

continued Conversations, The CE Podcast: Understanding Burnout in Healthcare

Part 1

1. Burnout has become a huge problem, and it's actually not a new thing. Burnout was first coined in 1974 by researcher and American psychologist Herbert Freudenberger. The concept of burnout was further developed by researcher and social psychologist Christina Maslach.
 - a. Burnout is a psychological syndrome that involves a prolonged response to chronic interpersonal stressors on the job. This doesn't happen overnight.
 - b. The three key dimensions that make up burnout include an overwhelming exhaustion- feeling drained and emotionally dried up; feelings of cynicism and detachment from the job; and decreased self-efficacy or lack of accomplishment.
 - c. This phenomenon has become quite problematic around the world and especially for healthcare workers, including occupational therapy practitioners. Generally speaking- and this can be said for many industries in today's world- we are being asked to do more work with the same or fewer resources, which is a recipe for disaster.
 - d. According to the Job-Demands Resource Model, if job demands (like changes in work tasks, emotional demands, patient demands) are high and resources (like mentorship, social support, low autonomy) are low, greater levels of stress and burnout are likely to occur. Especially now in healthcare, there are so many overwhelming changes and more and more demands, and even more so in 2020 with the debut of the COVID-19 pandemic.
 - e. A few key factors that are adding to the overwhelm:
 - i. New payment and delivery approaches- for example, like the Patient Driven Payment Model (PDPM)
 - ii. Keeping up with new electronic health records, patient portals
 - iii. Heavy workloads
 - iv. Documentation demands
 - v. Staffing shortages
 - vi. Time pressure/constraints
 - vii. Bureaucratic delays
 - viii. Professional isolation
 - ix. Lack of necessary materials, tools, and equipment for adequate job performance
 - x. Insufficient funding
 - xi. Corrosive work environment
 - xii. Exposure to workplace bullying
 - xiii. All of these things change the landscape of how healthcare workers perform their job and how care is provided, documented, and reimbursed.

2. There are many challenges specific to occupational therapists and assistants. We experience a set of additional factors that contribute to burnout and workplace fatigue. Occupational therapists in one study on burnout described juggling clinical and non-clinical duties resulting from time constraints and having to balance a heavy workload and working outside of their scope of practice regularly.
 - a. Difference between qualitative and a quantitative: quantitative is most obvious- you have a heavy or unmanageable workload. Occupational therapists working long hours was shown to be statistically significant with emotional exhaustion. However, qualitative is not obvious. Working outside of one's scope of practice or outside of one's role expectations can be viewed as more burdensome than tasks inside of the scope of practice or within that role expectation.
 - b. The phenomenon known as 'filling the gaps' and continuously 'doing' to fulfill one's professional self-worth is something occupational therapy practitioners have described when having to address patients' issues based on a need to fill a gap that may not include using our professional skillset. AKA- doing anything but practicing at top of license.
 - c. The tendency of 'gap-filling' and framing the practice of occupational therapy according to how the workplace defines the occupational therapist through managers, colleagues, and patients rather than through a unified definition of practice, actually contributes to greater role conflict, role blurring, role overlap, and role ambiguity.
 - d. Occupational therapy practitioners have also described the following challenges, which have been shown to play a significant role in the experience of burnout:
 - i. A lack of respect from others on the multidisciplinary team
 - ii. Having to constantly justify their decisions to others
 - iii. Poor recognition
 - iv. Lack of a professional identity
 - v. Feelings of being undervalued and disrespected by colleagues
 - vi. Low visibility
 - e. Also, those with role conflict and that struggled to define their role and unique contributions to their team felt like they did not offer a distinct approach and experienced greater emotional exhaustion and a decreased sense of accomplishment.
3. COVID-19 pushed many healthcare workers deemed "essential" pass their thresholds, which took an emotional and physical toll on them. Healthcare workers were exposed to limited or even a severe lack of resources, longer shifts, disruptions to sleep and to work-life balance, and occupational hazards that have furthered physical and mental fatigue, stress, anxiety, moral injury, and burnout.
 - a. Some of the high demands placed on healthcare workers during the pandemic can be attributed to a lack of established policies for pandemic triage, equipment ordering, and emergency management which led to systemwide inefficiencies.

