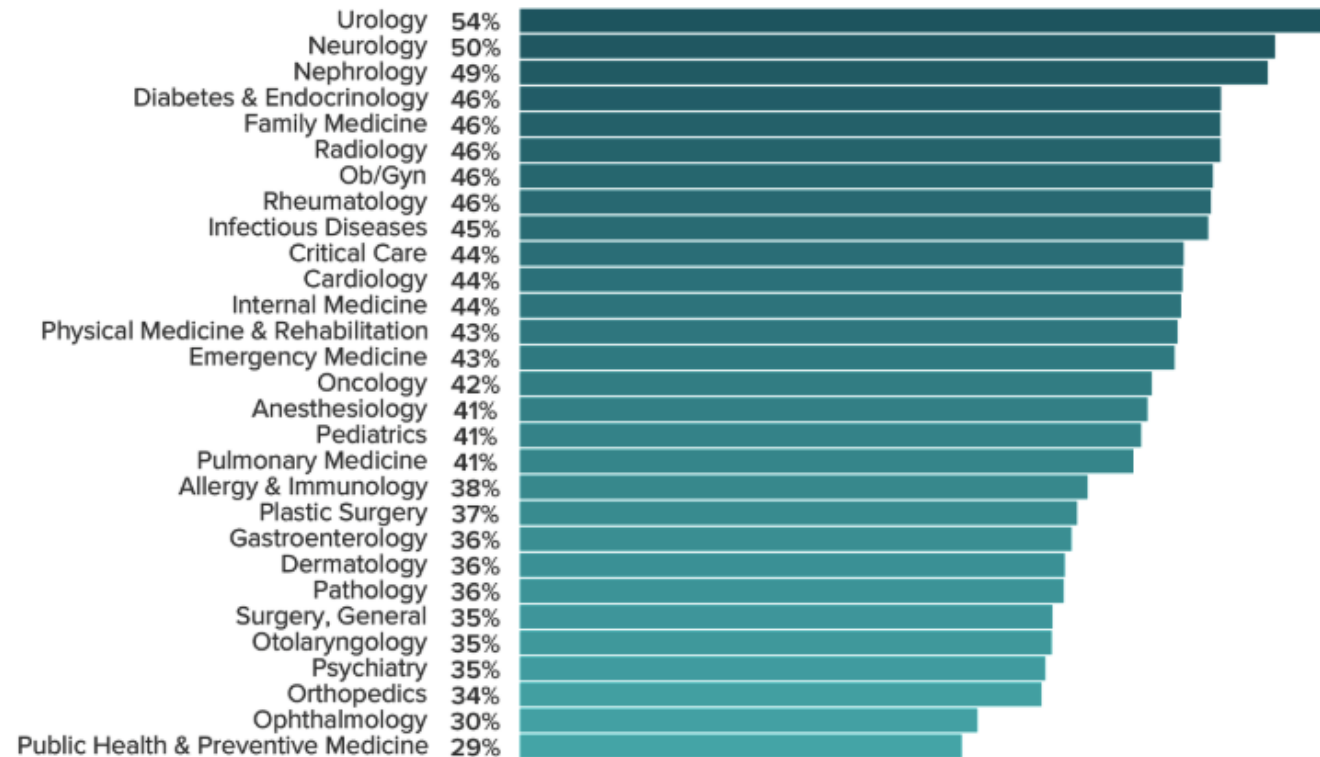
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Specialties



