Detecting & addressing burnout at the individual & institutional levels

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SUSTAINED FEELINGS OF EXHAUSTION - Loss of energy - Depletion - Overextension - Fatigue

PROFESSIONAL

 Reduced feelings of accomplishment or productivity

DEPERSONALIZATION

- Withdrawal
- Increased mental distance from one's job
- Feelings of negativism/ cynicism related to one's job

The 3 dimensions of Burnout

Burnout is a complex issue resulting from chronic workplace stress

DEPERSONALIZATION Withdrawal Negativism or cynicism of

one's job

detached from oneself & emotionally distant from one's clients & work

EXHAUSTION

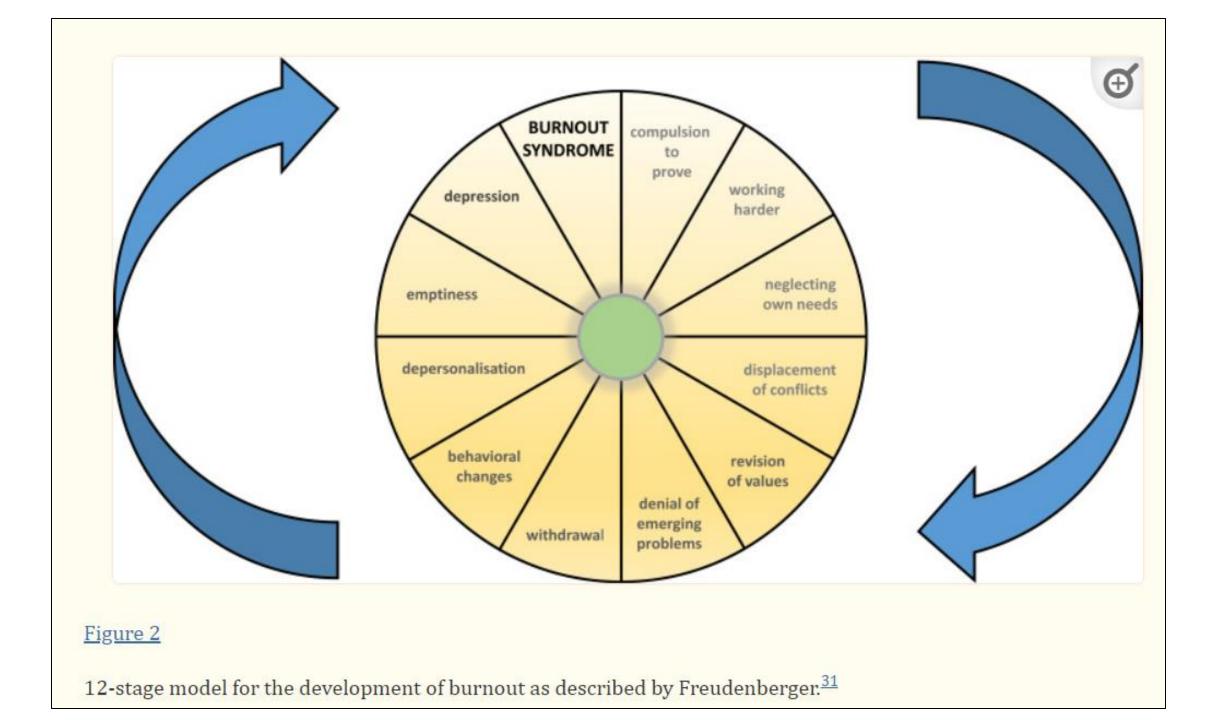
Depletion Overextended Fatigued Loss of energy

PROFFESSIONAL INEFFICACY

Reduced sense of professional accomplishment or productivity

• Burnout :prolonged response to chronic emotional & interpersonal stressors on the job defined by 3 dimensions:

• Emotional exhaustion, Depersonalization, Reduced personal accomplishment



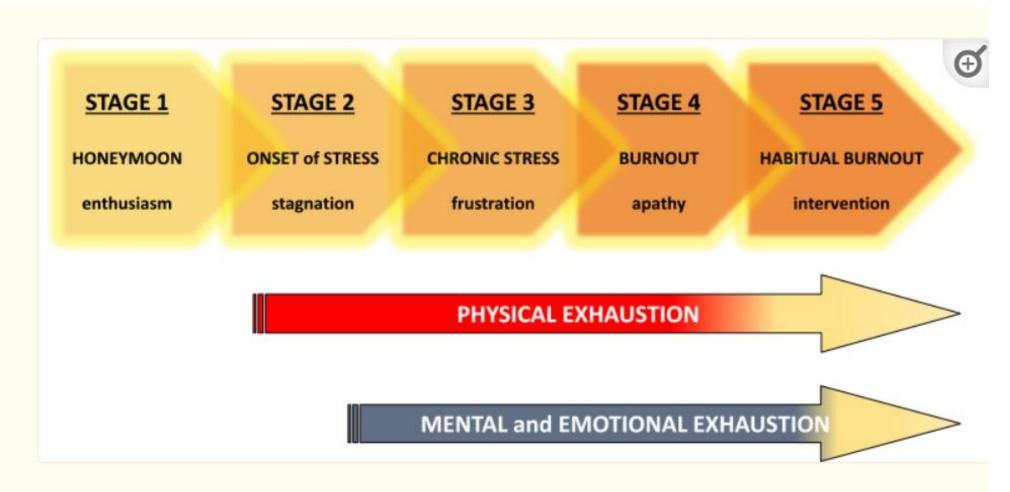
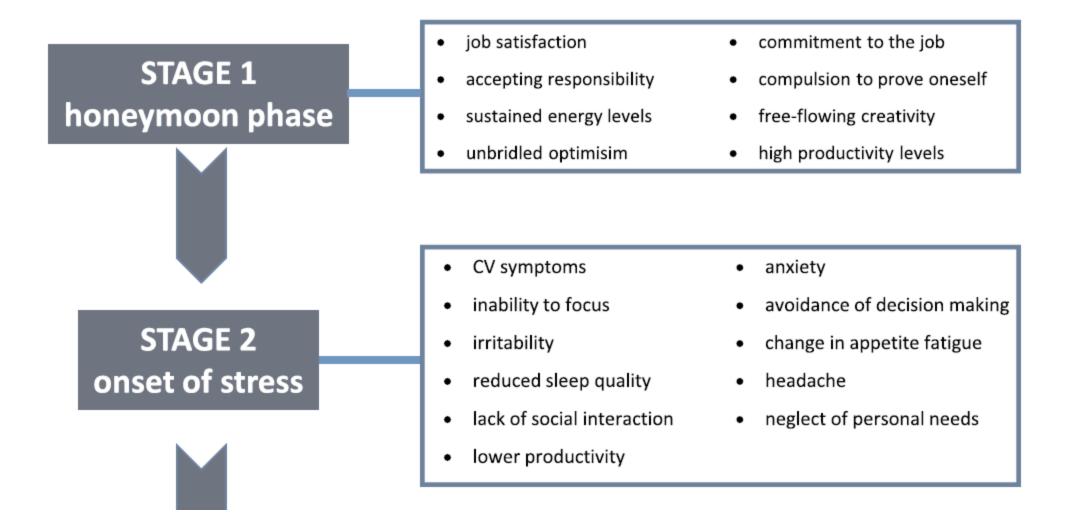


