

Burnout Affects All of Us: Solutions to Restore Well-Being in Healthcare

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2022 SMALL & RURAL HOSPITALS ANNUAL MEETING



Objectives

- Describe what we know so far about the mental health and burnout of frontline workers prior to and during COVID-19
- Review the role of the system in creating burnout and the potential for transparency and supportive supervisors to mitigate the effect
- Discuss strategies individual leaders can use to cope acutely with their own mental health



How Are You?

What Does The Data Say?

- **Healthcare workers in NYC, April 2020 (N=657)**
 - Survey of physicians, advanced practice providers, residents/fellows, and nurses
 - 57% with acute stress, 48% depressive symptoms, 33% anxiety
 - 75% reported at least moderate insomnia
 - 65% feeling lonely & isolated
- Significantly higher than numbers in the US pre-pandemic:
 - Post-Traumatic Stress Disorder: 3.6%
 - Major Depressive Disorder: 6.8%
 - Generalized Anxiety Disorder: 2.7%



Wash U Frontline Workers

	Wave 1 April 2020	Wave 2 May/June 2020	Wave 3 July/Aug 2020	Wave 4 March 2021
Well-being Domain* - Percentage reporting "Much worse" or "Somewhat worse"				
Overall	58	53	56	56
Financial	31	31	36	23
Physical	44	41	42	50
Mental	68	63	63	64
Social	79	76	76	80
Professional Fulfillment Index (PFI) – Percentage reporting high score ≥ 1.33				
Work exhaustion	43	45	46	49
Burnout	34	41	39	37

All outcomes strongly associated with supervisor behaviors, including perceived support of work/family balance

Impact of COVID-19 on HCW Mental Health

- **Healthcare workers in NYC, Spring 2020 (N=3,360)**
 - Past-year burnout associated with the highest risk of developing symptoms for COVID-19-related Depression, PTSD, and Anxiety Disorder
 - Higher perceived support from hospital leadership associated with lowest risk of all outcomes

Also Affects Healthcare Families

- Data set from crisis texting service, Crisis Text Line
- Children of healthcare workers, especially the youngest (13 years and under), females, and non-conforming youth had a higher risk of specific crisis events
- Elevated crisis events in frontline essential workers observed following peaks in local COVID-19 cases (7-28 days)



But, This Is Compounding

Healthcare Professionals are NOT Starting
with a Blank Slate

Depression

- Medical students: 27.2% (Rotenstein et al, JAMA, 2016)
- Residents: 28.8%, ranging from 20.9% to 43.2% depending on the instrument used, & increases with calendar year (Mata et al, JAMA, 2015)
- Licensed Physicians: 13% in men and 20% in women (Frank et al, Am J Psychiatry, 1999)
- **More common** in medical students and residents/fellows than aged match peers; No difference for early career physicians (Dyrbye et al, Acad Med, 2014)
- Nurses: approximately 18% of nurses (Robert Wood Johnson Foundation study)

Substance Use

	US gen pop	Doctors
Substance Use Disorder	6.2%	6-8%
Alcohol Use Disorder	13.5%	14%

- 10-15% will misuse substances at one point in career
 - Alcohol – Most common
 - Prescription drug use (Benzodiazepines, opioids) is higher in doctors
 - 13%–23% of female physicians used prescription opioids vs. 1%–3%
 - 14%–23% of male physicians used prescription opioids vs. 1%–4%
 - ER Medicine, Psychiatry, Anesthesiology, solo practitioners – 3x as likely than other groups

Suicide

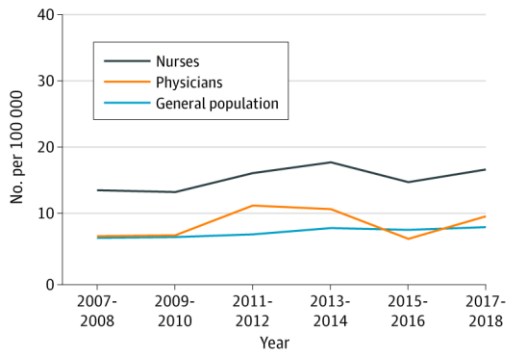
Longstanding Original Estimates:

- 300-400 annually
- Elevated risk in men vs. general population (OR 1.41)
- Even higher in females: 2-4 times the general population (overall OR 2.27)

Newer Estimates:

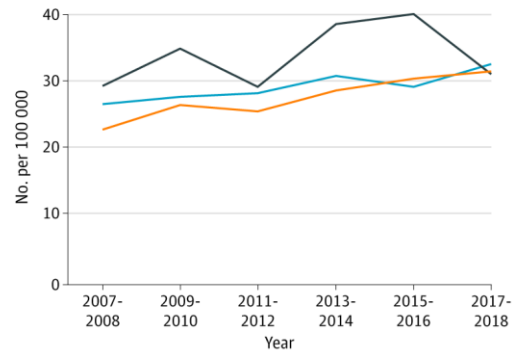
- Approximately 119 annually
- Not statistically different from that of non-physicians
- Likely lower boundary

A Women



No. of suicides						
Nurses	174	178	257	290	399	506
Physicians	9	10	20	21	22	39
General population	3341	3477	4274	4841	7508	8879

B Men

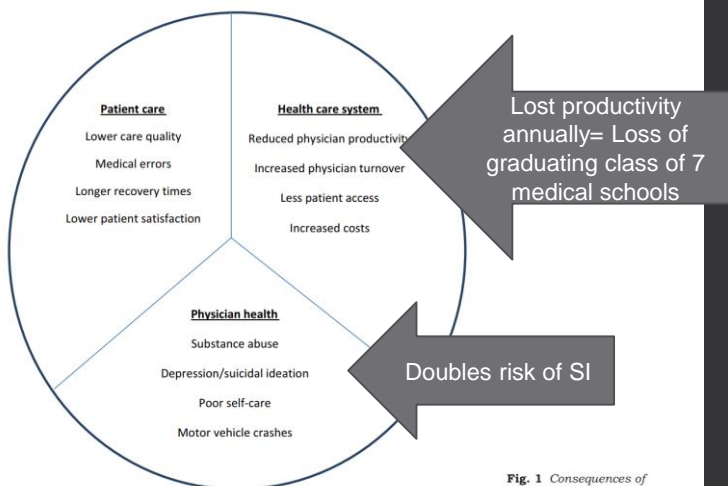


No. of suicides						
Nurses	33	42	46	68	120	123
Physicians	66	77	85	95	163	182
General population	11926	12730	15131	16670	25290	31721



Burnout

- Definition: Emotional exhaustion (feeling “used up” at the end of a workday)
- AND Depersonalization (e.g. feeling like treating patients as objects/becoming more callous)
- AND A sense of reduced personal accomplishment (feeling ineffective & a lack of value in work)
- Rates near or exceeding **50%** have been documented in trainees and practicing physicians
- Often is a mismatch between **expectations** of work and **actual** experience



Burnout: Outcomes

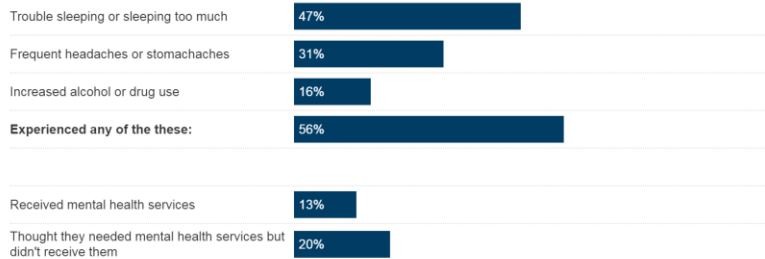
Fig. 1 Consequences of physician burnout.

Still, Healthcare Workers Don't Get Help When We Need It...

Figure 4

More Than Half Of Frontline Health Care Workers Say Worry And Stress Related to COVID-19 Has Led To Adverse Health Impacts, One-Third Have Needed Mental Health Care

Percent of frontline health care workers who say worry or stress related to COVID-19 has led to each of the following:



NOTE: See topline for full question wording

SOURCE: KFF/Washington Post Frontline Health Care Workers Survey (Feb. 11-March 7, 2021) • PNG

KFF The Washington Post

The most common reasons: Too busy (27%), Afraid or embarrassed about seeking care (17%), Couldn't afford it (16%), or Couldn't get time off work (14%).