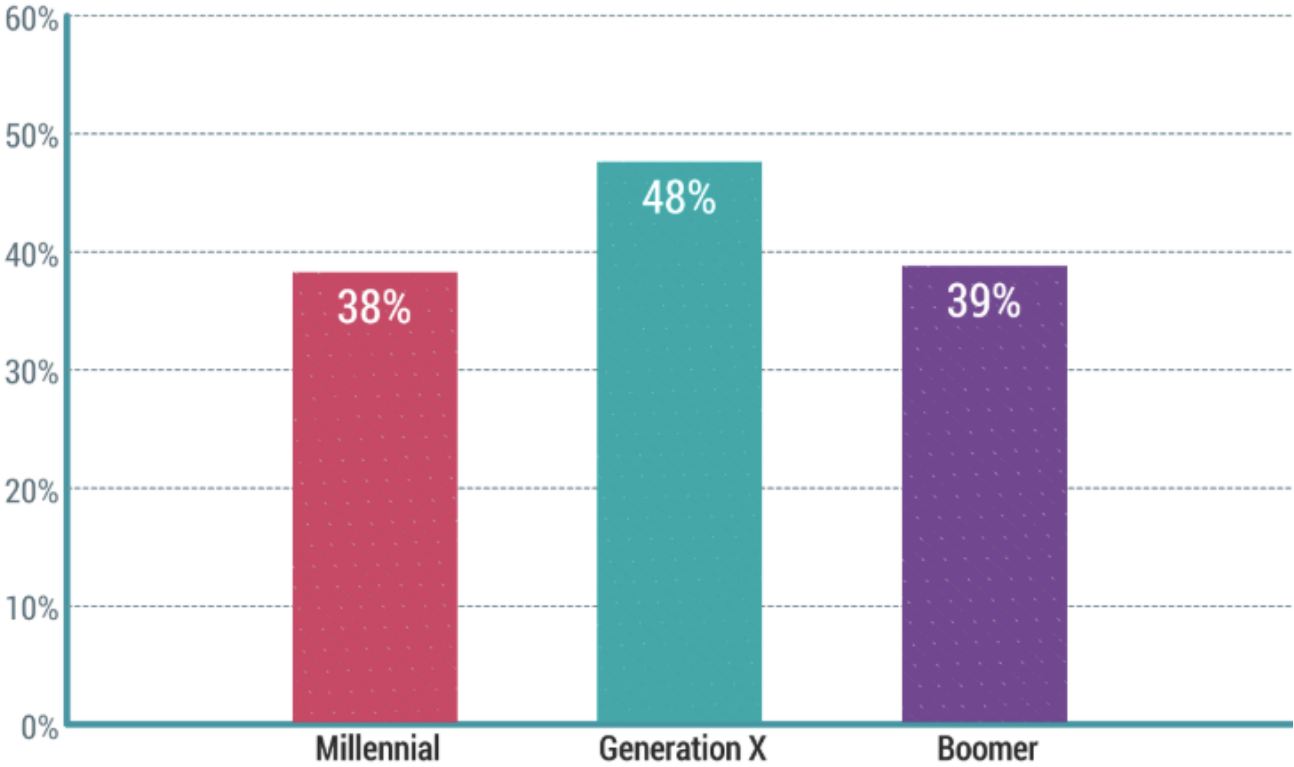
Medscape
Survey 2019

Medscape National Physician Burnout & Depression Report 2020

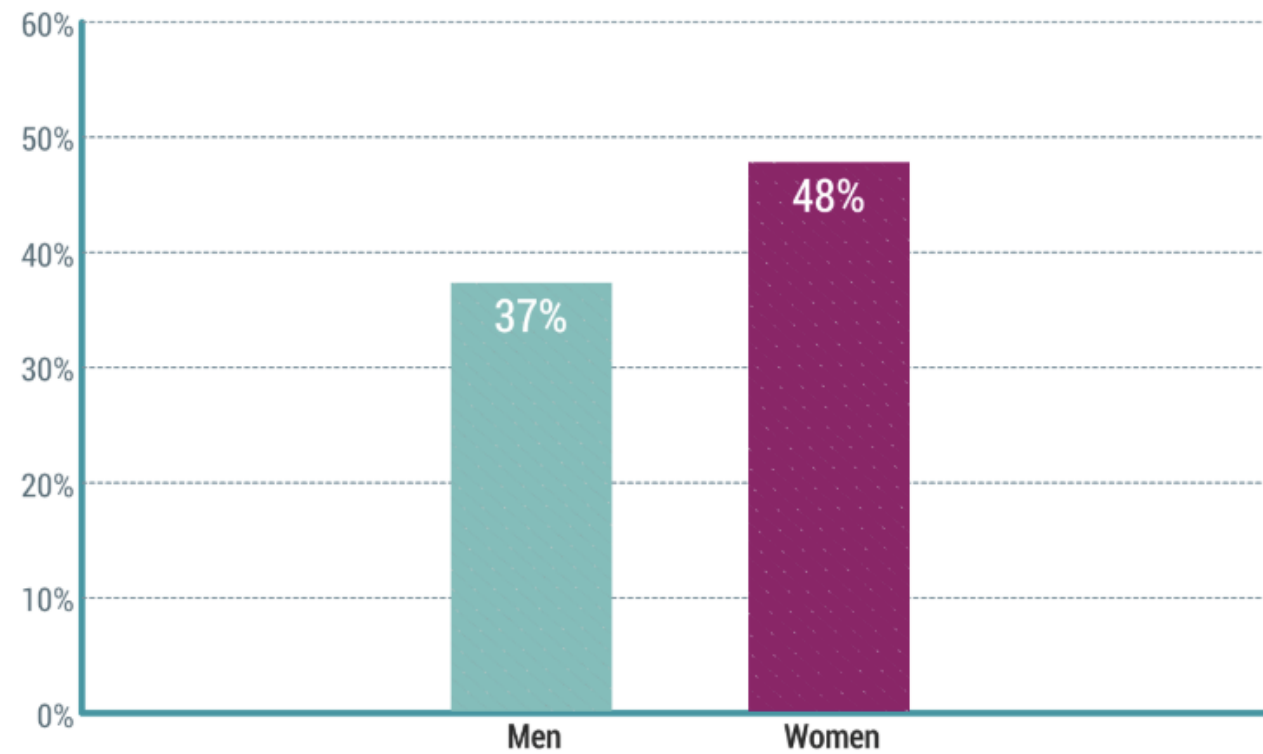
Which Physicians Are Most Burned Out?