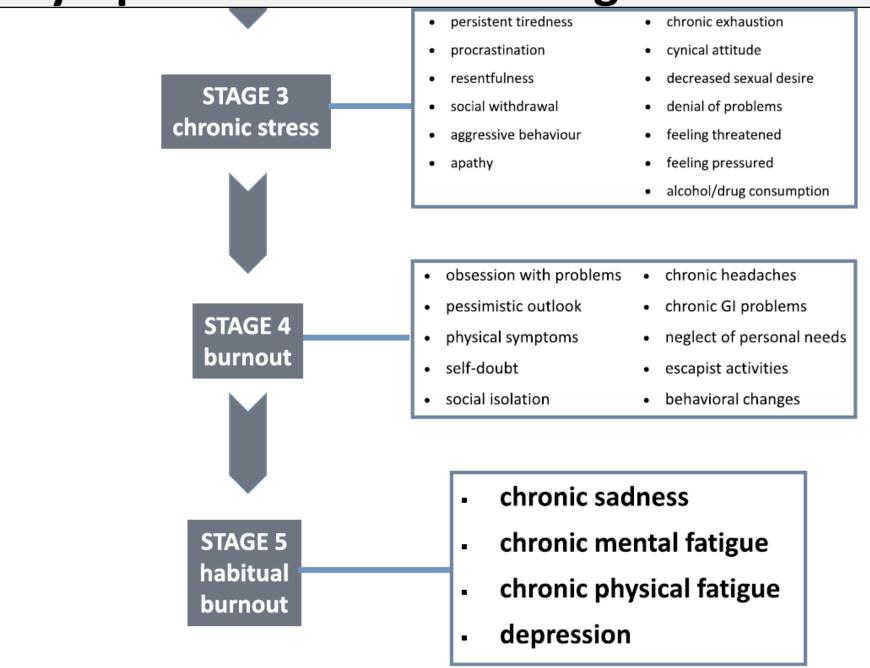
Figure 3

Simplified 5-stage model for the development of burnout which is most frequently used.

Symptoms at different stages of Burnout



Symptoms at different stages of Burnout



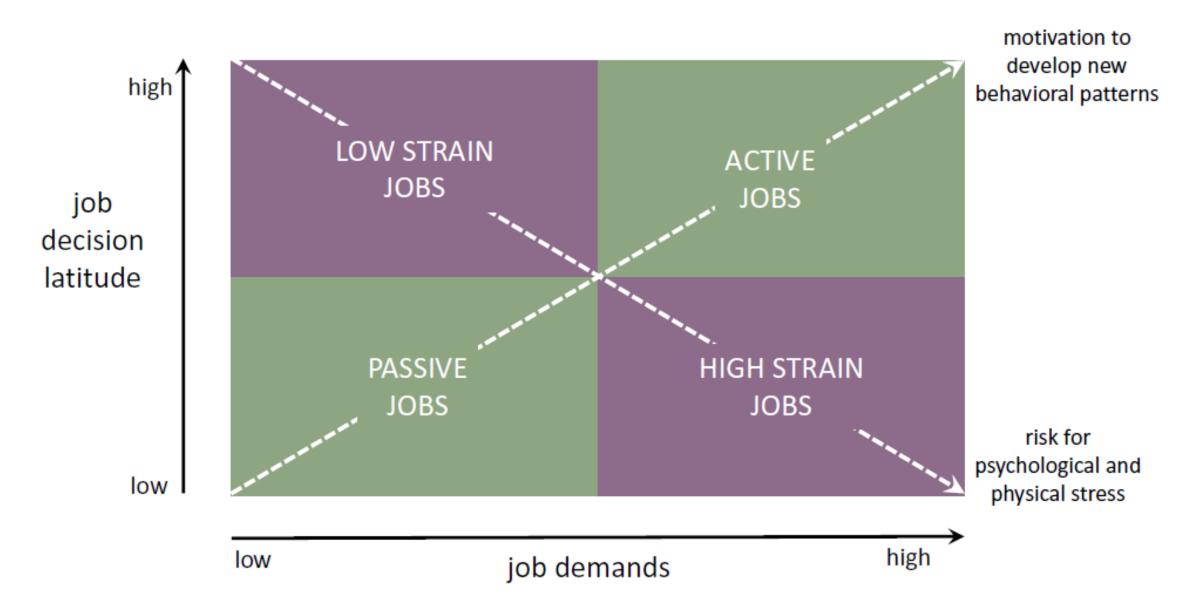


Figure 6 The job demand-control model, introduced by Karasek in 1979 focuses on the balance between the magnitude of the demands (height of strain) and the level of control (decision latitude) in a person's work situation.³²