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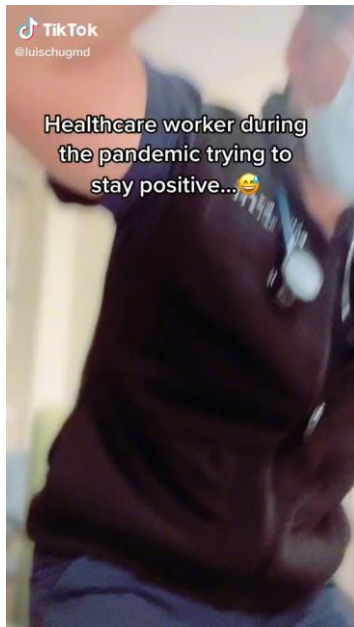
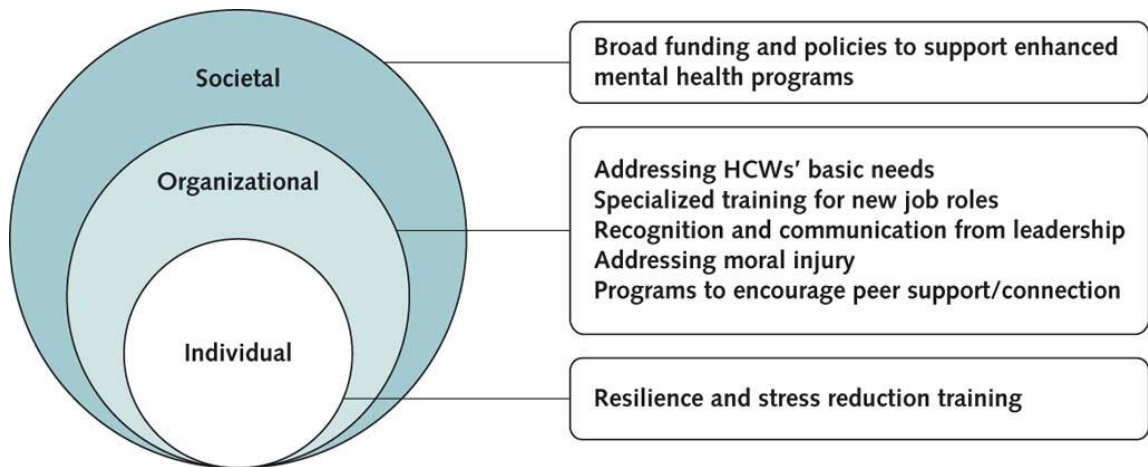
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The Role Of The System

Including (Especially) Supervisors/Leaders

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Need To Focus On All Levels



**Not Fixable With Yoga
Or Pizza**

Box 1: Factors that increase risk of adverse psychological outcomes

Individual factors

- **Clinical**
 - Increased contact with affected patients^{5 14 16-18 23 25 26 31 33 36 38 39 41 44 47 49 53 55 56 58-60 62-64 66 67 70}
 - Precautionary measures creating perceived impediment to doing job^{50 64}
 - Forced redeployment to look after affected patients^{35 55}
 - Higher risk among nurses^{6 23 30 41 50 55 57 64 66}
 - **Training and experience**
 - Inadequate training^{4 42}
 - Lower levels of education⁴⁶
 - Part time employee⁵⁰
 - Less clinical experience^{6 18 36 42}
 - **Personal**
 - Increased time in quarantine^{14 33 38 59 63 70}
 - Staff with children at home^{61 66}
 - Personal lifestyle impacted by epidemic/pandemic⁵⁰
 - Infected family member^{25 29 59}
 - Single or social isolation^{34 66 70}
 - Female sex^{6 16 23 26 29 36}
 - Lower household income^{59 63}
 - Comorbid physical health conditions^{29 40 55 67}
 - Younger age^{2 9 50 55 59 69}
 - **Psychological**
 - Lower perceived personal self-efficacy^{40 42}
 - History of psychological distress, mental health disorders, or substance misuse^{29 42 45 46 48 53 54 66 69}
- Service factors**
- Perceived lack of organisational support^{12 38 47 48 55 66}
 - Perceived lack of adequacy of training⁴⁸
 - Lack of confidence in infection control³⁷
 - No compensation for staff by organisation^{13 43}
- Societal factors**
- Societal stigma against hospital workers^{15 40 41 50 51 66}

All studies cited in box are high quality apart from references 13, 14, 26, 30, 39-41, 54, and 52.
*Two studies reported a higher risk for doctors^{34 40} and 10 reported a higher risk for nurses.^{7 23 30 41 50 55 57 64 66 67 70}
†Seven studies reported higher risk for women^{4 16 23 29 36} and one reported higher risk for men.³⁴
‡Five studies reported higher psychological distress among younger people^{12 30 35 59 69} and two reported higher psychological distress in older people.^{28 59}

What Can Organizations Do?