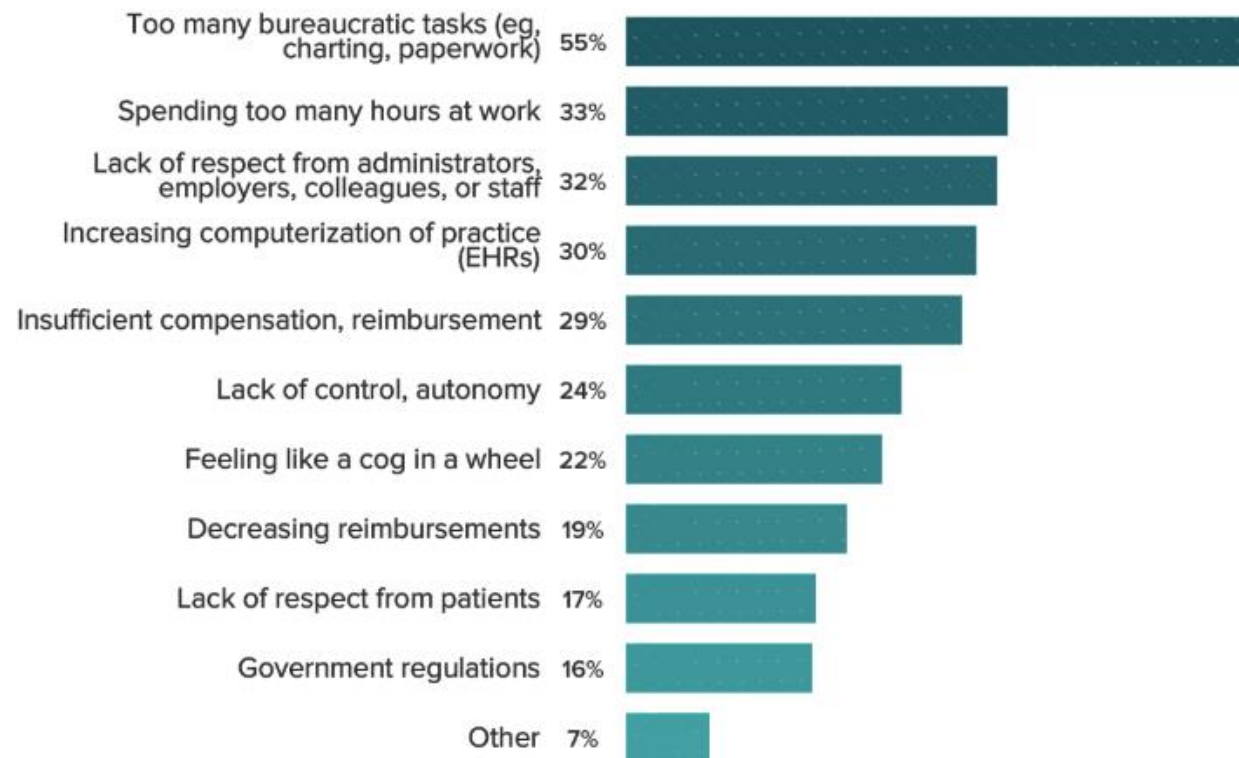
Which Generation Is Most Burned Out?