Effort-Reward Imbalance Model

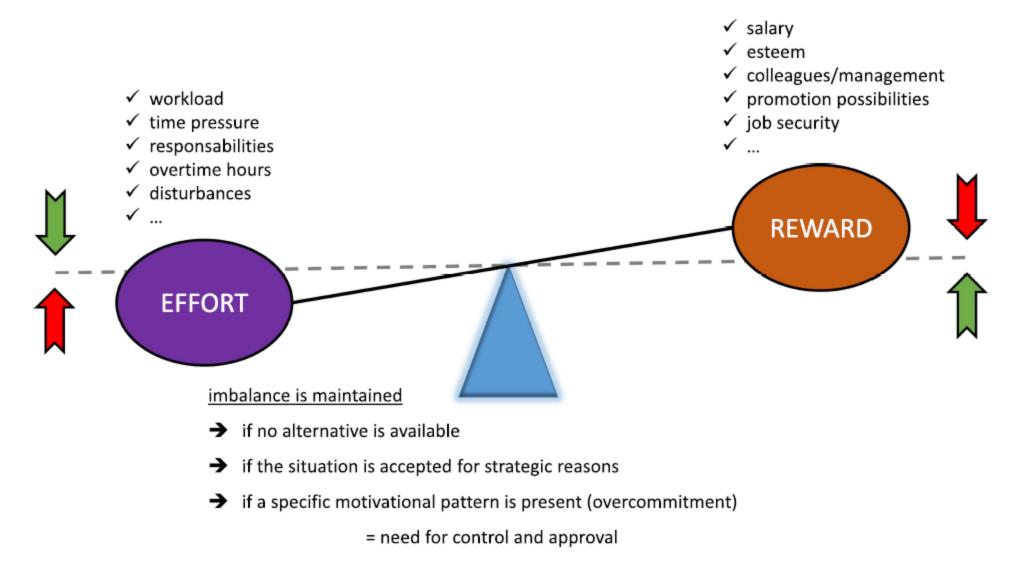


Figure 7 The effort-reward imbalance model, proposed by Siegrist in 1996 defines threatening job conditions as a mismatch between high demand (high workload) and low control over long-term rewards.³⁵

Individual-level factors that contribute to burnout

- High idealistic self expectation
- Perfectionism
- Strong need for recognition
- Always wanting to please other people
- Suppressing own needs
- Feeling irreplicable
- Overestimation to deal with challenges
- Working as only meaningful activity
- Work as substitute for social life
- Automatic negative thoughts (ANTS)

ANTS Can be a Pest! A.N.T.S. – Automatic Negative Thoughts

• Automatic:

- They just seem to "pop" into your head without being invited
- Negative :
- "Put yourself down", "worst case scenario"
- Thoughts:
- "The talking voice in your head" based on experience

