

# NURSES' BURNOUT: AN EMOTIONALLY MALIGNANT DISEASE

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Philippine Nurses Association of Metropolitan Houston

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Vital Signs Vital Skills, L.L.C.



# INTRODUCTION



**Engaged**



**Burnt out**

# 7 HIGHLIGHTED CONCEPTS

- Pathophysiology
  - Malignancy
  - Mastering the moment
  - Pendulum
- Approach and treatment
  - Emotional Intelligence
  - Optics
  - Balance
  - Wellness





**Engaged**

**PART A: BURNOUT**



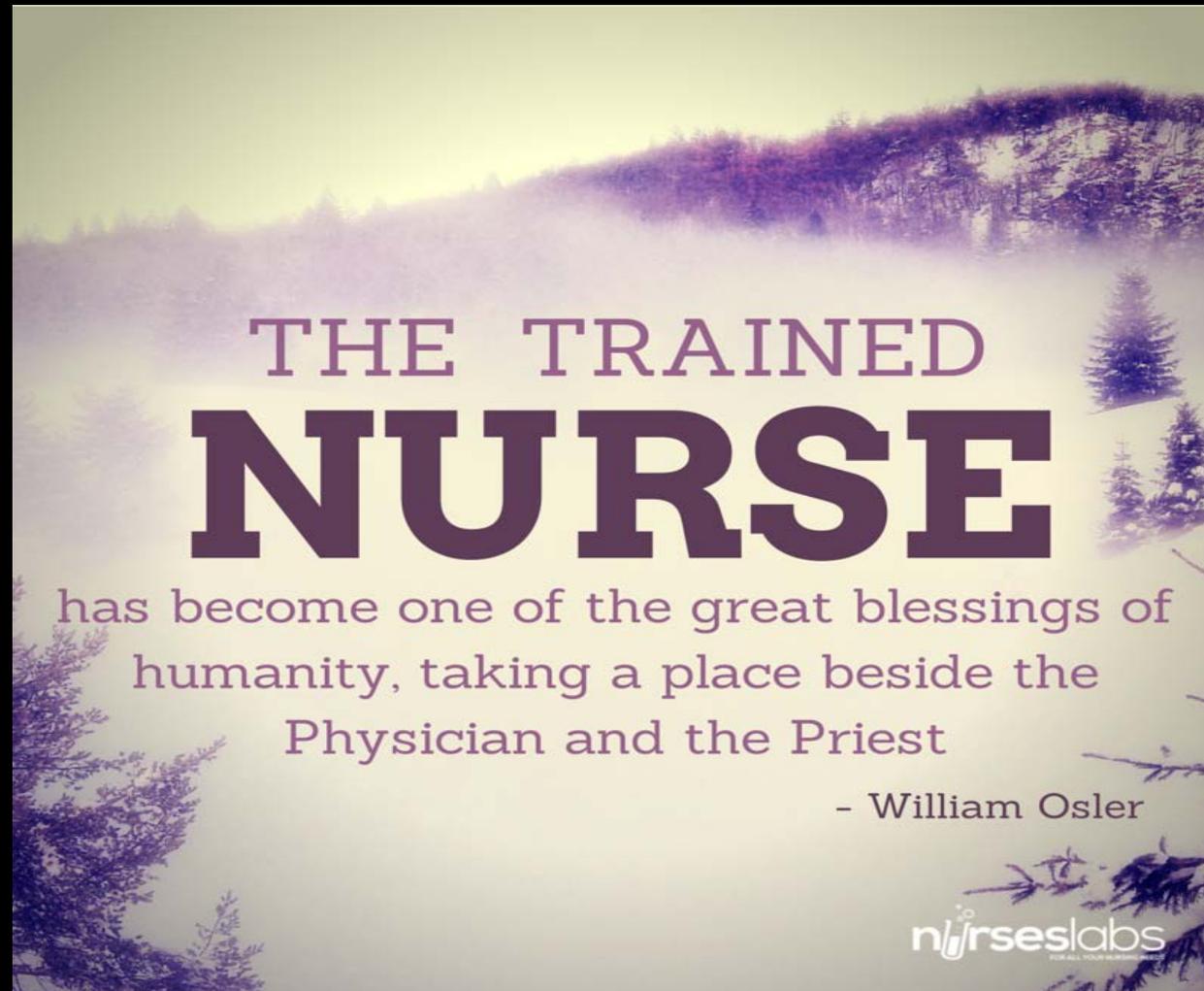
**Burnt out**

# ORIGINS OF MEDICINE

- “Medicine arose out of the primal sympathy of man with man; out of the desire to help those in sorrow, need and sickness.” *Sir William Osler.*