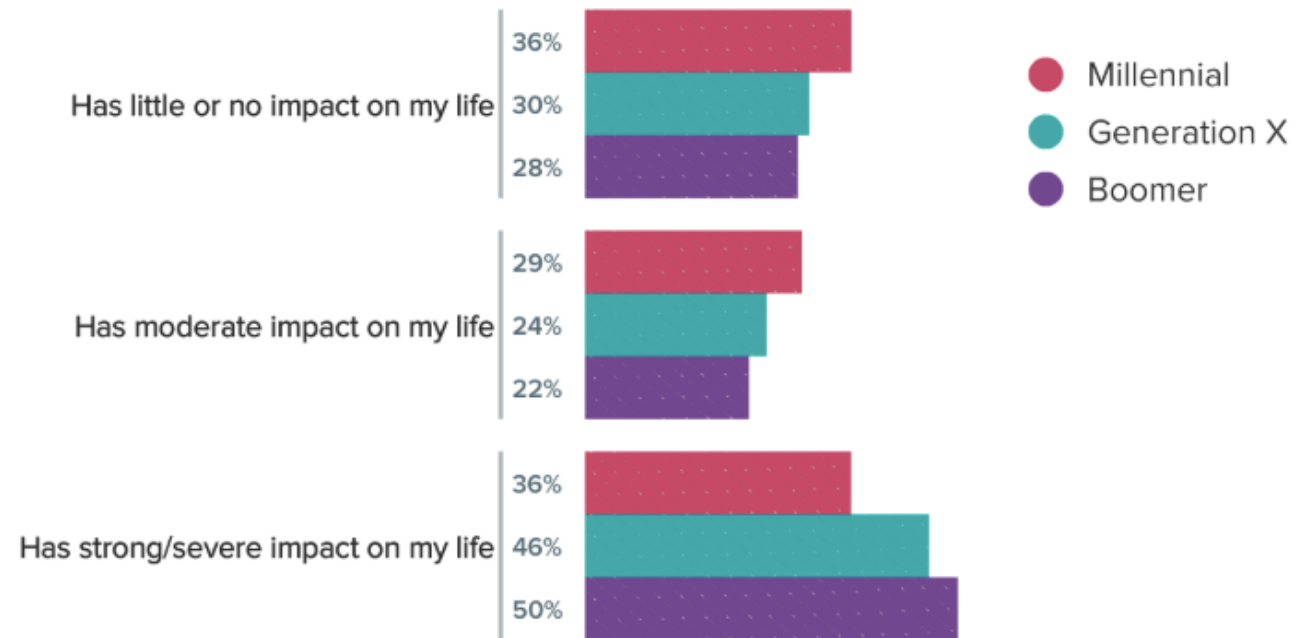
Are More Women or Men Physicians Burned Out?



