Stay foolish, stay fit: How to effectively prevent Burnout of Mental Health professionals

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1) A (brief?) re-definition/description of Burnout

2) Evidence on strategies to prevent Burnout

3) The golden rules
Burnout (BO): a re-definition – 1

- “To stop burning because no fuel is left”
- Different from:
  - Lack of motivation, incompetence, work-related distress
  - Just “stress” (related, not the same)

- A specific kind of reaction to professional stress (Campanale et al, 2007)
- “Helping profession” syndrome: connected to peculiarities of the doctor-patient relationship
BO: a re-definition – 2

• A clinical syndrome, with specific symptoms, signs, natural history, prognosis
• Nosography:
  • DSM-5: still not included as such, but among the
    • Other Conditions that May Be a Focus of Clinical Attention (715), “Educational and Occupational Problems (723)”, as «Other Problem related to Employment» (V62.29)
  • ICD 10: specific mention to BO
    • Chapt. XXI, Factors influencing health status and contact with health services (Z):
      • Problems related to life-management difficulty (Z73), Burn-Out – State of vital exhaustion (Z73.0)
      • Problems related to employment and unemployment (Z56), list of various situations
  • Overlap with mood and anxiety disorders, personality disorders,…
  • Consequences of full-blown BO syndrome
BO: causality, onset, features

• **Unbalance** between available resources and needs (from out- and inside): too low resources and/or too high needs

• **Multidimensionality**: complex interplay between
  • Personality features
  • Organisational variables
  • Specificities of helping relationships

• **Natural history**
  • Subtle, silent onset (months, years?)
  • Often no macroscopic precipitating events

• 3 main dimensions of full-blown BO
  • Feelings of emotional exhaustion
  • Negative attitudes/feelings towards the recipients of service
  • Feelings of low accomplishment and professional failure
BO in medical doctors: A matter of balance – 1

Between Service...

...and Power
Between the role of «techno-scientist»

A matter of balance – 2

...and healer
Predisposing factors: 1) Personal

1) **Excessive dedication, total availability**, mystic of “missionarism”, desire to be the «Spotless Knight»... «I will change the world»... «the God Complex of psychotherapist»

2) **Perfectionism, idealism, control-freakness**, problems in establishing and respecting the boundaries of professional responsibilities

3) Introversion, low self-esteem, feelings of inadequacy, passivity, isolation, passive-aggressiveness, poor personal life, self-realization only in work
Predisposing factors: 2) Organisational

- Disqualification
- **Ambiguity of roles**
- Rigid **hierarchical structure**
- **Overload**
- Bureaucratization of clinical practice
- Wrong competitive mechanisms, poor attention to human resources, poor retribution
Predisposing factors: 3) Socio-cultural

• Inappropriate requests, manipulations, by-passing, **negative projections from clients** (claims, lawsuits)

• **Social dismissal**, also by media, vs. building up of **miracle expectations**

• Competition from successful healers of doubtful qualification

• Bearing role in socio-political issues (disability benefits, free medications, waiting lists in public services)
Ethical and social motivations turn into disillusion and disenchantment.

Inconscious frustrated feeling of omnipotence.

Why did we choose to become doctors? And, then, psychiatrists?
• BO doctors react to needs of patients more rigidly and quickly (22%)
• Reduced empathic skills
• More distortions and misinterpretations of what the patient is saying
BO: effects on the doctor-patient relationship – 3

• Reciprocal
  • Disqualification
  • Aggressiveness
  • Boredom
• Negative emotional projections
All this uncertainty hints at the challenge of the topic. “We have large numbers of physicians and nurses experiencing severe burnout symptoms, yet it is completely unrecognised and there is very little research being done, particularly in the USA—it is still under the radar”, Sessler told The Lancet Respiratory Medicine. Experts often refer to burnout as a silent epidemic. People who have burnout are often reluctant to admit it, believing that it signifies failure. “People don’t see it”, explains Vicki Good from the AACN. “They don’t
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What’s yours?
A non-systematic search of literature

- Database = PubMed
- Key words = «Professional Burnout» [Mesh] AND «Therapeutics» [Mesh]
- English language, abstracts available, published in the most recent 5 years

182 papers (13)
My non-systematic impression:

• NONE but ONE directly addressing **BO of mental health workers**

• Most common **medical disciplines/settings addressed:**
  • Oncology/palliative care (by far)
  • Critical/intensive care, acute care
  • Primary care