# ORIGINS OF NURSING



# CONCEPT 1: MALIGNANCY

Population A

Nurses

Screening through specified tests

Maslach Burnout Inventory,

50 % have devastating cancer

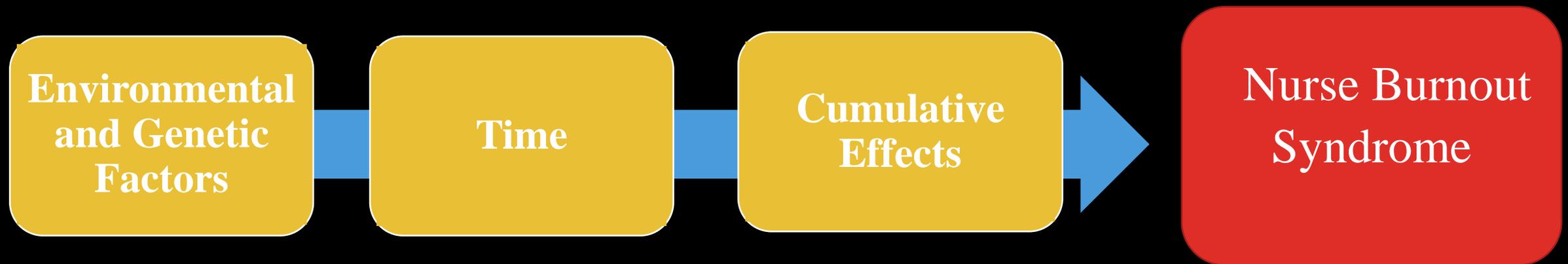
Burnout

Stage IIIb or IV

Advanced



# BURNOUT MALIGNANCY MODEL



# BURNOUT DEFINITION

-Burnout is defined as feelings of lack of personal development, becoming cynical, loss of empathy, and gradual erosion of enthusiasm for work.

-These come from feelings of confusion, lack of confidence and debilitating anxiety.

-Burnout is characterized by exhaustion of emotions, a sense of lack of meaning in work, feeling ineffective, and a propensity to view patients and people as objects rather than human beings.