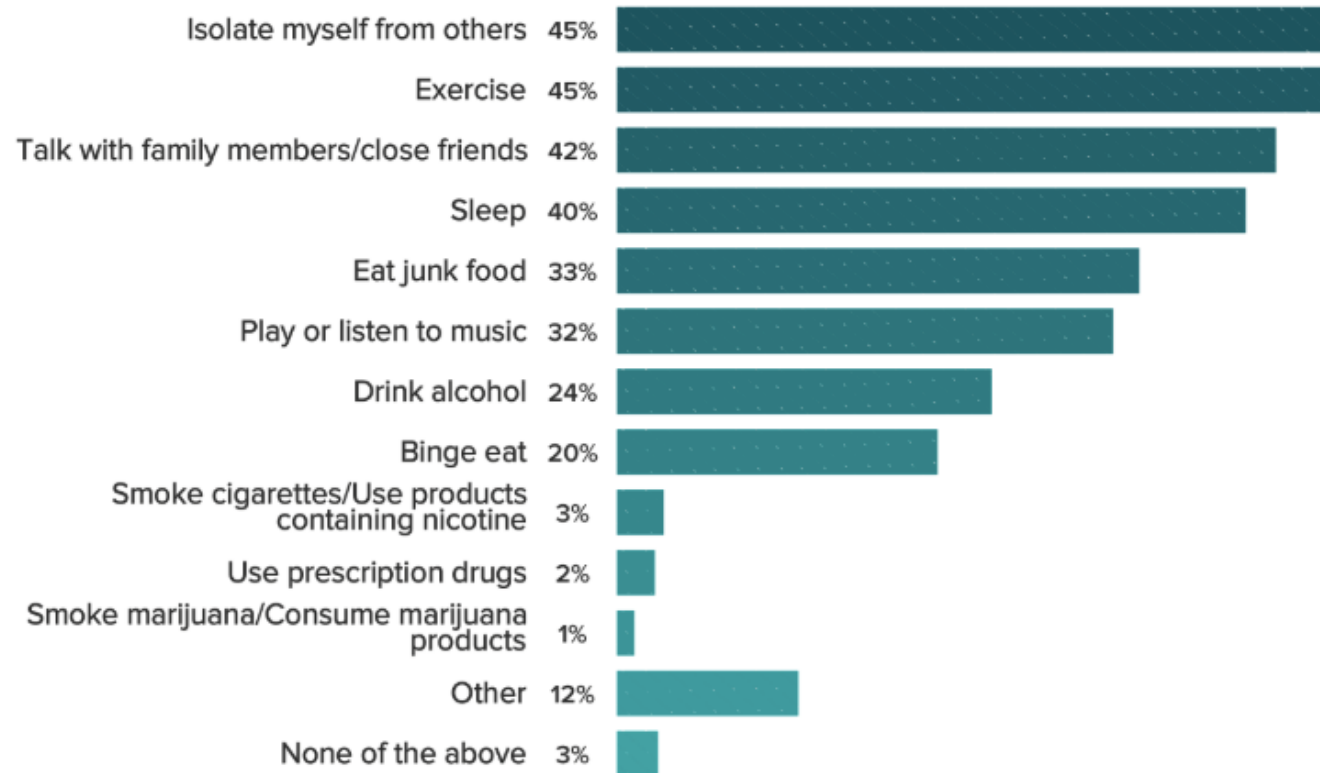
What Contributes Most to Burnout?



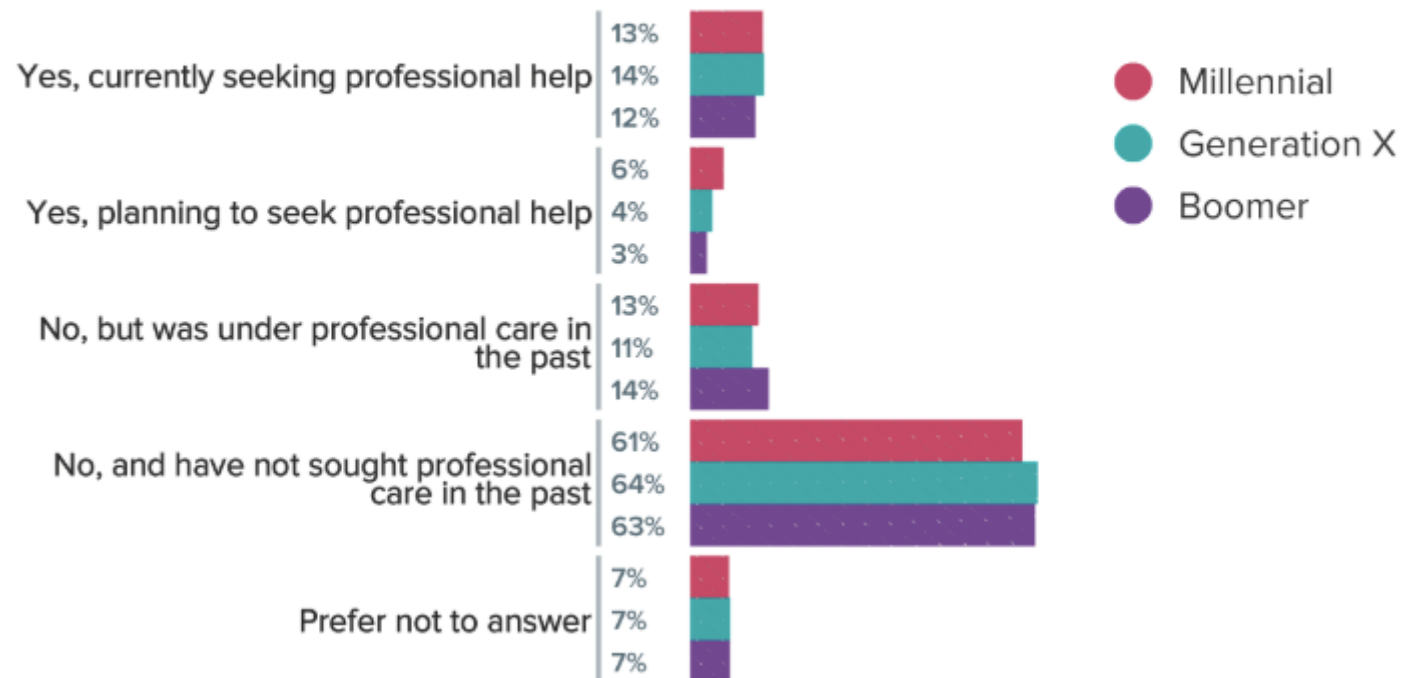
How Severe Is Your Burnout?