• Most common **profession addressed:** nurses (but also students)

• **Techniques:**
  • Meditation/mindfulness-based stress management methods (by far)
• 27 «meditation» interventions

Meditation = «form of mental training requiring stilling or emptying the mind... goal... «detached observation». Including:
  • Mantra meditation
  • Mindfulness meditation
  • According to categorisations published in a review by the Agency for Healthcare Research and Quality

• 13/27 Mindfulness-Based Stress Reduction (MBSR), 6 other Mindfulness-Based techniques

• 12/27 on health care providers (6 nurses, professional area not specified)

Among health professional caregivers, meditative interventions demonstrated statistically significant improvement in participant’s level of emotional exhaustion, personal accomplishment, self-efficacy and life satisfaction in controlled trials. Feelings of depersonalisation were improved in pre-post studies but not in controlled trials. There were an insufficient number of controlled trials to comment on whether meditation improves stress, but pre-post studies suggested significant stress reduction. Insufficient studies were available to comment on job satisfaction, mental health, physical quality of life, depression, anxiety, empathy or resilience. There were also an inadequate number of studies to summarise results on job performance or patient outcomes.
• Reiki compared to «sham Reiki» - pseudo-treatment mimicking real Reiki

• 30-minute weekly Reiki/pseudo Reiki treatments for 6 weeks

• Reduction of MBI-BO as outcome measure

• 45 mental health workers

• Effectiveness in reduction of overall BO (p = 0.011) and particularly depersonalization (p < 0.0001) but only among workers with a single civil status
Abstract: The promotion of self-care and the prevention of burnout among nurses is a public health priority. Evidence supports the efficacy of yoga to improve physical and mental health outcomes, but few studies have examined the influence of yoga on nurse-specific outcomes. The purpose of this pilot-level randomized controlled trial was to examine the efficacy of yoga to improve self-care and reduce burnout among nurses. Compared with controls \((n = 20)\), yoga participants \((n = 20)\) reported significantly higher self-care as well as less emotional exhaustion and depersonalization upon completion of an 8-week yoga intervention. Although the control group demonstrated no change throughout the course of the study, the yoga group showed a significant improvement in scores from pre- to post-intervention for self-care \((p < .001)\), mindfulness \((p = .028)\), emotional exhaustion \((p = .008)\), and depersonalization \((p = .007)\) outcomes. Implications for practice are discussed.
• Medicine is a **noble profession**, physicians expected to demonstrate **virtuous character**

• Argument: «it is time we begin to teach medical learners the art of virtuous humour»

• Defined as: «rooted in ironic situations, clever word-play and in our own flaws»

• **Virtues of humour:**
  • Can relieve stress
  • Encourages camaraderie, empathy, mutual respect, courage, perseverance
  • Provides an outlet for fears
  • Creates community, keeps us humble and compassionate

• But humour should **not be:**
  • Harmful (discriminatory or poking with vulnerability) or distracting
  • The arm of denial

• Developing such virtue: in- or outside medical curriculum?

• Is it something **teachable at all?**
Do you dare to Dharma? (A.E. Hedberg, JAMA, oct.25, 2016)

• 3rd year psychiatry resident, 10-day silent Vipassana meditation retreat

• «the experience upended my notions of how to be a good physician. I find myself sitting with my patients’ helplessness, fearfulness, anger, and hopelessness without the familiar creeping anxiety to do something, fix something, prescribe something. I am humbler in supervision, I am kinder on call»

• Effectiveness of meditation on BO well-documented but... feasible? «turning physicians into regular meditators will be a hard sell» (...) «challenging to incorporate this kind of training into residency curricula» (...) «developing the most effective and feasible format in which to teach meditative practice to residents is an important task that merits further scholarly consideration»
«Prevalence of mental illness in medical students is **21.2 percent**, compared to the general rate in other graduate students or young adults being 8-15 percent»

«Thirty minutes allotted at least three times per week, built into students’ schedules, is more cost effective than eventual counseling, and more pragmatic as it attempts to prevent mental health issues»

«Not only does exercise promote improved memory, it also decreases the likelihood of burnout and depression»

WORK OUT!
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How to prevent burnout – 1
Work organization

• Defined roles
• Planning of activities and feed-back mechanisms
• Leadership and team-working

• Action at political-union levels (contracts, salaries, social role, legal protection...)