## CYNICISM

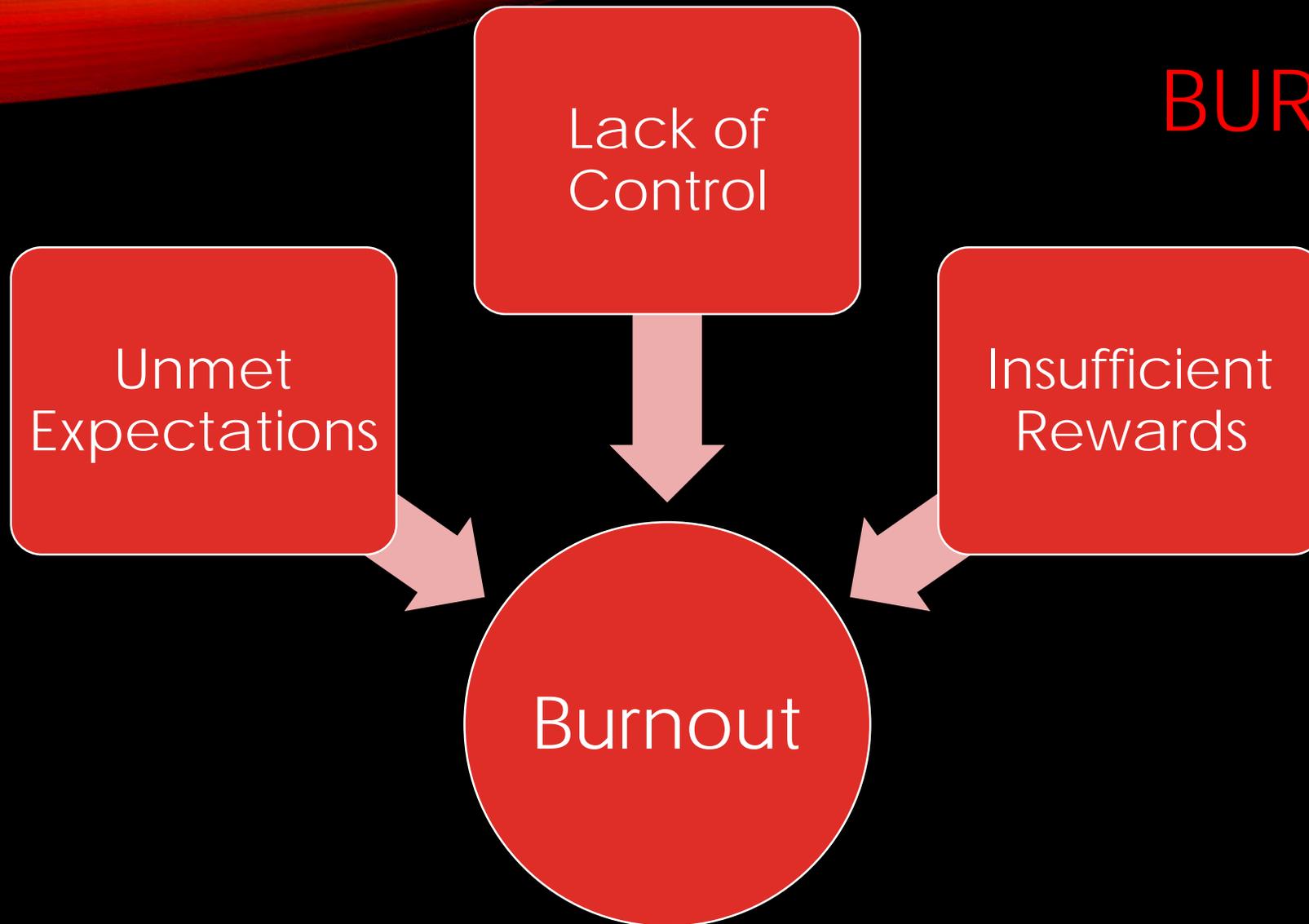
"Watch what people are cynical about, and one can often discover what they lack."

# BURNOUT PATHOPHYSIOLOGY

- At the DNA/Genotype level: Burnout is a disease of **emotions**.
  - Our resiliency
  - Our coping abilities
  - Our adaptive mechanisms
  - Our humanity and empathy
- Phenotype Manifestations:
  - Physical
  - Emotional
  - Mental (cognitive, skills)
  - Psychosocial