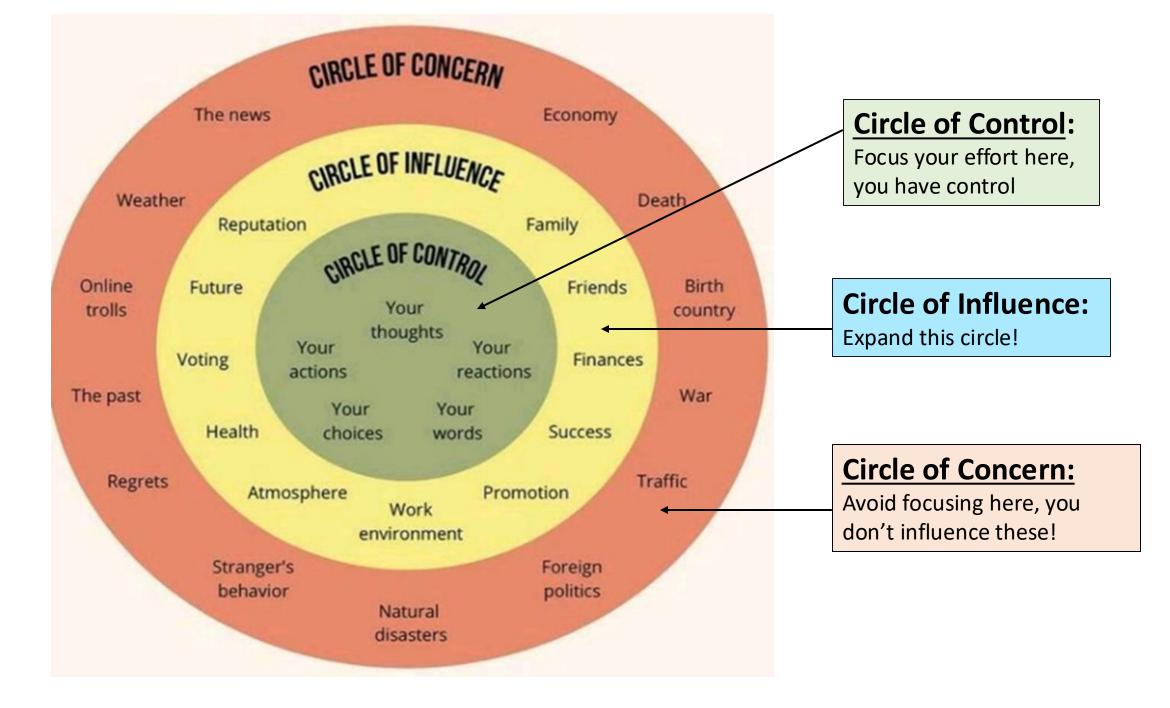
Prevalence, Signs & Symptoms of Burnout

- Burnout is a spectrum with many symptoms that can vary in severity. Common signs include:
- Sense of failure
- Procrastination
- Physical illness
- Helplessness
- Loss of motivation
- Withdrawal from relationships & responsibilities

- Burnout is more prevalent among physicians than general population,
- The 2020 Medscape National Physician Burnout and Suicide Report ranked the incidence of burnout on 29 medical specialties.

• *The top 3 for burnout are:*

- Urology = 54%
 Neurology = 50%
- Nephrology = 49%
- The lowest incidence of burnout are:
 - General surgery = 35%
 Psychiatry = 35%
 Orther adjace
 - Orthopedics = 34%
- Meta-analysis of 22,778 residents reported prevalence of burnout:
 - Asian countries = 57.18%
 - European countries = 27.72%
 - North America =51.64%.



EMOTIONAL INTELLIGENCE

The best leaders are those who have a high degree of emotional intelligence (EI).

El has 5 components: Self Awareness Emotional Management Self-motivation Empathy Relationship Management

EMOTIONAL RESILIENCE

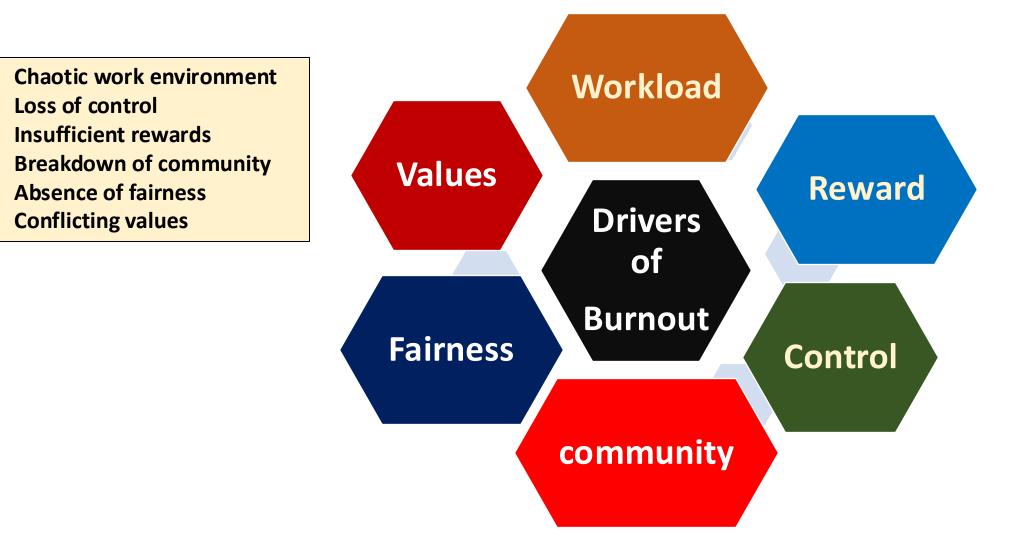
Managers who are able to be more emotionally resilient are more focused on growth, mindfulness and improving the quality of social relationships.

