

I just can't do it anymore!
How to find control in chaos:
Strategies to avoid and address
burnout

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Maimonides
Health

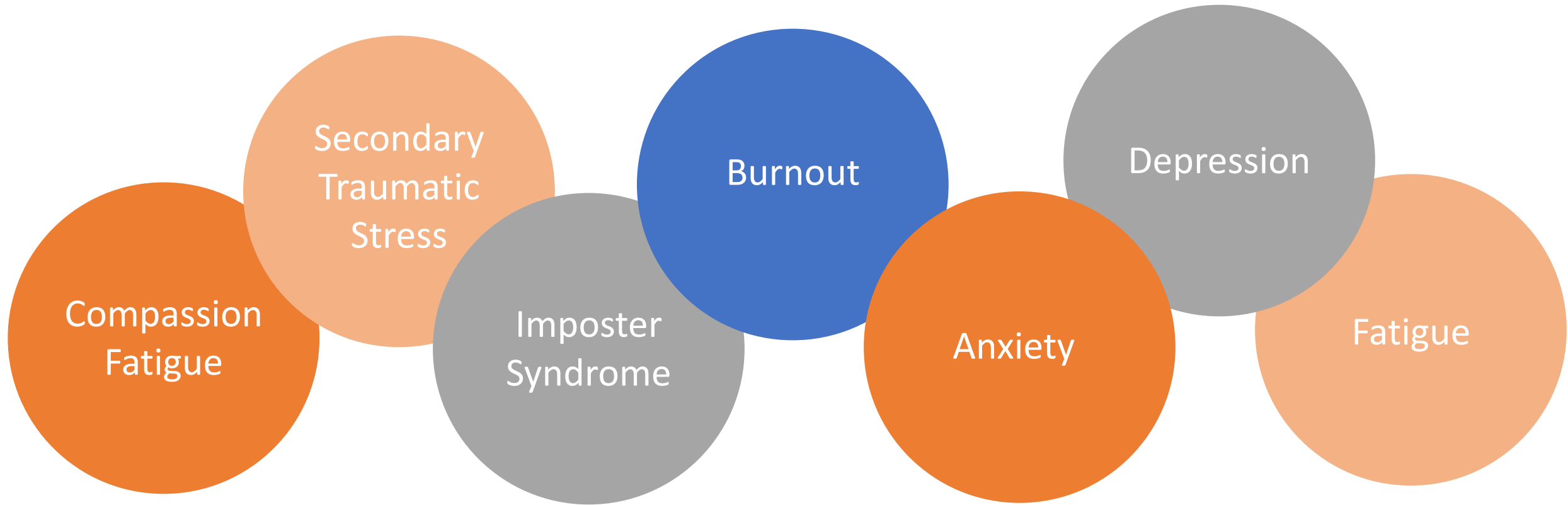
Presentation Overview

- Occupational Stresses
- Three (3) elements of Burnout
- Six (6) Drivers of Burnout
- What does Burnout look like in us?
- Why does it matter?
- What can we do?