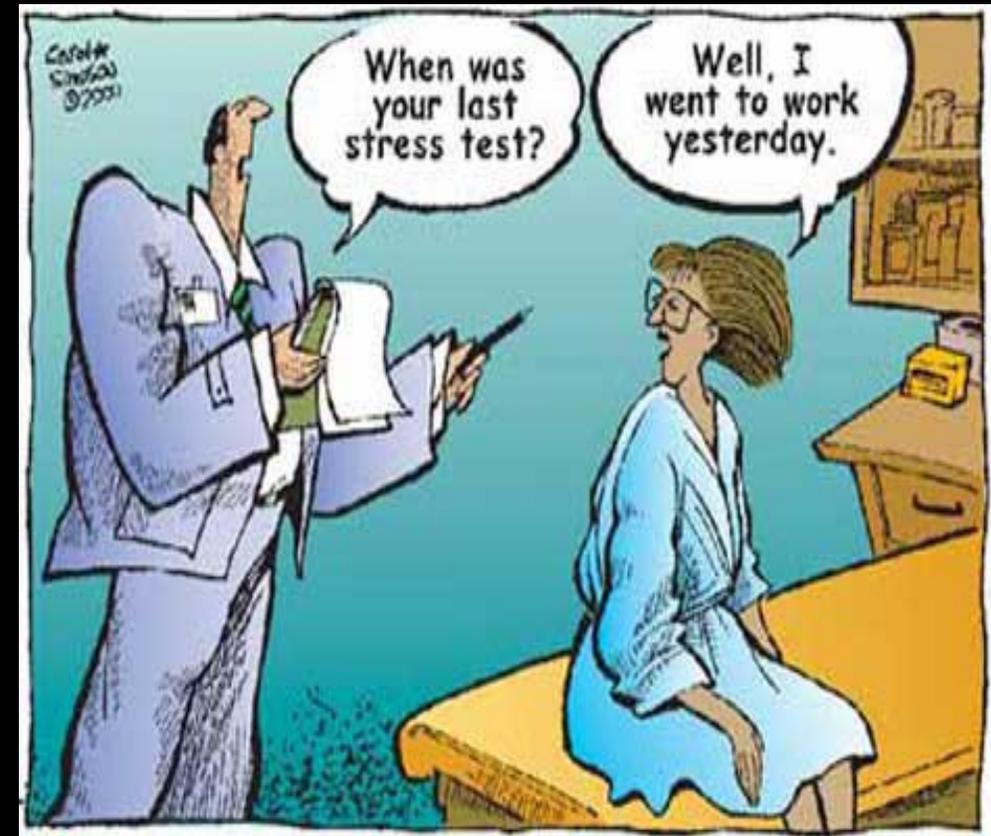
# BURNOUT CAUSES



Workload  
Control  
Reward  
Community  
Fairness  
Values

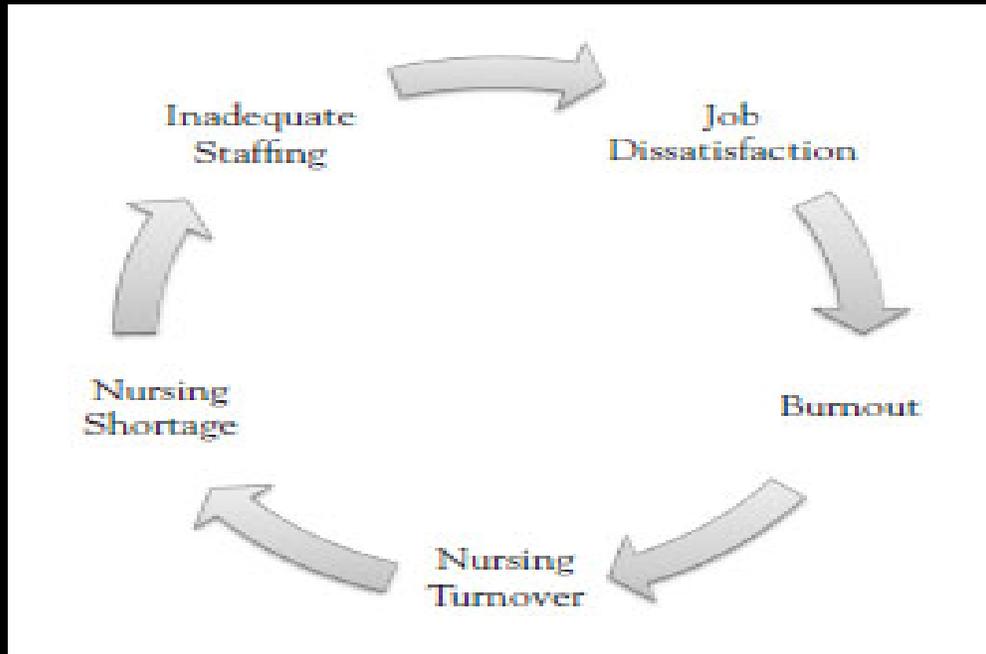
# RISK FACTORS FOR NURSING BURNOUT

- Environmental uncertainty
- Long shift hours
- Patient overload
- Organizational mistrust
- Demographic variables
- Work environment, lack of support
- Job control
- Exposure to traumatic events
- Work space and organization
- Supplies, availability and ancillary support



# CAUSES OF BURNOUT AMONG NURSES

- Inadequate staffing levels
  - According to JAMA, each additional patient per nurse carries a 23 percent risk of increased burnout and a 15 percent decrease in job satisfaction.



According to the 2016 National Healthcare Retention & RN Staffing Report, on average, it costs anywhere between 37,700 to 58,400 USD for one nurse turnover! In turn, it has been shown that hospitals may lose anywhere between \$5.2 million to \$8.1 million annually. (It costs around 250,000 for a single physician turnover).