- b. We witnessed an overload on the healthcare system capacity to adequately respond to this pandemic with a sufficient flow of equipment, including a policy overload from different levels and sources; i.e., subspecialties and different disciplines respectively followed guidelines issued from their professional societies and also listened to new policies developed by their hospital or organization.
 - c. Efforts to align all the guidelines were largely absent at the system level, which led to teamwork issues, confusion, frustration, and fear.
 - d. We did see to an extent- certainly not everywhere- healthcare workers receiving resources- like food donations from the community, acknowledgments (like people cheering from their apartment balconies, social media and other media recognition), allocation of more resources (like float nurses, physicians, and new equipment), and additional services offered to staff, including music therapy, counseling services, accommodations in work schedules.
 - e. But were those resources enough to make up for the high demands? Maybe for some it was, but for others it wasn't enough. A reoccurring thought that came up during this time was: we did our best with the staff and resources available, but it wasn't enough, and workers had perhaps felt let down because they were working with insufficient resources or staffing, especially when they perceived that some of those problems could have been avoided in the first place.
4. You can experience job stress and never reach the point of burnout. And yet, some people may incorrectly use stress and burnout interchangeably.
- a. Stress can be divided into various categories, and one primary difference is between acute stress, which refers to a recent, transient occurrence of a single stressor- and chronic stress, which refers to an ongoing difficulty facing an individual that may or may not be a constant threat or presence in that person's life.
 - b. Environmental influences or "stressors" (like that overflowing inbox, a huge patient caseload) produce physiological changes in the body, or what we know as "stress." The pressures of everyday life now are different than the stress of human survival and species preservation that our ancestors experienced, but our brains treat our current threats in the same way. Your brain perceives and responds to an email in your inbox from your boss in the same way it might have perceived and responded to hunting for days without finding any food and the possibility of facing starvation.
 - c. The same programmed gene networks promoting functions that kept our ancestors alive may be contributing to pathology today in contemporary Western societies. For example, being able to anticipate adversities has advantages: we can make plans on how to better handle stressors and prepare for the future. Too much of that in our modern day lives can lead to increased anxiety, insomnia, and other pathological changes.

- d. But stress isn't always a bad thing. Acute stress or pressure can be positive and motivating and often essential in a job because it helps us to achieve our goals and improve our performance. It can be that little fire under us to be the best practitioners we can be.
 - e. Stress on the other hand occurs when this pressure becomes excessive and is a natural reaction to too much pressure. Stress here and there at work- like having a bad day, covering for a coworker that is out of town for a week so you have an extraordinarily high caseload, new changes or policies at work, may often only be acute stress and never have the opportunity to snowball into chronic stress.
5. Too much stress for too long- chronic stressors related to your job in this case- may lead you down the road to burnout. Remodeling or changes in brain circuitry in response to chronic stress are notable in the prefrontal cortex, hippocampus, and amygdala, leading your brain to be in a more primitive and reactive state.
- a. Chronic stress leads to decreased regulation of the amygdala, which is one of two almond-shaped cluster of nuclei belonging to the limbic system and is located deep in our temporal lobes. This structure is responsible for emotional learning, memory, and initiation and coordination of primitive stress responses such as activation of the fight, flight, or freeze response that is triggered by fear, anxiety, and stress.
 - b. Our prefrontal cortex is part of the cerebral cortex covering the front part of the frontal lobe and is important because it regulates behavior, thought, emotions, attention, insight and inhibits impulses.
 - c. Chronic stress leads to decreased prefrontal cortex connectivity and loss of prefrontal cortex gray matter.
 - d. Basically, dendrites retract in the prefrontal cortex and hypertrophy is observed in the amygdala in response to chronic stress and these changes have effects on cognitive function, emotional regulation, and other self-regulatory behaviors.
 - e. We want the opposite of that- we want strengthened prefrontal cortex and increased regulation of the amygdala. We don't want to live out of a place of over-reactivity and fear 24/7.
6. The stress-burnout relationship actually depends on a few variables, including individual coping strategies, personality variables, personal resources, and job resources. The shift from chronic stress to burnout involves a complex relationship between chronic work stressors and insufficient recovery processes that can take place while you're at work and also outside of work, including sleep.

