Burnout: Coping with Job-Related Stress in Healthcare

COURSE OBJECTIVE: The purpose of this course is to enable healthcare professionals to identify the causes, symptoms, stages, management, and prevention of job-related stress, particularly burnout.

LEARNING OBJECTIVES
Upon completion of this course, you will be able to:

• Describe the effects of stress and the relief of stress on the human body.
• Identify the types of job stress common in healthcare workers.
• Discuss the presentation and causes of burnout.
• Summarize actions for responding to burnout.
• Describe institutional and individual strategies to prevent burnout.

INTRODUCTION

Healthcare professionals are challenged on a daily basis with a variety of stressors as they care for patients. These job-related stresses can take a toll on the mind and body of these professionals, which in turn may affect the quality of patient care and outcomes. Work-related stress may also impact job satisfaction, workforce stability, and safety in the healthcare environment (Van Bogaert et al., 2013).

Nurses, for one, have identified stress and overwork as one of their top concerns within the profession (ANA, 2011). Work schedules that include long shifts and insufficient staffing are two factors identified by nurses that increase stress levels. Nurses and other professionals need to be aware of the stresses associated with intense clinical settings and challenging work schedules.
Healthcare professionals work in demanding situations, hold high expectations for themselves, and believe they should be able to handle anything no matter what the challenge. Fortunately, job-related stress is both “treatable” and preventable. Professionals can learn to cope with stress and burnout by gaining an understanding of stress and stressors, recognizing the signs and symptoms of job burnout, acquiring skills to manage its destructive effects, and preventing its occurrence in the future.

STRESS AND STRESSORS

What Is Stress?

“Stress” is the term used to describe a variety of physiological and psychological stimuli that cause a physiological response. The idea of stress began with the pioneering work of Walter Cannon (1871–1945). He investigated the sympathetic nervous system as it reacts to heat and noticed that the body responds in a predictable sequence.

The stress response was first described in 1956 by Hans Selye. In his research, he separated the physical effects of stress from other physical symptoms, observing that patients suffered physical effects not caused directly by their disease or by their medical condition. Selye found that stressors may be physical (such as infection, injury, and pain) or psychological (such as fear, anger, and sadness).

He identified what he called a general adaptation syndrome, whereby the body seeks to maintain homeostasis, or balance. He divided his general adaptation syndrome into three stages:

1. **Alarm reaction**, where the body detects the external stimulus
2. **Adaptation**, where the body engages defensive countermeasures against the stressor
3. **Exhaustion**, where the body begins to run out of defenses

Stress can have a major impact on the physical functioning of the human body. It raises the level of adrenaline and corticosterone, which in turn increases the heart rate, respiration, and blood pressure and puts more physical stress on bodily organs. In the short term, this allows a person to perform at levels beyond their normal limits. But once exhaustion is reached, even the strongest motivation loses its effect.

GENERAL ADAPTATION SYNDROME (GAS)

**Alarm Reaction**

1. A “threat to survival” message is conveyed by nerves to the hypothalamus in the brain, which chemically communicates with the pineal gland and the pituitary glands, the master control center.

2. The pituitary gland begins mobilizing the release of adrenocorticotropic hormone (ACTH) and activating hormone release from the adrenal medulla.
3. The adrenal medulla pumps epinephrine, norepinephrine, and other catecholamines into the bloodstream. This causes the following to occur:
   • Heart rate and blood pressure rise, increasing blood circulation throughout the body.
   • Airways in the lungs dilate, facilitating oxygenation of blood.
   • Plasma levels of glucose, triglycerides, and free fatty acids elevate, giving the body more fuel.
   • Platelet aggregation increases blood clotting.
   • Kidney clearance reduces, preventing water loss.
   • Blood flow shifts from intestinal smooth muscles to skeletal muscles, enabling fight or flight.

**Resistance**

1. Body systems stabilize.
2. Hormone levels return to normal.
3. Parasympathetic nervous system activates.
4. Individual adapts to stress and recovers; however, when the threat continues without relief . . .

**Exhaustion** sets in as the individual fails to adapt to stressors and becomes exhausted.

1. Physiological response occurs as in earlier alarm reaction.
2. Energy levels decrease.
3. Physiological adaptation decreases.
4. Death occurs.

Source: Adapted from Selye, 1956.

## How Do We Cope with Stress?

Lazarus (1966) expanded our understanding of stress and the ways people deal with it when he observed that, when individuals view a new or evolving situation, they first decide whether it is a threat. He called this **primary appraisal**. Then, as people further monitor a threat, they evaluate their ability to cope with it by what Lazarus called **secondary appraisal**. In this second step of appraisal, individuals judge themselves unable to handle the situation and withdraw.

