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

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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

Compassion Fatigue
Secondary Traumatic Stress
Imposter Syndrome
Burnout
Depression
Anxiety
Fatigue
Burnout: An Expanded Model (Leiter & Maslach, 1999)

- **Burnout**
  - Emotional Exhaustion
  - Cynicism/Depersonalization
  - Low Efficacy

- **Work Engagement**
  - High Energy
  - Involvement
  - Efficiency
Drivers of Burnout: Six Areas of Work life

Maslach and Leiter (1997)

Values
Fairness
Community
Workload
Reward
Control
# Signs of Burnout

**Burnout: Exhaustion, Depersonalization / Cynicism, Low Efficacy**

<table>
<thead>
<tr>
<th>Early Symptoms:</th>
<th>Further Symptoms:</th>
<th>Advanced Symptoms:</th>
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<tbody>
<tr>
<td>Lack of energy</td>
<td>Somatic complaints</td>
<td>Numbness</td>
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<tr>
<td>Reduced performance</td>
<td>Emotional exhaustion</td>
<td>Apathy</td>
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<tr>
<td>Concentration and memory problems</td>
<td>Irritability, anxiety</td>
<td>Disillusionment</td>
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<tr>
<td>Inability to make decisions</td>
<td>Feeling overworked/underappreciated</td>
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<td>Reduced initiative and imagination</td>
<td>Interpersonal conflicts</td>
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<td>Frequent colds</td>
<td>Difficulty doing complex work tasks</td>
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<td></td>
<td>Lack of humor</td>
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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
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?
Selected research since 2011

Anesthesiology residency program director burnout
Gildas S. De Oliveira, Jr MD (Instructor)§, Marcela D. Almeida MD (Clinical Associate)§, Shireen Ahmad MD (Associate Professor)§, Paul C. Fitzgerald MS, RN (Research Associate)§, Robert J. McCarthy PharmD (Research Professor)§.

Department of Anesthesiology, Northwestern University Feinberg School of Medicine, Chicago, IL 60611, USA

Results 28 August 2010; revised 9 February 2011; accepted 2 February 2011

Assessing Work-Related Burnout and Job Satisfaction among Obstetrics and Gynecology Residents: Program Coordinators
Samuel Olei-Dodoo, PhD, MPA;
Gretchen Irwin, M.D., M.B.A.;
Zachary Kuhlmann, D.O.;
R. Kellerman, M.D.;
Stacey Wright-Harland, M.B.A;
Michael Drelling;
University of Kansas School of Medicine-Wichita;
Department of Family and Community Medicine;
Wiley Family Medicine Residency;
Department of Obstetrics and Gynecology

Burnout and Job Satisfaction Among Family Medicine Residency Coordinators: Results from a National Survey
Samuel Olei-Dodoo, PhD, MPA; Cassie Serrierton, MD; Rick Kellerman, MD; Cheryl Haynes; Maria Elissi Manouche, PhD; MA; Caree S. Satcher

Program Administrator Burnout in Graduate Medical Education: a Longitudinal Study
Alaina M. Evren, MPH; Natalie Gittus, JD; Mikhail C.S.S. Higgins, MD, MPH; Sandra Palma, BA; Kathryn Whitley, BA, C-TAGME; and Jeffrey I. Schneider, MD

Residency and Fellowship Program Administrator Burnout: Measuring Its Magnitude
Alaina M. Evren, MPH;
Mikhail C.S.S. Higgins, MD, MPH;
Sandra Palma, BA;
Kathryn Whitley, BA, C-TAGME;
Jeffrey I. Schneider, MD

Program Coordinator Burnout: Building Support and Job Satisfaction through GME
Shari Brecken, University of Utah; Adriana Garcia, University of Utah; Kathy Aaro, University of Utah; Emily Bird, University of Utah; Penn Butterfield, University of Utah; Lori Bybee, University of Utah; Melissa Grew, University of Utah; Stefanie Grundy, University of Utah; Amy Korn, University of Utah; Julie Seneis, University of Utah; Carol Wall, University of Utah

Burnout plagues residency program directors
November 27, 2018 – Credentialing Resource Center Digest
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
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.
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.....

- Learn something?
- Practice Empathy?
- Shift your expectations?
- Challenge yourself?
- Positively impact yourself or others?
- Be kind to yourself?
- Widen your perspective?
- Grow in some way?
## Coping Ideas to reduce stress

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

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

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

### 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
References


- https://credentialingresourcecenter.com/articles/burnout-plagues-residency-program-directors
References

  
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  - https://www.edenworkplace.com/blog/how-to-insulate-your-team-against-burnout-when-returning-to-office
  - https://hbr.org/2016/11/beating-burnout
  - https://globalwellnessinstitute.org/what-is-wellness/


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)