Developing resilience in both the body and mind to handle complexity is a strategic advantage

EMOTIONAL WELLBEING

Looking after your own (and others') well-being is a priority in leadership.

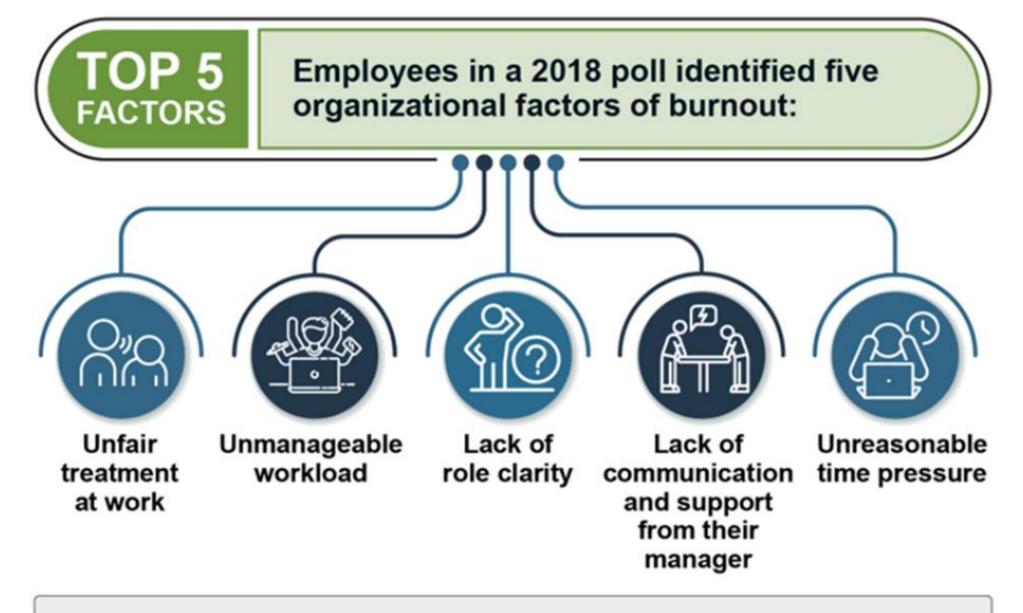
The complexity, pace and unrelenting stress of today's world can take a toll on today's leaders. It is important not to sacrifice your health in order to meet shortterm goals To fully address burnout, organizations need to adopt strategies that improve their organizational culture and climate to modify the six drivers of burnout



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Source: Wigert, B., & Agrawal, S. (2018). Employee burnout, part 1: The 5 main causes. Gallup. https://www.gallup.com/workplace/237059/employee-burnout-part-main-causes.aspx

Implications of Burnout at the Organization, Interpersonal, and Individual Levels

Organization

- Attrition
- Turnover
- Low productivity
- Impaired quality of work
- Absenteeism
- Reduced commitment to organization
- Decreased morale