Kisely et al, *BMJ*, 2020

- Rapid Review of Literature
- Any study that described the psychological reactions of healthcare staff working with patients in an outbreak of any emerging virus in any clinical setting
- 59 papers met criteria, most were about SARS

Box 2: Factors that decrease risk of adverse psychological outcomes

Individual factors

- Frequent short breaks from clinical duties⁴⁰
- Adequate time off work^{32 33 43 60}
- Greater experience through years worked^{36 42 66}
- Working in an administrative or managerial role^{41 50}
- Self-perception of being adequately trained and supported^{37 48}
- Faith in precautionary measures^{35 40 50 52}
- Supportive peers^{12 17 19 34 39 43 52 67}
- Family support^{17 35 52}

Service factors

- Positive feedback to staff³⁸
- Staff faith in service's infection control procedures^{13 43 47 50}
- Provision of protective gear^{13 17 29 41 43 52 55 58 66 67}
- Effective staff training in preparation for outbreaks^{43 48}
- Staff support protocols^{34 71}
- Clear communication with staff^{31 34 52 55}
- No infection among staff after start of strict protective measures¹³
- Infected colleagues getting better¹³
- Access to tailored psychological interventions based on needs of individual staff^{35 43 55 60 65}

Societal factors

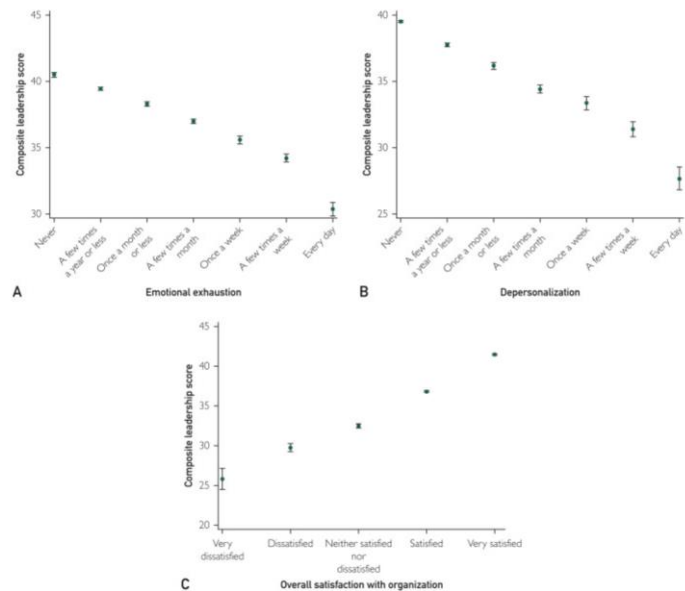
- A general drop in disease transmission¹³

All studies cited in box are high quality apart from references 13, 40, 41, 45, 49, 52, and 54.

Kisely et al, *BMJ*, 2020

Leadership Matters

- For each 1-point increase in composite leadership score, the odds of burnout decreased by 7%
- For each 1-point increase in composite leadership score, the odds of satisfaction with the organization increased by 11%



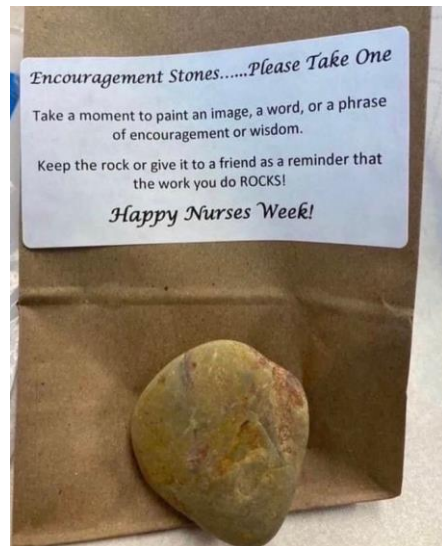
Leadership: Starts With Awareness

- Reflect on the challenges that staff faced before the pandemic and how the pandemic will influence/compound everything
 - Be aware of the spectrum of mental health needs and be flexible
 - Try to make long-standing, not band-aid fixes
- Be aware of mental health's role....in everything

Second Step: Be Supportive

- In a study of 23,446 nurses working in 352 hospitals in 11 countries; 3 year study (09-11)
- The nurse work environment was measured using the Practice Environment Scale of the Nursing Work Index (PES-NWI)
- Lived managerial support was associated with decreased emotional exhaustion

What Not To Do....