- a. This means that if you are unable to replenish your resources in one way or another and you're constantly met with high demands, like we covered with the Job-Demands Resource Model, you will most likely experience burnout.
 - b. The first emotional response to chronic stress is exhaustion. With exhaustion in response to job stress, people feel overextended by work demands and depleted of emotional and physical resources. Burnout is not exhaustion alone.
 - c. Cynicism is a natural response to exhaustion because it is used as a means to preserve your energy reservoirs. If people are working too hard and doing too much, they will eventually begin to back off, to cut back, and reduce their effort.
 - d. Over time, workers are doing more than just creating a buffer and cutting back- they are in turn forming negative and calloused reactions to people, patients, and to their job. This is where you see the shift of people trying to do their very best work to doing the bare minimum.
 - e. Lastly, the inefficacy part of burnout refers to feeling incompetent and a lack of achievement and productivity in work- you are questioning your abilities and may even question why you entered your career in the first place. This path can often lead you down the road to depression.
7. There is a misconception that if you love your career, you cannot experience burnout. Through personal experience and qualitative data that I've informally gathered through countless conversations over the past few years with fellow occupational therapy practitioners and other healthcare workers is that the brightest and the most passionate people experience burnout- they are not immune to it.
- a. Another huge misconception is that burnout is the fault of the individual experiencing it, and within the past few years I've noticed a retaliation against the term burnout. Burnout is a well-defined construct with over 40 years of research, and I believe that because it's been used so incorrectly and inappropriately, it has gotten a bad reputation.
 - b. Burnout is often a byproduct of the work environment and this is not a sign of a personal failing or a personal fault, like how it may often be portrayed that it is.
 - c. Of course- there can be other variables like personal factors that can contribute to one's burnout experience (for example, type A or D personality, high levels of neuroticism), but researchers overall have regarded burnout as a more social phenomenon over an individual one, which further strengthens the fact that the work environment plays a significant role in the development of burnout.
8. Burnout is not just an individual problem like I previously mentioned. Since it manifests in individuals, organizations may not think that that affects them or their bottom line. If someone burns out and quits, they can just be replaced, right? Well, yes, but it's more complicated than that,

and we'll get into that. But first, let's start with personal outcomes first. Workers with burnout can present with:

- Chronic fatigue
- Gastrointestinal disorders
- Musculoskeletal pain
- Poor self-rated health
- Hypertension
- Cold and flu episodes
- Sleep disturbances
- Depression
- Anxiety
- Irritability
- Substance abuse
- Suicidal ideation

Professional outcomes include:

- Job dissatisfaction
- Low organizational commitment
- Absenteeism
- Poor job performance/ work engagement
- Intention to leave work
- Higher turnover rates
- Dysfunctional relationships with colleagues
- Increased medical errors
- Decreased patient satisfaction, safety, and quality of care

- a. Poorer-quality patient care and reduced safety for patients was associated with greater burnout among healthcare providers. In addition to the apparent implications for patient health and well-being that come with healthcare workers that are experiencing burnout, a greater number of errors is a liability for healthcare organizations.
- b. Some more alarming statistics: \$4.6B a year is lost related to physician turnover and reduced productivity, and \$3.6–\$6.1M a year is lost related to bedside RN turnover.
- c. Employee health suffers, patient care suffers, and organizations suffer. This is a problem that organizations should care about and should be a priority.

9. Maslach and fellow researcher Michael Leiter identified six main work areas that can create a positive work environment and reduce burnout, which are:

- Manageable workload
- High control
- Sufficient rewards

- Community
 - Fairness
 - Values
- a. Manageable workload involves the quality and quantity of job tasks. It's not just the number of tasks that can be viewed as burdensome, but it is also the type of tasks. No one wants to feel like they are drowning in work or have to constantly take home work which takes away from much-needed rest and recovery time from work stressors. Something that can help foster a more realistic workload is by having sufficient break times during the day- and not just to complete work chores, but to actually rest- meditate, socialize, take a real break.
 - b. High control or autonomy is the degree to which the job provides substantial freedom, independence, and discretion to the individual in determining the procedures used in carrying out work. There's clinical work freedom which involves methods to provide care to patients without limits; social and economic freedom that involves control over the nature and volume of clinical tasks and ability to determine your priorities, scheduling, etc. and then influence on organizational decision-making, so having a voice in organizational choices and ability to influence the manner in which your unit and/or organization function.
 - c. Sufficient rewards include financial rewards, but goes beyond salary and includes status-related awards, which is about promotions and career advancement, and socio-emotional rewards, which is about receiving recognition and appreciation. Showing appreciation to others can be done in small ways on a daily basis- saying thank you, buying coffee for the team, words of encouragement, these are things that can go a long way.
 - d. Community or social support can make or break your team. Social support involves a sense of connection and belonging and is proposed to yield positive feelings about the self. So with good social support, you should be able to say things like "my supervisor helps me solve work-related problems + encourages me to develop new skills," or "my coworkers are willing to listen to my job-related problems." Focus on building high quality relationships with people on your team.
 - e. Fairness is the extent to which decisions at work are perceived as being fair and people are treated with respect. Alienation and unfairness within work community results from being subject to unfair or disrespectful decision-making. Promote fairness by creating an inclusive and positive environment and having a solid feedback system between staff and management.
 - f. The values area is at the heart of people's relationship with their work. It's what drew you into your career in the first place. In your work, you want to feel like you are contributing to a meaningful personal goal, which is a powerful incentive for people. When this work also aligns with your organization's mission, you may be rewarded with additional opportunities for meaningful work.

- i. Practical tip: you want to make sure there is a high person-job fit. If you work for an organization or a department that does not align with your values, your work will be less meaningful and will eventually cause a strain.
 - ii. One way to achieve a high-person job fit is through job crafting. Job crafting involves a collaboration between an employee and their employer so that an employee can make changes to their job demands and resources.
- 10. There are multiple person and environment factors that can impact our occupational performance. Understand what are the barriers to your performance are, and work backwards from there. Not each experience of burnout is similar, and for some people there may be more environment factors from the work environment that may be playing a larger role, and for others it can be a combination of environment factors, person factors, and factors from your occupation- like the tasks, activities, and roles that you regularly engage in as an occupational therapy practitioner.
 - a. There is a misconception that self-care activities to help regulate you and that are restorative are inherently done away from work, and that being dysregulated and always stressed is inherently apart of the work day. You can and most certainly should integrate well-being practices throughout your day because self-care and work are not exclusive!
 - b. A routine of self-directed care gives you structure and a process for resetting dysregulated internal states. Have moments throughout the day to practice mindfulness- direct your focus to your breathing, notice the position of your body, observe your thoughts, and ground yourself so that you can elicit your parasympathetic activation.
 - c. You may notice that as a result of simply noticing your surroundings and your breath, your heart rate and breathing may slow down. You can practice mindfulness anytime any day- in the shower, at a red light, while you're eating- and you can practice it during the work day in-between patients.
 - d. That's called "practicing within your practice"- and I think as holistic occupational therapy practitioners, we should lead the way and practice within our practice.

Part 2

- 1. I love this nifty little acronym I made up for one of my CEU presentations and it has stuck with me ever since- the acronym is MELROSE. The M stands for mindfulness, the E for emotional intelligence, L stands for locus of control, R stands for resilience, O stands for optimism, S stands for self-compassion, and E stands for engagement coping.
 - a. All these factors have been shown to make positive changes in individuals experiencing burnout, particularly with the exhaustion component.

- b. In order to practice them and naturally integrate this into your life, you must cultivate awareness, intention, and the right attitude.
 - c. You have to have self-awareness in order to make changes in your life and to understand what things like certain beliefs are working for you or against you.
 - d. You have to be intentional about boundaries- you know, what you are willing to be flexible with and what you absolutely must have to 'armor' you against burnout to the best of your abilities.
 - e. You have to be open to shift your attitude and beliefs about your own capabilities and limitations. Perhaps these strategies are really new or foreign to you, that's ok. Rome wasn't built in a day, neither will these skills and psychological resources.
 - f. So be open and patient with yourself.
2. MELROSE includes emotional intelligence which is the capacity to appraise, understand, manage, and use one's emotions and to handle interpersonal relationships empathetically.
- a. High EI at work leads to:
 - i. enhanced therapeutic outcomes with patients
 - ii. greater patient satisfaction & job satisfaction
 - iii. greater rapport
 - iv. better collaboration with your team
 - v. better ability to cope with workplace stress
 - b. With locus of control, that's the degree to which you believe you have control over your life circumstances, which may require a whole belief/mindset shift. Nurses with higher external locus of control at work were shown to be less likely to take actions to cope with job stressors or mitigate adverse effects of the stressors.
 - c. Resilience- really popular! But should not be abused- the most resilient workers can break in a toxic environment. But resilience in itself is important, and it's something that you can actually build through experience. Being resilient is important but healthy work environment just as important! It's the ability to bounce back and face life's adversities.
 - i. In healthcare, resilience is required, and I would argue that many healthcare practitioners are inherently resilient.
 - d. Anthony Bourdain on his travel show asked his guests on the show whether they were optimistic or pessimistic about the future. Well that's an accurate representation of optimism. Things can be difficult now, and you can feel the wide range of human emotions that fluctuate daily, but optimism and pessimism relate to your outlook on the future.