Interpersonal

- Distancing from clients
- Disbelief in provider effectiveness
- Loss of concern for clients
- Reductions in empathy, collaboration, and attention resulting in decreased client satisfaction
- Emotional separation from personal relationships
- Weakened communication

Individual

- Fatigue, gastrointestinal problems, insomnia, headaches, hypertension, depression, anxiety, suicidal ideation
- Feelings of hopelessness, futility, despair, boredom, cynicism, withdrawal, irritability, loss of morale, and isolation
- Negative self-concept, social withdrawal, and inability to regulate emotions

Psychological Safety IS Being Able to



4 Stages of Psychological Safety: Defining the Path to Inclusion and Innovation, employees progress through before they feel free to make valuable contributions and challenge the status quo

- Stage 1 Inclusion Safety: Inclusion safety satisfies the basic human need to connect and belong. In this stage, you feel safe to be yourself and are accepted for who you are, including your unique attributes and defining characteristics.
- Stage 2 Learner Safety: Learner safety satisfies the need to learn and grow. In this stage, you feel safe to exchange in the learning process by asking questions, giving and receiving feedback, experimenting, and making mistakes.
- Stage 3 Contributor Safety: Contributor safety satisfies the need to make a difference. You feel safe to use your skills and abilities to make a meaningful contribution.
- Stage 4 Challenger Safety: Challenger safety satisfies the need to make things better. You feel safe to speak up and challenge the status quo when you think there's an opportunity to change or improve.

Valid and Reliable Survey Instruments to Measure Burnout

- The Maslach Burnout Inventory (MBI) a 22-item survey, that covers 3 areas: Emotional Exhaustion (EE), Depersonalization (DP), and low sense of Personal Accomplishment (PA). It is the leading measure of burnout, validated by the extensive research conducted for more than 35 years
- Oldenburg Burnout Inventory: 16-item survey with positively and negatively framed items that covers 2 areas: exhaustion (physical, cognitive, and affective aspects) and disengagement from work (negative attitudes toward work objects, work content, or work in general)
- Copenhagen Burnout Inventory: 19-item survey with positively and negatively framed items that covers 3 areas: personal (degree of physical and psychological fatigue and exhaustion), work (degree of physical and psychological fatigue and exhaustion related to work), and client-related (or a similar term such as patient, student, etc.) burnout
- One-item Self-defined burnout: Based on your definition of burnout, how would you rate your level of burnout?" Responses, options are
 - 1. I enjoy my work, I have no symptoms of burnout
 - 2. Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out
 - 3. I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion
 - 4. The symptoms of burnout that I am experiencing won't go away. I think about frustration at work a lot
 - 5. I feel completely burned out and often wonder if I can go on. I am at a point where I may need some changes or may need to seek some sort of help

Examples of Organization- Versus Individual-Level Strategies to Address Burnout	
Organization-Level Strategies	Individual-Level Strategies
 Strategies targeting organizational processes and culture: Practice delivery improvements 	Strategies focused on fostering individual coping mechanisms:
 Workflow modifications Institutional policy changes (e.g., time off and leave policies) 	 Stress management and resilience training Self-care tools and mindfulness-based approaches (e.g., meditation, yoga)
 Organizational culture change Expanding resources for staff (e.g., childcare and family support programs) 	 Professional development trainings to improve confidence and work performance Somatic therapy

Impact of Organizational Interventions to Address Burnout Reduce Burnout (emotional exhaustion, depersonalization, personal inefficacy)

Improve Work-Related Attitudes (morale, job satisfaction, organizational commitment, stress)

Improve Organizational Culture and Climate (role conflict, effort-reward imbalance, organizational rigidity, psychosocial demands)

Strategic Response to Burnout

- Organization-level factors, such as excessive workload, lack of transparency in policies and procedures, and role autonomy, are stronger predictors of burnout than are individual level contributors.
- Organizational approaches to remedy burnout target the root causes of burnout, while individual strategies typically help to address or mitigate symptoms of burnout.
- Individual approaches are important for personal resilience and managing stress; however, interventions targeting the symptoms of burnout have limited long-term impact than when combined with organization-level interventions
- Mindfulness and meditation can support a *healthy lifestyle*, particularly when used with access to healthy food choices, exercise facilities, ergonomic offices (including supportive chairs and stand-up desks), no expectation that staff should complete work after hours, and role modeling of healthy habits (including work-life boundaries) by managers and executives.