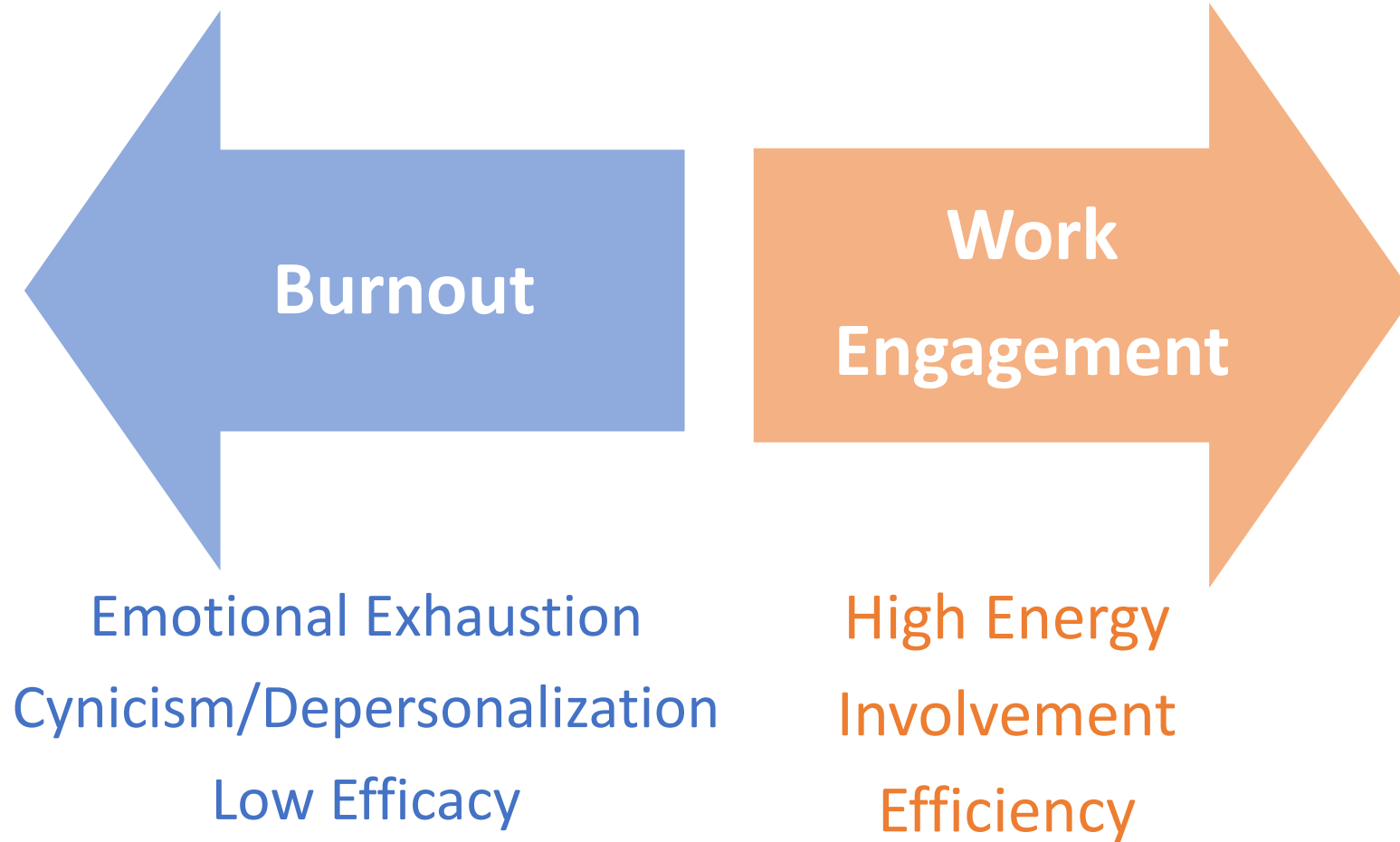
Occupations Stressors

Adapted from *Navigating Challenges: Burnout, Mental Stress & Fatigue* by Erica Hutchison, PhD.
And *Psychological First Aid ; An introduction for New Staff* by Erica Hutchison, PhD

It's not all about burnout



Burnout: An Expanded Model (Leiter & Maslach, 1999)



Drivers of Burnout: Six Areas of Work life



(1997)

Maslach and Leiter

Signs of Burnout

Burnout: Exhaustion, Depersonalization / Cynicism, Low Efficacy

Early Symptoms:

- Lack of energy
- Reduced performance
- Concentration and memory problems
- Inability to make decisions
- Reduced initiative and imagination
- Frequent colds

Further Symptoms:

- Somatic complaints
- Emotional exhaustion
- Irritability, anxiety
- Feeling overworked/underappreciated
- Interpersonal conflicts
- Difficulty doing complex work tasks
- Lack of humor