Professionals working in intense clinical areas where the stakes are high are more prone to believe they “should” be able to handle anything and attempt to do so, no matter how great the cost to their body. These individuals are at high risk of reaching the end stage of stress: exhaustion.
Instead of persisting until they reach the state of exhaustion, healthcare professionals can learn more effective coping strategies, become self-aware, acknowledge their own limitations, and acquire emotion-regulation and problem-solving skills.

Leaders can provide physical and emotional support for staff members as a way to show support and acknowledge the value of their role and understand the stressful nature of their work. Work-life balance programs can provide a focus on wellness resources with strategies to prevent and manage the stress of working in an intense healthcare environment.

### CASE

Carol Williams, RN, is a team leader in a locked unit at the state psychiatric hospital. Because of recent staff shortages, she has been required to work double shifts with dangerously high patient-to-staff ratios. She previously felt good about her job and confident that, even though her patients were severely impaired, she was making a difference in their lives. Lately, however, she has been emotionally and physically exhausted and can’t seem to relax. She has been having “nervous headaches,” stomach pains, and mood swings, exploding in a rage of anger one moment and bursting into tears the next.

To cope with the stress, Carol has become distant and detached from her team members and patients. She does not actively engage with her coworkers during her shift and has insufficient time to meet all of the needs of the patients. She has expressed her frustration and anger during nursing handoff when discussing cases, verbally accusing her coworkers of leaving work undone for her shift.

Because of her behaviors, Carol’s coworkers have complained to their supervisor about her attitude. Carol knows she is not managing the situation well, but the stress of the job and lack of support from her supervisor are wearing her down. She feels angry, trapped, insecure, inadequate, and a bit fearful she will lose her job.

### Discussion

Carol felt overworked and underappreciated. At some point she realized (primary appraisal) that she was overpowered by an entrenched bureaucracy and out-numbered by an unsympathetic staff. She knew she was not performing at the level she expected of herself, and she felt guilty, insecure, inadequate, and fearful she might lose her job.

To cope, Carol began using a strategy she had seen others employ: detachment and dissociation. After a while she realized (secondary appraisal) her method of coping was not solving the problem; the situation was only getting worse and she was becoming emotionally and physically exhausted.

### Types of Work-Related Stress

Healthcare professionals may experience a variety of stress responses. Common forms of such stress include compassion fatigue, vicarious trauma, and burnout.
Within both healthcare literature and common usage, these terms are sometimes used interchangeably. In general conversation, this may not be an issue, especially if the intent is to share personal experiences or to express concern or empathy. But healthcare providers are more likely to be seeking to understand their reactions or to formulate personal care or prevention plans. In this case, understanding the subtle differences is important.

COMPASSION FATIGUE

Compassion fatigue is the profound emotional and physical erosion that takes place when helpers are unable to refuel and regenerate between caregiving situations (WHP, 2007). Compassion fatigue in healthcare professionals is typically described as losing the capacity or interest in being empathetic or bearing the suffering of one’s patients. It has also been referred to as secondary traumatic stress. However, the term compassion fatigue has not been formally defined within nursing practice (Boyle, 2011).

Certain healthcare professionals—for instance, acute care nurses or first responders—can be especially vulnerable to this form of workplace stress due to their ongoing work with patients who are facing severe pain, tragedies, and issues of life and death. The very empathy that often motivates such people to enter the healing field can, if not recognized and planned for, make them victims as well.

VICARIOUS TRAUMA

For healthcare providers who work in intense situations such as responding to severe trauma, a phenomenon called vicarious trauma is also often observed. Unlike direct or experienced trauma, vicarious trauma is the result of changes in a healthcare provider’s worldview due to empathic engagement with victims (CERT, 2011). This type of trauma is comparable to posttraumatic stress disorder (PTSD), which is a response including feelings of fear, helplessness, and shock as a result of a traumatic event (Sabo, 2008).

Among the physical manifestations of vicarious trauma are anorexia and direct gastrointestinal (GI) symptoms such as nausea, stomach pain, and diarrhea. If the person reacts to this GI upset by not eating or eating less than usual, fatigue and reduced energy can result. Paradoxically, both insomnia and hyperactivity are also possible. Headache and chest pain may present.

Psychological signs may present as exaggerated forms of a person’s usual behavior or as reactions not usually seen, at least in the workplace. As the situation continues, these responses may become more frequent and/or stronger and/or require less and less to trigger them.