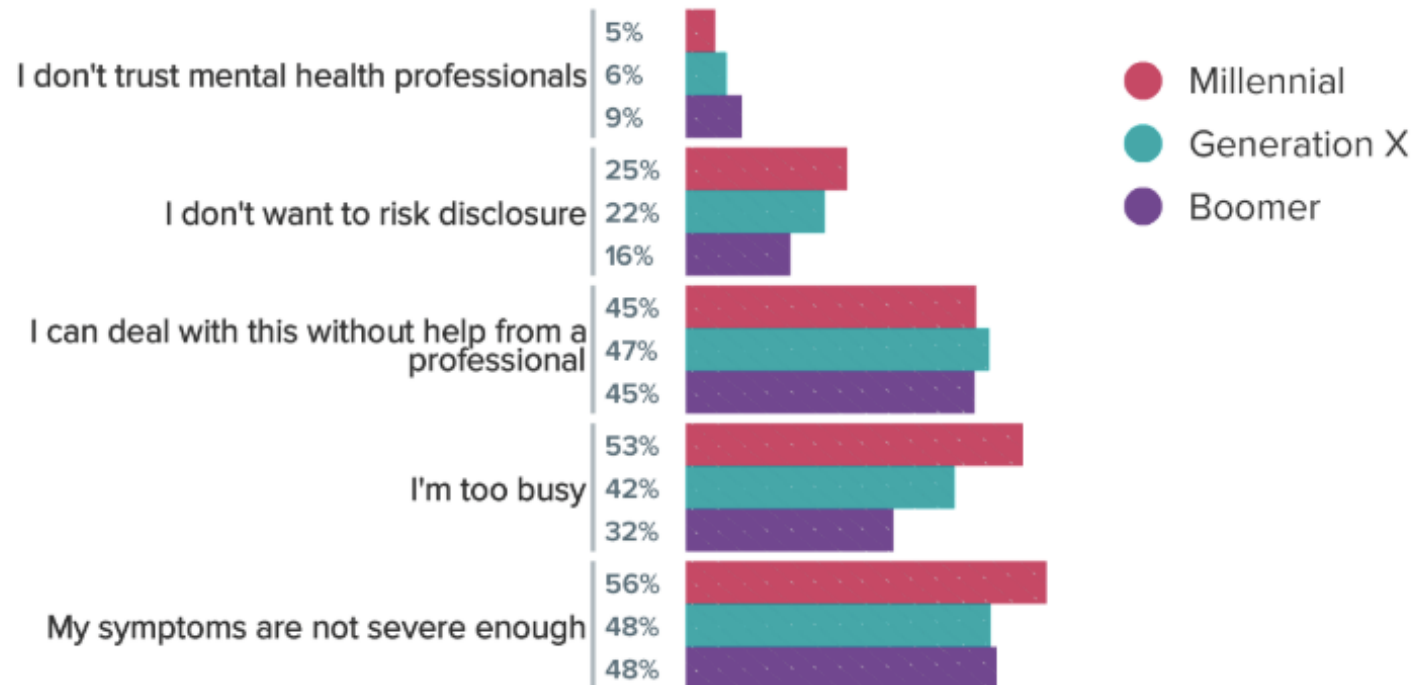
How Do Physicians Cope With Burnout?