Advanced Symptoms:

- Numbness
- Apathy
- Disillusionment

Compassion Fatigue: Signs and Symptoms

A Deep Physical/Emotional Exhaustion + Decrease in Ability to Empathize

Clinical Experiences:

- Less sense of purpose
- Dreading certain patients
- Feeling unable to “do enough”
- Intrusive thoughts/images related to clinical material

Affect:

- Negative arousal
- Low frustration tolerance
- Ineffective or destructive self-soothing
- Loss of hope

Personal Life:

- Hypervigilance
- Poor coping
- Less interest in others
- Work/home boundary loss

Compassion Fatigue: Contributing Factors

Compassion Fatigue

Sense of Powerlessness

Work Drain

Emotional Self-Awareness (-)

Trauma History

Compassion Satisfaction

Social Support

Work Hours (-)

Internal Locus of Control

(Killian, 2008)

Secondary Traumatic Stress

“Stress resulting from helping or wanting to help a traumatized or suffering person.” (Figley, 1995b, p. 7)

- Symptoms mirror PTSD symptoms (Intrusion, Arousal, Avoidance)
- Results from a single “traumatic” interaction
- Can occur after witnessing OR hearing about a trauma
- **STS is a normal, and expected, reaction to witnessing a terrible event**

STS: Contributing Factors

Risk Factors

- **Burnout** (*Shoji et al., 2015*)
- **More trauma cases, and range of trauma types** (*Kanno, et al., 2012*)
- **Personal Trauma**
- **Less Social Support**
- **Less Work Support, including supervision**
- ****Age and more years of experience** (*Hensel et al., 2015*)

**What does Burnout
look like in us?**

A decorative graphic in the bottom right corner of the slide, consisting of several overlapping, parallel diagonal lines in a lighter shade of blue, creating a sense of movement and depth.

Selected research since 2011

Journal of Clinical Anesthesia (2011) 23, 176–182



Original contribution

Anesthesiology residency program director burnout[☆]

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Journal of
Clinical
Anesthesia

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Assessing Work-Related Burnout and Job Satisfaction among Obstetrics and Gynecology Residency Program Coordinators

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2019

Burnout and Job Satisfaction Among Family Medicine Residency Coordinators: Results From a National Survey

2018

Samuel Ofei-Dodoo, PhD, MPA, MA; Cassie Scriptor, MD; Rick Kellerman, MD; Cheryl Haynes; Maria Eliza Marquise, PhD, MA; Caren Sue Bachman

Program Administrator Burnout in Graduate Medical Education: a Longitudinal Study

2020

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Pediatric Neurology

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Original Article

Child Neurology Residency Program Directors and Program Coordinators 2016 Workforce Survey

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Burnout in GME: It's Not Just a Physician Problem

Catherine M. Eckart, MBA



We Matter Too! Addressing the Wellness of Program Coordinators in Graduate Medical Education

Alana M. Ewen, MPH; Paula M. Gardiner, MD, MPH; Sandra Palma, BA; Kathryn Whitley, BA, C-TAGME; Jeffrey I. Schneider, MD

Residency and Fellowship Program Administrator Burnout: Measuring Its Magnitude

2019

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Burnout plagues residency program directors

November 27, 2018 – Credentialing Resource Center Digest

Program Coordinator Burnout: Building Support and Job Satisfaction through GME

Sharee Bracken, University of Utah; Adriana Garcia, University of Utah; Kathy Asay, University of Utah; Emily Bird, University of Utah; Renn Butterfield, University of Utah; Lori Bybee, University of Utah; Melissa Grow, University of Utah; Stefanie Grundy, University of Utah; Amy Kern, University of Utah; Julie Service, University of Utah; Carol Wall, University of Utah



What Does the Research Show

- PAs are stressed and have been documented as so back to 2013 (Ofei-Dodoo, 2018)
- Stress is cyclical over the academic year
- 76% of PAs expressed burnout (Eckart, 2019)
- PA responsibilities have increased since NAS (Ofei-Dodoo, 2018)
- PAs spend on average 6 hrs/wk providing emotional/social support to residents (Ofei-Dodoo, 2018)
- 72% of PAs spend more than 10% of their time focused on resident well-being (Eckart, 2019)
- PAs that participated in wellness activities were less likely to consider leaving their job (Ewen, 2019)
- Social supports are powerful when used effectively

What are shown to be protective factors for individuals?