Among the common presentations of vicarious trauma are the following:

• Irritability and outright anger are common early signs, as is denial.
• Blaming may be directed inward, outward at specific individuals or institutions, or more globally.
• Feeling stunned, overwhelmed, or helpless may lead to isolation or withdrawal.
• Sadness can intensify to grief and then depression.
• Mood swings, even in the absence of a diagnosed illness, may present with accompanying physical manifestations.
• Problems with memory or concentration can complicate the individual’s ability to function at their usual level when their acuity is most needed.
• At a time when support given to and received from one’s personal and professional circles are of paramount importance, issues with interpersonal and/or professional relationships may suffer, as the caregiver becomes increasingly inward focused.

CASE
Sara, an EMT, and Josie, an emergency department (ED) nurse, were both recently involved in caring for victims of a shooting incident. The perpetrator shot not only the intended victim but also five bystanders.

Sara was a first responder to the shooting scene and found herself strongly shaken by her encounter with one of the critically injured bystanders, who resembled her younger sister. Despite post-incident counseling, continuing her meditation practice, and taking time off with her family, she has not yet worked through her feelings. She also finds herself unable to concentrate, experiencing images of her younger sister as the shooting victim, and avoiding her family and friends.

Josie was on duty in the ED on the day of the shooting and cared for several of the victims. In addition to being the trauma team leader for a resuscitation of one patient, she held another patient’s hand as she died. Caring for so many seriously injured patients hour after hour, day after day has begun to take a toll on Josie. She’s unable to recharge and has begun feeling detached from her patients, a loss of interest in ordinary activities, and insomnia.

Discussion
Sara is experiencing vicarious trauma as the result of both her ongoing exposure to traumatized patients and this particular shooting victim’s likeness to her sister. A unique symptom to this form of job-related stress is Sara’s recurring, intrusive images. Josie, on the other hand, is displaying symptoms more characteristic of compassion fatigue brought about by her constant exposure to suffering patients and characterized by her loss of feeling for her patients.

BURNOUT

Smith and colleagues (2015) describe job burnout as “a special type of job stress, a state of physical, emotional, or mental exhaustion combined with doubts about [one’s] competence and the value of [one’s] work.” It is a gradual process by which people detach from meaningful relationships in response to protracted stress and physical, mental, and emotional strain. The
result is a feeling of being drained, unproductive, and having nothing more to give. People working as healthcare professionals are especially vulnerable to job burnout.

Burnout generally occurs in four stages:

1. Physical and emotional exhaustion
2. Shame and doubt
3. Cynicism and callousness
4. Failure, helplessness, and collapse
   (Todaro-Franceschi, 2013)

**Physical and Emotional Exhaustion**

Physical and emotional exhaustion are caused by a heavy and unrealistic workload, stress-producing time limitations, inadequate rest and sleep, unfair work assignments, and lack of respect from managers. Under such stresses, the pineal gland produces melatonin, which disrupts the sleep-wake cycle, further contributing to fatigue.

**Shame and Doubt**

As individuals become more and more overwhelmed at work, their sense of competence decreases and feelings of shame increase. They discount past accomplishments, even in the face of objective evidence. At this stage of burnout, individuals may sigh heavily, breathe deeply, and experience a profound sense of loss, uncertainty, and vulnerability.

**Cynicism and Callousness**

As a defense against feelings of vulnerability and inadequacy, many individuals decide there is only one thing to do: protect themselves. To do so, they become cynical and callous. They develop an “attitude,” saying to themselves, “I can’t let them get to me. I’ve got to take care of myself!” At first, the strategy works because other people tend to avoid unpleasant or brusque individuals. Predictably, the strategy often does not work because healthcare workers are typically uncomfortable being “bad guys.” They have usually thought of themselves as gracious and accommodating, and now they feel angry and rejected.

**Failure, Hopelessness, and Collapse**

At the fourth stage of burnout, coping skills are at their lowest level. People are worn down, vulnerable, and exhausted. Their defenses have begun to fail. Old hurts and upsetting memories of past failures and poor choices begin to seep through their protective shield. Every area of life is affected. The smallest of slights and least important omission makes them respond intensely. When someone else is recognized instead of
them, the smoldered coals of sibling rivalry reignite. Nothing is going well. Everything seems to be going wrong (Smith et al., 2015).