control. With the things you didn't highlight, what aspects of those things are you able to control?

- iv. For example, you can't control if your boss will give you extra PTO, but you can control whether or not you ask for one, how you go about asking for it, what you specifically ask for, etc. We often times get hung up on the outcomes, which are things that often times we do not have control over; however, we can control the actions we take.
4. With resilience you can think about the three C's- challenge, control, and commitment. View stressors at work as challenges or opportunities to grow and learn from; assess what is in and out of your control like we just talked about, and lastly stayed committed to your purpose.
 - a. Why do you go to work every day? Of course, we want to get paid so we can pay our bills and have a good quality of life, but we entered this profession for a reason. What is your purpose in OT? Sometimes on bad days, coming back to that purpose can help make bad days feel a little better.
 - b. With self-compassion, you can sprinkle it throughout the day- you can make backgrounds on your phone or download or write little notes and put them in your car or desk at work can be helpful especially if you are having a bad day. It can be a reminder to be gentle with yourself and give yourself some love, which you deserve always and is not dependent on whether you had a good day.
 - c. I like the BACK acronym for self-compassion because it's the easiest.
 - i. Breathe- notice your breath
 - ii. Accept- accept yourself as you are right now. It can be SO hard especially if you're in the middle of a bad day and you are hard on yourself, or you think you're supposed to look like something else but you feel like a hot mess right now.
 - iii. Caring hand- give yourself a caring and warm touch- you can place your hand on your heart, you can place your hand on your stomach or thigh- just a simple touch.
 - iv. Kind- say something kind to yourself! This can look like "I'm doing the best I can right now." "I love myself and it's OK to make mistakes."
 5. Lastly with engagement coping, seek support from others and engage in problem-solving coping. If it's a problem that can't necessarily be solved, you can self-soothe in healthy ways, listening to music, taking deep breaths, engaging in self-care activities, etc.
 - a. This one is another one that may take you a while to assess your current coping styles, how they are helpful or not, and how you can modify your current coping methods or create new ways in which to cope with stress. Thankfully the internet has plenty of

resources if you need to find a meditation app or learn about a new hobby that will help you to de-stress after a long week.

6. I have a little one-page handout so the bare bones of MELROSE can be remembered and utilized. It's a lot to take in and making all the changes is not going to happen overnight. It's important that you are committed to doing the self-work and realize that it's not about being perfect but about doing what's best for you.
7. I'm someone that has struggled BIG TIME with setting boundaries because I am a people pleaser. I always said yes to everything that was asked of me at work, and because I did that more and more was being put on my plate. Setting boundaries not only helps you, but it helps the people around you.
 - a. You are doing a disservice if you continue to overextend yourself over and over because you will eventually show up less for your patients and for your team. One study looking at occupational therapists found that setting boundaries between work and home played a crucial role in the prevention of burnout.
 - b. For people-pleasers like me, we have a fear of disappointing people, and if we say no to something, that may disappoint others which is why we often say yes. Before you say yes to something, think about how saying yes to something means that you are saying no to something else. There is always a flip side to everything, so consider when you say 'yes' to what you are simultaneously saying 'no' to.
 - c. Are you saying no to family time or self-care time? Is saying 'yes' worth it this time- is it going to move you forward with your career goals or is it something you enjoy doing? I understand that there is a fine line between doing a little extra and helping out every now and then to being constantly overextended and then having that 'team-player' phrase being abused.
 - d. For me personally I noticed that the longer I was practicing as an OT the more comfortable I got with setting boundaries, and also understanding what I definitely need to set boundaries around versus what can be a little more flexible.
8. I think job crafting is such an OT thing that every OT should know about. We learn about the importance of being able to grade up or down activities to help our patients meet the "just-right" challenge, and job crafting is basically doing the same thing for ourselves. It's the ability to make changes to your demands and resources collaboratively with your supervisor.
 - a. This isn't about your supervisor making changes for you based on what they think is best for you- this process must involve your input as well. Job crafting gives you a greater balance between your work demands and your abilities, and is something that can change over time depending on your priorities, goals, season of life, etc.