# THE SUSCEPTIBLE POPULATIONS

- Personal Characteristics:
  - Lack of self-control
  - Self-critical
  - Engaging in unhelpful coping strategies
  - Sleep deprivation
  - Personality traits
  - Cognitive distortions: Idealism, perfectionism and over commitment





# THE SUSCEPTIBLE POPULATION

- Nurses work hard and long hours
- Perfectionist approach with its cognitive distortions
- Deal regularly with life-and-death situations with their patients
- Very little to no margin of error
- Make substantial personal sacrifices to practice in their field
- Not prepared for their profession's demands
- Stress and demands are constant!
  - Source, length of exposure, personal ability and time to recuperate
- Lack of support and peer pressure

# THE SUSCEPTIBLE POPULATION

...and bottling  
our *emotions* to  
keep from  
interfering with  
work.





# CONCEPT 2: MASTERING THE MOMENT



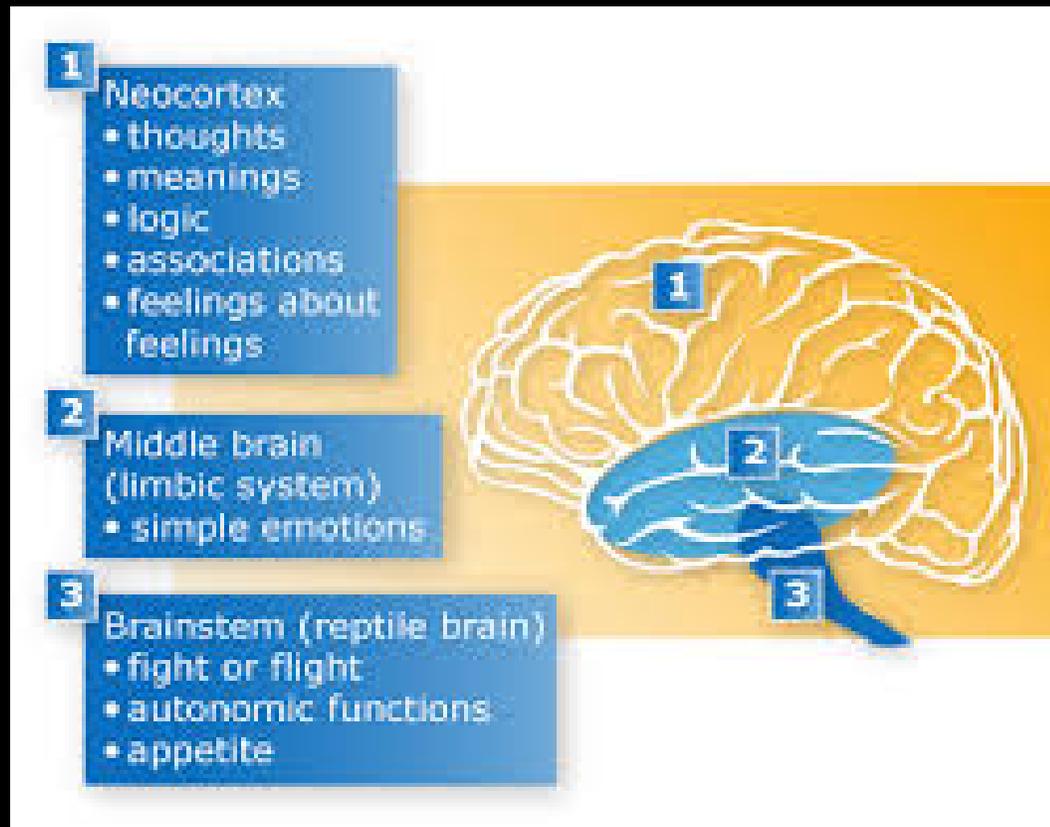
*No one cares how much you know, until they know how much you care.*