### COMPARING STRESS REACTIONS

<table>
<thead>
<tr>
<th>COMPASSION FATIGUE</th>
<th>VICARIOUS TRAUMA</th>
<th>BURNOUT</th>
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<tbody>
<tr>
<td><strong>General Causes</strong></td>
<td></td>
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<tr>
<td>Lack of opportunity to refuel and regenerate between caregiving situations</td>
<td>Repetitive exposure to others’ traumatic experiences</td>
<td>Low job satisfaction; feelings of being powerless and overwhelmed</td>
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<tr>
<td><strong>Unique Triggers</strong></td>
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<tr>
<td>Extreme other-directed attitude</td>
<td>Immersion in helping traumatized victims</td>
<td>Workplace environment</td>
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<tr>
<td><strong>Characteristic Signs</strong></td>
<td></td>
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<tr>
<td>Detachment and decreased intimacy; somatic complaints</td>
<td>Somatic complaints; intrusive imagery</td>
<td>Negativity (outwardly and inwardly directed)</td>
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<tr>
<td><strong>Negative Effect on Worldview</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Loss of Ability to Feel Compassion</strong></td>
<td>Yes</td>
<td>Possible</td>
</tr>
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Source: Sabo, 2011.

### CASE

Dan Ramirez, LPN, works in a long-term care facility owned and operated by a for-profit company, and he’s found that the administration’s primary concern seems to be keeping the beds full and the costs low. Dan’s supervisor is an RN, but she provides no patient care, while Dan gives medications, provides wound care, writes care plans, maintains patient records, and more.

At first, Dan felt challenged and proud of his ability to manage so many responsibilities. Then one attendant went on sick leave and another quit, leaving the day shift seriously short-staffed. Dan sympathized with his supervisor’s difficulty finding qualified help and assumed the duties of the absent attendants, expecting the situation would last only a few days or weeks. Soon he found himself working overtime almost every day and felt obliged to “do it all.”

As the weeks went on Dan became more and more fatigued, frustrated, and irritable (physical and emotional exhaustion). He had trouble sleeping and began self-medicating with alcohol. Then, one day, he made a medication error. Fortunately, the patient was not harmed, but the physician scolded him loudly in front of other staff members. Dan was humiliated. He began to doubt his abilities and to think of himself as a professional failure, an imposter (shame and
doubt). He even began to question his decision to become a nurse. As his self-confidence decreased, Dan’s self-doubt and detachment increased, and he began distancing himself from his coworkers, family, and friends.

Dan became more and more irritable, cynical, and callous. He felt tired all the time, suffered frequent headaches, and barely dragged himself to work each day. One afternoon he hurt his back lifting a patient and went out on sick leave. After months of physical therapy, surgery, and then more physical therapy, Dan went back to work part-time, but he just couldn’t keep up the pace. He felt like a failure, unable to carry on. On the verge of collapse, he quit his job, disillusionsoned with the nursing profession and the entire healthcare system.

**Discussion**

Dan’s case illustrates the four stages of burnout. By assuming the duties of the absent attendants rather than assertively addressing the issue of inadequate staffing with his supervisor, Dan became physically and emotionally exhausted. The resulting impacts on his job performance soon caused him feelings of shame and doubt. This in turn caused him to become cynical and callous, finally leading to a sense of failure and quitting his job entirely.

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**RECOGNIZING AND RESPONDING TO BURNOUT**

**Signs and Symptoms of Burnout**

Burnout does not happen overnight. It is a gradual process occurring slowly over time. It is important to recognize the early symptoms and warning signals for burnout. The signs and symptoms may be physical, emotional, or behavioral.

**Physical**

- Feeling tired and drained most of the time
- Lowered immunity, feeling sick a lot
- Frequent headaches, back pain, muscle aches
- Changes in appetite or sleep habits

**Emotional**

- Sense of failure and self-doubt
- Feeling helpless, trapped, and defeated
- Losing motivation
- Feeling alone in the world and detached from others
- Becoming increasingly cynical
- Decreased satisfaction and sense of accomplishment
Behavioral

- Withdrawing from responsibilities
- Isolating oneself from others
- Procrastinating, taking longer to get things done
- Using food, drugs, or alcohol to cope
- Taking out one’s frustrations on others
- Skipping work or coming in late and leaving early
  (Smith et al., 2015)

Job burnout is caused by many interactive factors; some are due to the personality and lifestyle of workers and some are due to the work environment. These may include:

- Lack of control (schedule, assignments, workload)
- Unclear job expectations
- Dysfunction in the work environment
- Mismatch of values
- Poor job fit (lack of skills needed to do the job)
- Extreme physical or mental stress
- Lack of social support (isolation)
- Work-life imbalance
  (Mayo Clinic, 2012)

Actions to Address and Recover from Burnout

When individuals reach the fourth stage of burnout—failure, hopelessness, and collapse—they cannot go on. Strategies to recover from the stress of burnout may include:

- Take a break and get help
- Identify and grieve for losses
- Confront denial and cynicism
- Acknowledge one’s limitations
- Establish personal boundaries
- Nurture oneself
- Learn and use stress-reducing actions
- Employ problem-solving strategies to prevent future burnout

TAKE A BREAK AND ASK FOR HELP

Burned-out individuals may find that they have used up their emotional and physical reserves. When people acknowledge they are burned out, they need to take a break and get help. It is
important that healthcare professionals realize that taking care of themselves is the most important step for them to continue to care for others.