Be Supportive: What To Do

- Go beyond a thank you
 - Be aware of the perception of word choice and gestures that ring hollow
 - Money is always more appreciated than a rock
- Be there, Be visible on the ground
 - Actions speak louder than words

Be Vulnerable, Be Authentic

- **Definition:** Uncertainty, risk, and emotional exposure (Brené Brown)
- **Why are people not vulnerable with each other?**
 - It is uncomfortable
 - Uncertainty is tied to anxiety
 - Risk is tied to fear of rejection
 - Emotional Exposure is tied to fear
 - We believe it will unnecessarily expose us to hurts and humiliations we could easily avoid
- Authentic leadership style has been found to relate to burnout, job satisfaction, and retention among nurses

**VULNERABILITY IS NOT
WINNING OR LOSING.
IT'S HAVING THE
COURAGE TO SHOW UP
WHEN YOU CAN'T
CONTROL THE OUTCOME.**
BRENÉ BROWN

How is it a Strength?

- Tied to courage and empathy
 - Important in leadership
- Birthplace of innovation and creativity
 - Openness to failure->creative/change
- Asking questions of others is an important part of connection
 - Being vulnerable helps to create a safe space for others to share
 - **Self-Disclosure Reciprocity:** One's personal self disclosure elicits another person's self-disclosure

Tips For Conversations

- Create a Safe Space
- Use open ended questions and don't make assumptions: "I'd like to understand more about what you're going through. Can you tell me more?"
 - Be aware that pointing out changes in work behavior can feel like a punishment/failure/doing something wrong
- Normalize experiences: "This pandemic has been really hard for me, I am barely sleeping, what has it been like for you?"
 - Let people know you are a person they can talk to about mental health
- Refrain from problem solving and advice giving BUT know resources and if it comes down to it be ready and willing to help
 - It can often help to ask how they would like to be checked in with over time
- If you are worried, ask

Third Step: Transparent Communication

- Empowers clinical teams and improves morale
- Impossible for leaders to communicate TOO much
 - Challenge: What to communicate
 - Regular, situational updates: Include realistic and honest information about risk/adverse events
 - Effective strategies: Synthesizing information into a daily digest that links to a comprehensive resource page and providing weekly virtual town halls to disseminate critical information

Transparent Communication

- Be open and honest:
 - Say what you know are facts, say what you don't know but are trying to find out (or found out and can't do, with a rationale)
 - Recognize strengths and limits (of yourself and your team)
 - Acknowledge and normalize feelings and help find meaning
 - Do not lead with change in policy- lead with thank you/acknowledgement
- Allow for feedback, asking questions, and sharing feelings or concerns
 - Feeling heard is half the battle
- Facilitate debriefs and morale building communal time

You Are Human, Too

Leadership during a crisis is always a challenge

BUT you are currently 'living' in the crisis and are equally impacted by it as much as those you are leading

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Tip 1: Name and Allow Space for Feelings

There's no 'should' or 'should not' when it comes to having feelings. They're part of who we are and their origins are beyond our control. When we can believe that, we may find it easier to make constructive choices about what to do with those feelings.

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Tip 2: Give Yourself A Break; Practice Self Compassion



Tip 3: Find Some Coping Skills That Work For You (Acutely and Long- Term)



IMPORTANT: You Only Need A Moment

The (Masked) Bowtie Hospitalist @DocWithBowtie · 2h
Replying to @drjessigold
If I can afford a moment in the hospital, I'll walk away from the floor to clear my head. Sometimes I'll think about a problem, sometimes I'll move away from it and return.
Out of the hospital, a mindless sitcom, or a video game where I can get lost in side quests achievements.

Todd Davenport @sunsopenband · 2h
Replying to @drjessigold
Deep cleansing breath while washing/sanitizing my hands between patients is a good way to re-center and remain in the moment throughout the day.

Amanda Coggin (she/her) @GiftofGrief · 4h
Replying to @drjessigold
Saying "Where's my breath?" as I gel in/out at the doorframe.

Tip 4: Boundaries Are Self Care

- Take breaks
 - No exact science to length
 - BUT: try to take SHORT breaks –5 to 15 minutes – every hour or so & take a longer break – at least 30 minutes – every 2 to 4 hours
- If you can't break: Switch tasks
- Look for meaning to reduce burnout
 - Recognize your values and pursue interests and passions
 - Actually Explore/Question your interests
 - What activities are engaging/energizing?