Your family



-Theodore Roosevelt

# ANATOMY OF A HIJACK



# SELF CONTROL IS A LIMITED CAPACITY

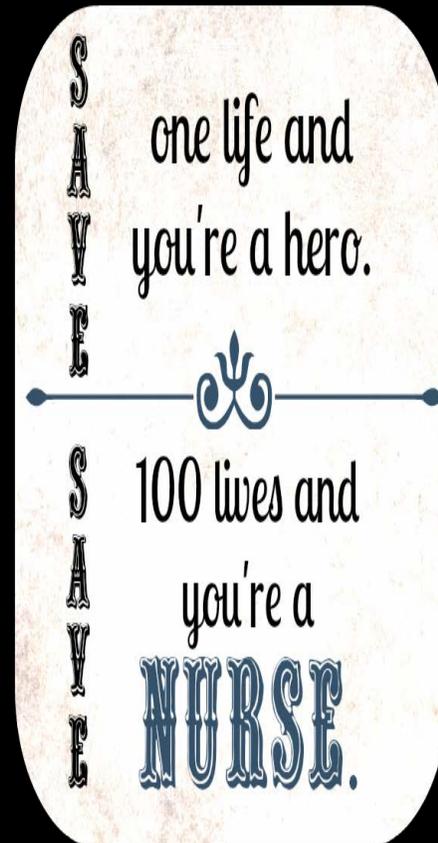


# PHYSIOLOGY OF A HIJACK

- “Every great nurse I know has the following characteristics: caring nature, detail-oriented, emotionally stable, great judgment, physical endurance and extraordinary communication skills.” *Eliana S. Hall, Grady Health Systems.*
- *Caring nature:* Loss of empathy, patients become objects
- *Detail oriented:* loss of observational skills, can't read clues and “checked out”
- *Emotionally stable:* Distant, insecure, blaming others, explosive, unpredictable and aggressive
- *Great judgement:* Decreased ability to analyze, assess and think
- *Physical endurance:* Fatigue, exhaustion
- *Extraordinary communication skills:* Disconnected, loss of skills, can't understand others

# THE SIX DIMENSION SCALE OF NURSING PERFORMANCE (SDNS)

- “ ...consists of a series of 52 nurse behaviors grouped into six performance subscales:
  - Leadership (5 items)
  - Critical care (7 items)
  - Teaching/collaboration (11 items)
  - Planning/evaluation (7 items)
  - **Interpersonal relations/communications** (12 items)
  - Professional development (10 items). ”



# ACGME COMPETENCIES

- Professionalism
- **Interpersonal and communication skills**
- Medical knowledge
- Practice-based learning and development
- Patient care
- System-based practice