It is normal to feel anxious when one needs help from a supervisor or colleague, because the individual may receive unwanted advice, shaming, or rejection. All relationships benefit when people admit they are struggling and express their needs. This allows others to do the same. It is important for healthcare professionals to acknowledge when they are hurting and to return support and caring to colleagues as well as patients.

IDENTIFY AND GRIEVE FOR LOSS

As burned-out individuals scrutinize each part of their story, it is not unusual to find that one or more of the pieces is a jagged, unhealed, unresolved loss. That loss may be their reputation, cherished loved one, a prized possession, their health, an opportunity, or some other treasured thing. When unresolved bereavement is a factor in burnout, individuals need to engage in what is called grief work. This is an emotional process by which bereaved individuals re-experience their loss, loosen the ties to it, and gradually adjust to life without the cherished person, item, or situation.

To facilitate the grieving process, individuals set aside a time to grieve during which they allow themselves to re-experience the loss. At the end of the allotted time, they close the book, dry their tears, and return to activities of daily living. They do this repeatedly and over time. Such grief-work facilitates a separation from the lost possession.

CONFRONT DENIAL AND CYNICISM

When individuals are in positions of high stress and overwhelming anxiety, they may not realize just how stressed they have become. They may insist they can “handle it,” whatever “it” may be. Over time, they become distraught, distrustful, and skeptical of the goodwill of others. They may attempt to protect themselves with a defense of cynicism and denial. This does not work because denial is a lie they tell themselves.

When people confront the truth and admit their exhaustion, cynicism, and vulnerability, they open the door to health and healing. In fact, truth does set people free. As soon as they accept themselves just as they are, honestly admitting their frailty, failures, and fatigue, they are relieved of the burden of being perfect and are able to replace denial, cynicism, and fear with acceptance, joy, and hope.

ACKNOWLEDGE LIMITATIONS

Often, individuals who are burned out have been trying to be super-beings. They have been strong and accommodating, worked diligently, and persevered no matter what was asked of them. Things are different now. When people reach the end-stage of burnout, they must admit that they are not super-beings; they are human beings and have limits. These limits may be different from other people, but they are real and they are theirs. As with denial, when
individuals admit they are less than perfect, they are wonderfully liberated. In the future, they will be better equipped to heed the signs and symptoms of emotional and physical exhaustion.

ESTABLISH PERSONAL BOUNDARIES

Setting personal boundaries means knowing who you are, where you begin and where you end, and when to say, “This is my responsibility and that is yours.” Typically, healthcare professionals are empathetic, understanding, and nurturing. All too often, however, they have weak boundaries and easily merge their identities with others. Such mergers are not healthy; they burden the individual, contribute to burnout, and deprive the other people of autonomy and self-respect. When individuals fail to maintain personal boundaries, they may exercise inappropriate control over others and become unwittingly codependent.

NURTURE ONESELF

Self-nurturance means caring for oneself. When people who are burned out finally stop what they are doing and get help, they are beginning to nurture themselves. Self-nurturance is a conscious awareness of personal needs, with the focus on taking responsibility for oneself.

Ultimately, self-nurturance is a measure of maturity. It means taking care of one’s own basic needs for survival, safety and security, belonging and affection, respect and self-respect, and self-actualization. Practically speaking, self-nurturance means providing oneself with adequate sleep, a balanced diet, physical and mental exercise, human companionship, and self-actualizing activities.

REDUCE STRESS

Healthcare professionals may have experienced high levels of stress for such a long time that they no longer know how to relax. Their home and work environment may be so demanding that they can no longer take time for themselves, or they may have felt guilty when they took a moment to relax.

The following stress-reducing tips may assist in maintaining work-life balance:

• Start the day with a relaxing routine.
• Eat regular, well-balanced meals.
• Exercise regularly.
• Do something relaxing and pleasurable every day.
• Socialize with family members and like-minded friends.
• Nourish creativity.
• Set boundaries and take a break from technology.
• Avoid narcotics, cigarettes, alcohol, and stress-producing environments.
• Get a good night’s sleep.

(Smith et al., 2015)
RELAXATION EXERCISE
To recover from burnout or prevent burnout, many individuals find the regular practice of a relaxation exercise of great value.