How to prevent burnout – 2
Organization in medical settings

• **Group dimension**: be part of a group, balancing large individual freedom to agreement on specific subjects

• **Proactive medicine**: endorse prevention, have an active role

• **Continuous effective peer-to-peer education**

• **Balint groups** (psychological components of training, beside clinical-technical)
How to prevent burnout – 3
On a personal level

- Raise **awareness** of your personal balance of weak and strong points
- Keep your guard up on the «temptation of **omnipotence**»
- Keep the **right distance** («responsible selfishness»)
- Improve investment on **extra-work interests and affective relationships**
The «eudaimonia» concept (= good in happiness)

- Self-acceptance
- Personal growth
- Purpose in life
- Positive relations with others
- Environmental mastery
- Autonomy

Ryff CD   www.midus.wisc.edu
My personal recipe for BO prevention

My family...

The bike...

Hard work at meetings and congresses
Thanks for your attention!

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A survey among 400 candidates to admission to a school of specialisation in psychiatry:

3 motivational patterns
A) Psychiatry as *Self-treatment*

- **Early decision** to become a psychiatrist, choice of medical school with that in mind already, irrevocable choice
- **Positive family history** for psychiatric conditions, need to dispel mental health-related anxiety
- Awareness of being weird, slightly bizarre persons, but thinking that this is ok if you are a psychiatrist

**What kind of psychiatrists may they become?**

a) Missionaries, «hurt healers»: unaware belief that mental illness is incurable

b) Detached, un-empathic, dismissive: patient = study object

Opposite reactions to the same basic **denial of mental illness**
B) Psychiatry as *Only neurons*

- Assertive neuro-biologists, convinced reductionists, total faith in psychopharmacology
- Exasperated pragmatism (do, do not think) and need to cure always and anyhow (otherwise, frustration: undergoing low self-esteem)
- They need to have many patients, and may show violent attitudes to those resisting therapy or showing low adherence
c) Psychiatry as *Comprehension*

• Luckily, the largest group: awareness of own psychic fragility and development of true interest in human being and psychic life

• Psychiatry = a mean to *comprehend in deep the complexity* of human psychic life (and one’s own, eventually)

• Aware of being in need to «work on oneself» - there may be a problem (undergoing fragility) but this may be turned into a strength, as long as it pushes personal development
Empowering a Healthy Practice Environment

Jodi Kushner, MSN, RN*, Tasha Ruffin, MSN, RN

KEY POINTS
- A healthy nurse balances physical, intellectual, emotional, social, spiritual, personal, and professional well-being to reach self-actualization.
- Lack of self-care can result in obesity and put nurses at risk for medical complications, such as diabetes, hypertension, asthma, musculoskeletal problems, anxiety, and depression.
- A healthy work schedule empowers safety, quality, and patient satisfaction.
- Nurse fatigue puts nurses at risk for an accident, mistake, and error that can have legal implications.

KEYWORDS

The key to nursing satisfaction seems to be finding the balance or homeostasis in work and family. Nurses have control over aspects that can affect their level of satisfaction; however, it is also the responsibility of a facility to provide a nurturing, empowering, and supportive environment for their nurses.

Nurs Clin N Am, 2015

- Increased role strain and fatigue can lead to decreased satisfaction in the workforce, which leads to nurses leaving the hospital setting and/or the health care field.
- The personal challenges of a nurse can greatly affect his or her role as a caregiver and are directly related to patient outcomes.
- Using hospital resources can help nurses to overcome some of the challenges of balancing work and home environments.
- Promotion of healthy practices, autonomy, self-worth, and organizational support leads to increased satisfaction, retention, and patient outcomes.
Something for «psychiatrists only?»

Kumar, 2007:

• Among lawyers, rehab workers and public service operators, stress was inversely proportional to satisfaction with their job

• But NOT among psychiatrists: high symptoms of BO or depression, but still high levels of satisfaction with their job. Why?
  • Their initial «reserve of enthusiasm» is so huge that even BO can’t undermine it?
  • Or maybe we are aware of our emotional distress, but we take it for granted considering our job

• Professional bias: the same reasons that made us becoming psychiatrists are those that make us vulnerable to stress
What’s the difference between a successful and unsuccessful doctor?!

We did it!

You didn’t make it...
Doctor, I've got strange side effects. I've got yellow teeth. What should I try?

A brown tie!
How to prevent burnout – 4
Positive stress, under-stress positivity

• Face and solve problems **without (too much) complaining**
• Keep expectations **realistic**
• Solve conflicts at work by sensing and developing the best opportunities