- b. Job crafting can be broken down into four key components:
 - i. Increasing structural job demands- autonomy, learning opportunities
 - ii. Increasing challenging job demands- proactive involvement in new projects
 - iii. Increasing social job resources- social support, mentorship, feedback
 - iv. Decreasing hindering job demands- decreasing the number of tasks
 - c. It's important to meet with your supervisor on a regular basis to re-assess your goals. You want to ask yourself:
 - i. What do I need in order to feel supported?
 - ii. What makes me feel empowered to make decisions?
 - iii. Am I in a season in my career to add more challenges or lessen them? What does that look like?
 - iv. I feel motivated to work when XYZ occurs. What motivates you to work at your best? So think of at least three factors; for example, in order to be my happiest and best self at work, I must leave at 3pm to pick up my kids on Wednesdays, or I must have time carved in each day or each week for research.
 - v. There are job crafting questionnaires that you can find online that can guide your job crafting process.
9. You want a high person-job fit, which is the degree of alignment between the individual and the job. A high fit means higher job engagement and more meaningfulness for the employee. More meaning ties nicely into your values- what you value and what is most meaningful to you.
- a. We are very familiar with the concept of helping our patients engage in meaningful activities, and we also have to have that same approach for ourselves and our career. If a job looks good on paper or perhaps has great reviews and a great reputation but is NOT a good fit for you, then that's fitting a square peg in a round hole and that discrepancy will create strain and eventually deplete you.
10. First of all, healthcare systems must prioritize their focus on ways to retain their existing staff. We have seen organizations, whether in healthcare or otherwise, that just care about having a warm body to do the job and will tolerate whatever treatment comes their way. You can stick the most resilient OT practitioner in the entire world in a job that is corrosive or 'toxic' and completely unsupportive but overtime a person can only take so much.
- a. In healthcare- and I know this true especially in medicine, an outdated way of operating seems to still exist, which consists of a structure that usually tends to be hierarchical in nature and a culture that favors silence and endorses different forms of workplace bullying.
 - b. They also may have low psychological safety. They do things that may not make much sense but it's how 'things have always been done' even if there isn't a lot of evidence to

support. A workplace that has low psychological safety is a dangerous sign because it can make the workplace hostile, and that can lead to high turnover. So key factors are:

- i. focusing on employee retention
- ii. Creating a supportive environment which includes sustaining a productive energy that is high in intensity and high in quality
- iii. focusing on cultivating strong interpersonal interactions and relationships
- iv. creating opportunities for personal achievement and growth
- v. reducing stress- which can be accomplished by job crafting and higher-level structural components to meet job demands and expectations
- vi. enabling supportive supervision and mentorship
- vii. encouraging holistic team growth in MELROSE components

11. In school we learn the clinical skills we need to succeed, and the rest of the skills we need to have a successful career we learn on the job, and sometimes we learn those lessons the hard way. Burnout is something you don't hear about in school, but can significantly impact your career.

- a. Burnout is most often a byproduct of the work environment, and a sign of something dysfunctional at work. I want people that are listening to take away that although personal factors can also play a role in burnout, it isn't your fault. You are not weak. You are strong and capable and sometimes despite all your efforts, the job is just not a good fit for you and that's OK.
- b. When you're burned out you may even question your abilities and your competency. It can feel so defeating to be in that position, and often times you may begin to blame yourself. Especially newer grads, you don't have enough experience to gauge what's a normal healthy workplace vs a workplace that is ambiguous enough in its corrosiveness that you're not even aware of it.
- c. So be gentle with yourself if you feel like you've made mistakes because it's how you learn, but be sure to learn from those mistakes and use them to your advantage. It's how you grow!
- d. At the end of the day, your mental health should always come before any job, so advocate for yourself and protect yourself. **BE YOUR OWN ADVOCATE!**

General comments, wrap-up