1. Find a quiet place and stretch your whole body. Then, sit down in a comfortable chair where you will not be disturbed. It is best to uncross your legs and rest your hands on your lap, separately.
2. Close your eyes. Take a deep breath and blow it out. Repeat.
8. Move your forearms and hands. Allow them to relax. Pause.
9. Take a deep breath, blow it out, and relax. Pause
10. Notice the feeling of your heartbeat at the tip of each of your fingers. Relax and enjoy.
12. Move your jaw, cheeks, forehead, and scalp. Then, allow each to relax.
13. Remain in this state of relaxation for one to fifteen minutes.
14. Open your eyes and slowly rejoin the wakeful world, relaxed and refreshed.

EMPLOY PROBLEM-SOLVING STRATEGIES
Problem solving is especially difficult for individuals who are burned out because they are emotionally and physically exhausted. Nonetheless, when burned-out individuals take a break, get help, grieve for losses, confront denial and cynicism, acknowledge limitations, establish personal boundaries, nurture themselves, and use stress-reducing strategies, they are ready to begin solving problems and prevent burnout in the future.

The four steps of problem solving are as follows:

1. **Define the problem.** Ask, “What work-related area is causing me stress?” If there are several problem areas, prioritize the list and address the one most amenable to solution.
2. **Set objectives.** Once a problem has been identified, make sure it is a manageable issue; be specific, positive, and practical. Set attainable objectives, preferably ones that are shared by others in the community, such as reducing time-consuming busy-work.
3. **Take action.** Take the initiative and do what one can by oneself without the approval or participation of others—such as gaining a new skill or knowledge. Some actions will need the support of others; if so, use one’s influence to gain cooperation from others. Exercise leverage with those who have power to make changes. Give ultimatums only when milder approaches have been exhausted and when one can afford to “lose.”

4. **Track progress.** Keep track of one’s progress and acknowledge change, even a small change. This encourages one to continue the process. Expect resistance to change and make adjustments as needed, keeping one’s objectives in mind.

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**CASE**

After graduating from physical therapy school and passing her board examination, Sierra began her clinical practice in a small, critical-access hospital in a rural county. She looked forward to gaining experience and mentorship from the rehab director, who was also a physical therapist. Soon, however, the rehab director abruptly left the department when his wife accepted a job in another city.

While the hospital searched for a new rehab director, Sierra was on her own managing all physical therapy consults in both the inpatient and outpatient sections of the hospital as well as most of the day-to-day running of entire rehab department. She increasingly found herself staying at work until after 9 p.m. in order to make sure that all patient consults and treatments had been addressed and all required paperwork and billing were completed.

At home, Sierra began to have trouble sleeping at night and could never seem to stop worrying about things she may have left undone at the hospital that day. Her fiancé, Jamal, began to notice that she was growing shorter-tempered, frequently exploding over things that never would have bothered her before, and refusing invitations from their friends in order to stay late at the hospital.

One evening Jamal became concerned that Sierra was not yet home from work and was not answering her cellphone. Finally, he drove to the hospital and found Sierra surrounded by patient files, frantically completing notes. When Jamal walked into the room, Sierra burst into tears and said, “I don’t think I can do this anymore.” Jamal drove Sierra home, gave her dinner, and drew her a hot bath. Then, they sat down on the sofa, and Sierra admitted that she was in over her head. She could not, she realized, continue to handle the entire PT caseload and keep the rehab department running. She was at risk of burnout and would have to take action to address her situation and recover her balance.

The next day, Sierra met with the hospital administrator and told her that she simply could not continue to manage both the clinical caseload and the running of the rehab department, especially since she was still only being paid as an entry-level staff therapist. Sierra explained that, while she took patient care and the needs of the region very seriously, her own health had started to suffer and that she was no longer willing to keep running the department on her own. She asked the administrator if a compromise could be reached, or if she should begin seeking employment elsewhere.
The administrator, recognizing signs of employee burnout and not wanting to risk losing Sierra, agreed to contact a staffing agency and arranged for a locum PT to join the department on a temporary basis until a permanent rehab director could be found. Sierra agreed to keep handling some of the administrative tasks normally covered by the rehab director on a short-term basis, with the caveat that she be offered fair financial compensation for doing so.

With a locum PT now handling most of the day-to-day patient caseload, Sierra returned to working a fairly typical 40-hour workweek most of the time, although she occasionally stayed late to work on administrative duties. Sierra and Jamal used some of the extra money from her raise to enroll together in a weekly yoga and meditation class at the local YMCA.