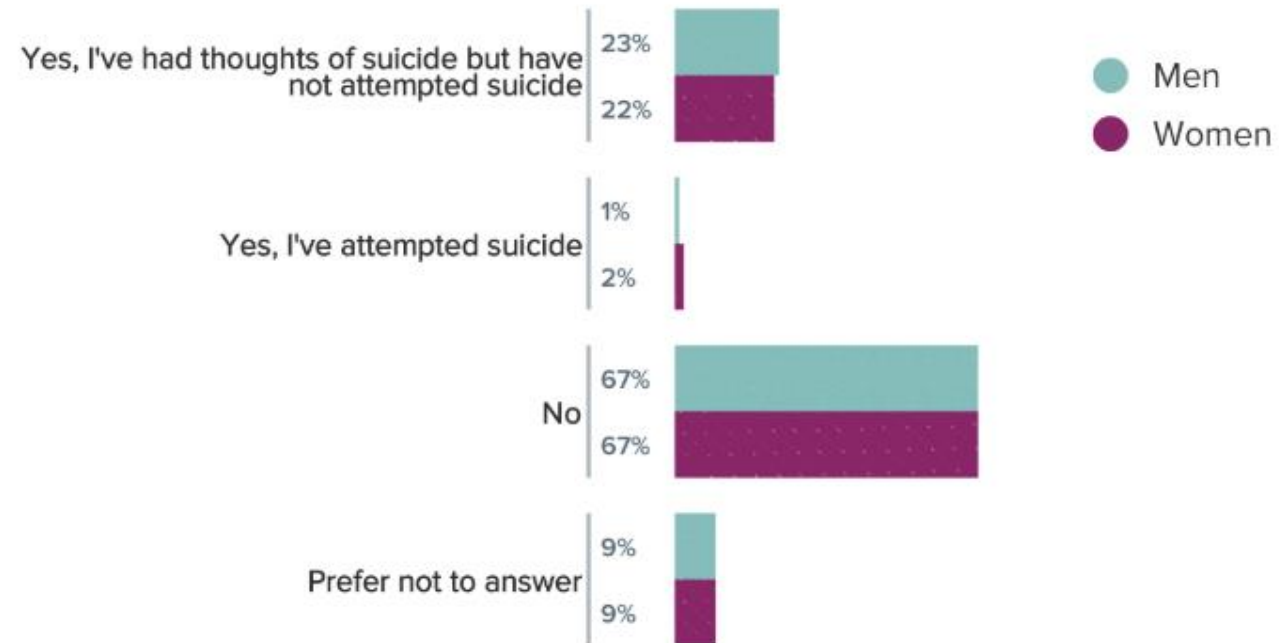
Do You Plan to Seek Help for Your Burnout and/or Depression?



Why Have You Not Sought Help for Your Burnout and/or Depression?



Have You Ever Felt Suicidal or Attempted Suicide? (By Gender)



COVID and Burnout

- ▶ Long hours, trauma, staffing, improper PPE, fear
- ▶ Being put in role without adequate training
- ▶ Concern for PTSD, mental health disorders as a result
- ▶ To identify acute and chronic stress disorders, including post-traumatic stress disorder (PTSD), an advanced emotional well-being screening tool was developed. Originally designed for military personnel returning from deployment, this tool has been adapted for health care workers on the frontlines of the COVID-19 pandemic. In addition to a being used as a screening survey, the tool will recommend suggested therapies to help mitigate some of the risks.
- ▶ Loneliness



Einstein's definition of Insanity...

“Doing the same things over and over and expecting a different result.”

You don't necessarily need to take more actions, just different ones.

QUESTIONS?