Protective Actions:

1. Sporadic breaks replenish energy, improve self-control and decision making and fuel productivity (HBR, Friedman, 2014)
2. Invest in leadership training
3. Insist on time off
4. Create boundaries and prepare to say no
5. Nurture a flexible mindset (Growth Mindset)

What are suggested as solutions for Entities?

Potential Solutions:

1. Recognition/reinforcement
2. Manageable workload – (New ACGME Coordinator FTE requirements)
3. Create forums where those doing the work can make meaningful changes
4. Invest in diverse relationships
5. Learn to recognize micro-stressors (HRB, Cross, 2022)

HELP!

What can we do?

Adapted from Navigating Challenges: Burnout, Mental Stress & Fatigue by Erica Hutchison, PhD.
And Psychological First Aid ; An introduction for New Staff by Erica Hutchison, PhD

Green Cross Standards of Self-Care

First, **do no harm to yourself** in the line of duty when helping/treating others.

Second, attend to your physical, social, emotional, and spiritual needs **as a way of ensuring high quality services to those who look to you for support as a human being.**

These principles declare that **it is unethical *not* to attend to your self care as a practitioner** because sufficient self care prevents harming those we serve.



How Can I Empower Coping & Connection?

1. What can you do now?

“What usually helps you refocus when you’re having a tough day?”

2. What can you do after work?

“If you’re still feeling this way later, is there anything you can do after work to de-stress?”

3. What supports can you lean on?

“Is there anyone who you can lean on a little, either here at work or at home?”

HOW TO PRACTICE ADAPTIVE COPING

STEP 1: Recognize a stressful situation



STEP 2: Give space to notice how you feel



STEP 3: Get creative about “making meaning”



ASK YOURSELF: CAN YOU.....



Coping Ideas to reduce stress

ACTIVE

- ✓ Move your body
- ✓ Change locations
- ✓ Exercise or stretch
- ✓ Accomplish something small
- ✓ Make a to do list

DISTRACTING

- ✓ Read, watch, listen to something fun
- ✓ Make something or be creative
- ✓ Go outside
- ✓ Try (or learn) something new
- ✓ Focus on the positive

CALMING

- ✓ Take Deep Breaths
- ✓ Muscle Relaxation
- ✓ Listen to calming music
- ✓ Do something repetitive
- ✓ Take a bath, do a face mask, etc

SOCIAL

- ✓ Text or call a friend
- ✓ Talk to colleagues about non-medicine
- ✓ Make jokes
- ✓ Share funny social media posts
- ✓ Plan your next gathering

Coping Strategies for Occupational Stressors

Burnout:

- ✓ Consider work-life fit (ahead of time)
- ✓ Define our ideal wellness, & recalibrate when necessary
- ✓ Establish a self-care routine

Compassion Fatigue:

- ✓ Identify core values
- ✓ Consider our identity as helpers
 - Set reasonable expectations
 - Embrace vulnerability
 - Consider your needs
- ✓ Practice Active Coping

Secondary Trauma:

- ✓ Prioritize baseline health
- ✓ Connect with supports
 - Debrief regularly
 - Use supervision
- ✓ Consider risk factors
- ✓ Monitor symptoms, consider psychotherapy

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Sometimes I feel very Ted Kaczynski

The two edge sword of technology

May God grant you grace to burn brightly without burning out (Abaria, 2021)