**Discussion**

Sierra took several actions to address and recover from burnout. First, she acknowledged her limitations and established boundaries by letting the hospital administrator know that she could not—and would not—run the rehab department on her own. She employed a problem-solving approach by setting an objective of increased pay for her increased responsibilities and by leveraging the administrator’s ability to make a change to her situation. Sierra also reduced her stress by enrolling in a yoga and meditation class.

**STRATEGIES FOR PREVENTING BURNOUT**

The causes and prevention of burnout are interrelated, involving both workers who suffer burnout and the environment in which they work. To prevent burnout, individuals need to identify and resolve stress-producing issues, and employers need to identify and address workplace stressors that create burnout. When healthcare professionals and their organizations address these matters, both benefit. Individuals experience less burnout and organizations maintain a staff that provides patients with the highest quality care.

**What Organizations Can Do to Prevent Burnout**

When employees suffer burnout and become cynical, detached, and exhausted, productivity is reduced, standards are compromised, and the reputation of the organization is diminished. This is particularly true in service industries such as those that provide healthcare.

To prevent burnout in employees, managers in organizations need to identify the specific institutional issues that create stress and take measures to alleviate them, namely:

- Unclear job descriptions
- Unreasonable job expectations
- Ambiguous chain of command
- Scant recognition and rewards
- Chaotic or high-pressure environments
• Destructive interpersonal dynamics
• Mismatch of employee strengths with work assignments
• Dubious ethical practices regarding honesty, integrity, kindness, respect, and confidentiality

Management can ask—and act upon—these questions as a strategy to prevent caregiver burnout:

• **Workload.** Are job expectations reasonable? If not, how can they be changed to match the need? Are job descriptions current, clear, and accurate? Is there a mismatch between employee strengths and work assignments? Is the work environment chaotic or high-pressured? If so, how can it be moderated to reduce worker stress?

• **Control.** Is the chain of command clear and understandable? Does it foster efficiency, collegiality, and fulfillment of the organization’s mission? Is it being followed? If not, why not?

• **Rewards and recognition.** Are performance standards clearly stated and known by employees? Are workers recognized and rewarded for meeting high performance standards? What else can the organization do to support and encourage employees?

• **Social community.** Is there a positive, collegial work environment? If not, what is hampering its development? What can the organization do to foster a cooperative, supportive environment?

• **Fairness.** Do workers feel they are treated with respect and fairness? Are work schedules flexible enough to get the job done yet meet the needs of staff members? Is there a fair wage for every category of worker? How do wages compare to other similar organizations?

• **Values.** Are there any dubious ethical practices, such as double-charging clients? Is the institution known for its integrity? Are honesty, respect for human dignity, benevolence, autonomy, and justice encouraged and rewarded?

(Leiter & Maslach, 2009)

**What Individuals Can Do to Prevent Burnout**

Healthcare professionals can prevent job burnout by addressing the same causal factors as employers. This includes asking the following questions:

• **Workload.** Am I assuming too many responsibilities? Am I getting enough sleep, rest, and relaxation? Am I taking care of myself? What can I do to balance the demands of my work with my energy, rest, and relaxation? Do I have unrealistic achievement goals and aspirations?

• **Control.** Do I have to be “in charge” at all times and in all circumstances? Do I need to be perfect all times? Is the cost of perfection worth the reward it gives? What can I do to reduce the stress it creates?
• **Rewards & recognition.** Does my work give me emotional and monetary rewards? Are they adequate for my needs? Am I appreciated and recognized by my colleagues and employer? If not, what can I do to receive recognition and feel good about myself?

• **Social community.** Is my work environment chaotic and unstructured? Do I have a collegial working relationship with staff members? If not, what can I do to increase mutual respect and support and thus nurture myself and my coworkers?

• **Fairness.** Do I feel that I am being treated fairly in work assignments, wages, or recognition? If not, are any institutional measures available to challenge the status quo and make things fair?

• **Values.** Is there a mismatch of ethical values between me and my workplace? If so, is the problem systemic or is it limited to one person or one circumstance? What institutional measures are available to address the issue?

(Leiter & Maslach, 2009)

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**CASE**

Sandra is the staff development coordinator for a volunteer outreach clinic as well as the manager of the clinic’s vaccination program. This is in addition to her part-time job at a family practice office. She has also been approached about overseeing an annual health and wellness fair at her church and is seriously considering accepting the position.

Recently, the outreach clinic has been mandated to provide all volunteers with safety and diversity training similar to that required for county employees working in comparable positions. The clinic is given a two-month window in which to complete the training, and Sandra must oversee this effort.