Evidence-Based Process for Implementing a Multicomponent Strategy to Address Burnout

CONDUCT NEEDS ASSESSMENT

- Solicit input from all types of staff
- Obtain buy-in from leadership

REVIEW DATA AND DEVELOP INTERVENTIONS

- Engage a multidisciplinary team
- Categorize interventions by target areas for improvement

IMPLEMENT SOLUTIONS

- Prioritize implementation based on need
- Institutionalize practices for sustainability

MONITOR PROGRESS AND REVISE PLANS

Program to Address Work-Life Balance & Organizational Efficacy to Improve Wellbeing

- Primary care group identified high levels of distress among physicians.
- Factors under 3 principles:
 - Control (physician influence over their work environment),
 - Order (efficient office design and staff quality)
 - Meaning (physician satisfaction).

• Implemented Solutions:

- Flexible work schedules with part-time options
- Customized work to meet physician goals
- Adopted the Institute for Health Improvements' "Idealized Design of Clinical Office Practice"
- Emphasized clinical issues over administrative issues at site meetings
- Trained medical assistants to improve care quality
- Outcome:
- Statistically significant decreases in both emotional and work-related exhaustion sustained at three- and five-year follow-up periods.

Pilot Program to Improve Well-Being

- This national, multi-site pilot program aimed to remove or mitigate causes of staff distress in outpatient medical departments while simultaneously embedding evidence-based practices that evoke positive emotions
- Assessment determined the sources of burnout:
 - the ability of staff and leaders to bounce back from stress (*emotional recovery*) &
 - whether they were doing their best work (*emotional thriving*).
- Cultural transformation support was provided to departments through:
 - Skills-based sessions with leadership
 - Staff focused on human design leadership
 - Teamwork
 - One-on-one interactions.
- A redesign of daily workflows addressed challenges with inefficient policies and processes. This included an experience mapping exercise followed by user-centered design sessions customized to local environments that aimed to create positive emotion solutions (e.g., reserving time in team meetings to amplify expressions of gratitude between team members).
- Program Outcomes:
- 12 months post intervention, statistically significant reductions in burnout across all roles including managers, nurse practitioners, physician assistants, nurses, and physicians

Interventions That Address Drivers of Burnout

- Schwartz Rounds are conversations with staff about the emotional impact of their work. Schwartz Rounds provide an opportunity for staff from all disciplines across a healthcare organization to reflect on the emotional aspects of their work.
- Interdisciplinary Schwartz Rounds, case-based, interactive discussions that provide different perspectives on psychosocial topics. Regularly scheduled time during fast-paced work lives to openly and honestly discuss social and emotional issues providers face in caring for patients and families.
- Premise is that caregivers are better able to make personal connections with patients and colleagues when they have greater insight into their own responses and feelings.
- Schwartz Rounds are hypothesized to improve organizational culture and sense of community.
- Study showed improvement in outcomes related to energy, support, stress, and isolation at work
- Civility, Respect, and Engagement at Work (CREW) Program, a facilitator-led intervention that is designed to improve organizational culture, in particular its sense of civility. The study showed improvement in the impact of workload on mental health symptoms.

Organization-Level Processes to Address Burnout

Build a Planning and Implementation Taskforce

Conduct a Needs Assessment

- Determine organization's drivers of burnout
- Gather diverse input
- Understand contextual factors

Identify Resources and Strategies

- Identify implementation resources
- Ensure organizational and leadership support
- Select relevant implementation strategies from factors below to address burnout in your organization
- Identify a relevant implementation framework or model

Plan for Sustainability

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Thank You

The End