Bill's Good Time Journal Activity Log



Social Media/Media Exposure Limits



Joél Leon. @JoelakaMaG · Jun 6
checklist:

- are you eating?
- are you drinking water?
- are you stretching?
- are you resting?
- took a break from the news?
- talked to a loved one today?
- loved on yourself today?
- learned something new?
- shared a resource?
- doing things that bring you joy?

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591

919



SIPRESS

"My desire to be well-informed is currently at odds with my desire to remain sane."

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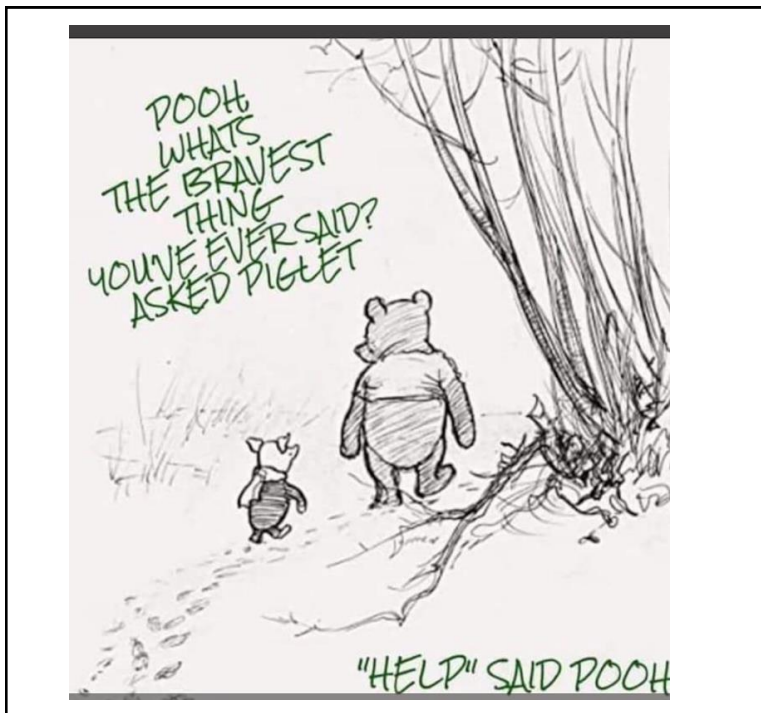
Tip 5: Social Connection is Critical

- Biggest protective factor in adversity and resilience
- A supportive work environment is a buffering factor of negative psychological health among healthcare workers and protects them from PTSD
 - During the pandemic; social support had the greatest impact on the mental health of healthcare workers (Si et al, 2020)
- **Talk to SOMEONE about your experiences, and check on SOMEONE about theirs**



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**Bonus Tip:
Leaders Need
Help, Too. Ask
For It.**

**There is no wrong
time to get help,
especially therapy**

PLUS....

- Leaders need to model good practice and behaviors for coping, including seeking help and self-care
- In other words....getting help **is** leadership

Thank You!

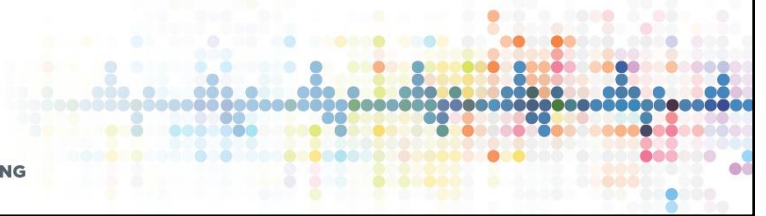
Any Questions?

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FYI: Mayo Leadership Questions

- My immediate supervisor holds career development conversations with me.
- My immediate supervisor empowers me to do my job.
- My immediate supervisor encourages employees to suggest ideas for improvement.
- My immediate supervisor treats me with respect and dignity.
- My immediate supervisor provides helpful feedback and coaching on my performance.
- My immediate supervisor recognizes me for a job well done.
- My immediate supervisor keeps me informed about changes taking place at Mayo Clinic.
- My immediate supervisor encourages me to develop my talents and skills.
- Overall, how satisfied are you with your immediate supervisor?

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FYI: PES-NWI

- The five dimensions:
 - Managerial support for nursing ('A nurse manager who is a good manager and leader'; 4 items)
 - Nurse participation in hospital affairs ('Career development/clinical ladder opportunity'; 8 items),
 - Doctor–nurse collegial relations ('Physicians respect nurses as professionals'; 7 items),
 - Staffing and resource adequacy ('Enough registered nurses on staff to provide quality patient care'; 4 items)
 - Promotion of care quality ('Working with nurses who are clinically competent'; 9 items)