With all that is on her plate, Sandra realizes that her work responsibilities, in addition to her personal and family life, have become overwhelming and that she is perilously close to burning out (primary appraisal). Sandra looks at her behavior and realizes there are warning signs she has ignored: her sleep is not restorative, she is much less motivated than usual, she is unusually irritable, and she has stopped doing the “fun” things that were her recreational outlets (secondary appraisal).

At the monthly clinic staff meeting, Sandra grumpily admits that she has made very little progress implementing the volunteer training effort. Since both the tenor of her response and her reported lack of progress are not “typical Sandra,” her manager, Phong, calls a meeting with Sandra to discuss strategies. At the meeting, they write out all of the tasks currently on Sandra’s plate, both those associated with the clinic and others.

Phong remembers that Jorge, a new volunteer, is the trainer for the county afterschool program and recently conducted similar training. She decides to assign Jorge to help Sandra and says she will set up a meeting between the two of them so that they can pool their skills and ideas.

Sandra also admits that she does not really want to volunteer for her church’s health fair but
would feel guilty saying no since she was told that she was “the only one who could do a good job of it.” Sandra realizes this is not the case and identifies several others in her church who have the demonstrated ability to take on this project, resolving to recommend one of them to the pastor.

Sandra leaves the meeting with her manager knowing that she has dodged the bullet of burnout by being proactive in addressing her situation. She resolves to implement the ideas she and Phong came up with, both taking advantage of Jorge’s help with the volunteer training and declining to organize the church health fair. She also decides she will talk with her husband about finding ways to have fun together.

Discussion
Sandra and her employer both took preventative steps to avoid her burning out. Together, they assessed her workload and came up with a strategy involving her getting help from a coworker and reducing her other personal commitments.

CONCLUSION
Stress and burnout significantly affect individual healthcare professionals, the organizations for which they work, and the people to whom they give care. These conditions are especially common in healthcare professionals because of the demanding nature of the work, the personal characteristics of caregivers, and the expectations of the managers of healthcare organizations.

Job-related stress and burnout directly affect both the healthcare professional, the quality of patient care, and healthcare institutions. By understanding and addressing their causes, job-related stress can be reduced. Both individual and institutional strategies can also be employed to prevent burnout, thereby creating a healthier environment for both healthcare professionals and patients.

RESOURCES
Holistic Stress Management for Nurses (American Holistic Nurses Association)
http://www.ahna.org/Resources/Stress-Management

Job Burnout (Mayo Clinic)
http://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/burnout/art-20046642

Preventing Burnout (Helpguide)
http://www.helpguide.org/articles/stress/preventing-burnout.htm
REFERENCES


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1. The initial effect of stress on the human body is to:
   a. Immobilize the functioning of body systems.
   b. Produce an alarm reaction.
   c. Constrict the airways in the lungs.
   d. Adapt with defensive countermeasures.

2. Vicarious trauma as experienced by a healthcare provider is:
   a. Comparable to posttraumatic stress disorder.
   b. An injury received while rescuing a victim of a disaster.
   c. The result of blocking out the traumatic experiences of victims.
   d. A term for the physical symptoms of anxiety.

3. The first stage of burnout is:
   a. Physical and emotional exhaustion.
   b. Shame and doubt.
   c. Failure, helplessness, and collapse.
   d. Cynicism and callousness.

4. As a defense against feelings of inadequacy, people experiencing burnout may attempt to protect themselves through which coping strategy?
   a. Becoming resistant and self-aware
   b. Feeling self-assured and superior
   c. Becoming cynical and callous
   d. Feeling resentment toward the patient

5. The supervisor of a busy hospital intensive care unit suspects nurse burnout upon observing one of the staff nurses with:
   a. An extreme other-directed attitude.
   b. Hyperactive behavior.
   c. Hypervigilance to patient pain or discomfort.
   d. Low job satisfaction.
6. Which action is a strategy to help oneself recover from burnout?
   a. Establishing personal boundaries
   b. Nurturing other individuals
   c. Taking out one’s frustrations on others
   d. Taking on new responsibilities at work

7. A long-term care facility is assessing institutional strategies to prevent employee stress and burnout. The assessment focuses on:
   a. Analysis of jobs to determine ergonomic risk factors.
   b. Review and clarification of job descriptions.
   c. Reduction of recognition and awards.
   d. Analysis of patient outcomes at discharge.

8. Which is a question that individuals are recommended to ask themselves as a strategy to help prevent burnout?
   a. Is there a way to increase my time-consuming work tasks?
   b. What can I do to reduce my energy level?
   c. What can I do to earn more money than my peers?
   d. Do I have a good working relationship with my colleagues?