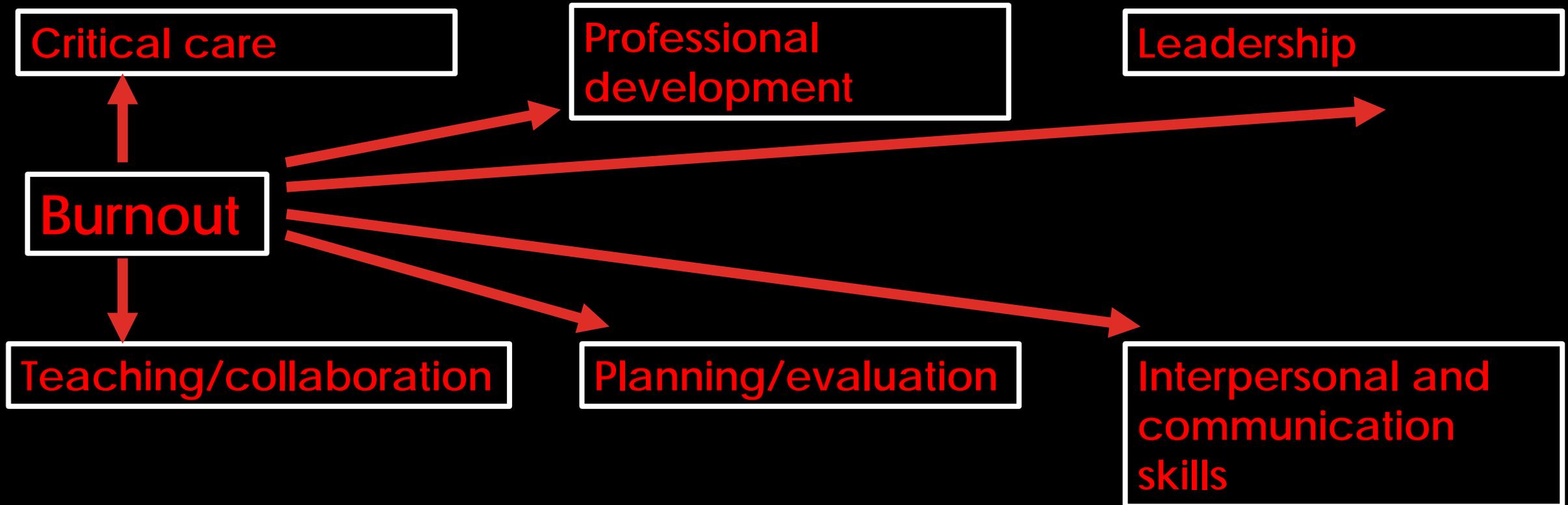


*"The single biggest problem in communication is the illusion that it has taken place."*

George Bernard Shaw

- Only 7% of doctors encourage patient ideas or suggestions
- Patients are interrupted a mean of 18 seconds after beginning to speak
- Once interrupted only 1 in 51 patients added additional concerns
- Communication breakdowns are responsible for 85% of sentinel events in hospitals
- Diagnostic errors are frequent: 10-15% rate and are the leading cause of malpractice claims

# MAGNITUDE OF BURNOUT



# BURNOUT IMPACT: NURSES

- Professional:
  - Poor work performance and increased mistakes and errors
  - Absenteeism
  - Presenteeism
  - Depersonalization
  - Decreased motivation
  - High turnover
- Personal:
  - Insomnia, fatigue, lethargy, high blood pressure, headaches
  - Studies suggests findings similar to physician findings



# BURNOUT IMPACT: PHYSICIAN

**Table 1. Consequences of Physician Stress and Burnout**

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**Professional**

Poor judgment in patient care decision making  
 Hostility toward patients  
 Medical errors  
 Adverse patient events  
 Diminished commitment and dedication to productive, safe,  
 and optimal patient care  
 Difficult relationships with coworkers  
 Disengagement

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**Personal**

Depression  
 Anxiety  
 Sleep disturbances and fatigue  
 Broken relationships  
 Alcohol and drug addictions  
 Marital dysfunction and divorce  
 Early retirement  
 Suicide

Coronary Artery Disease  
 Type II DM  
 Infertility

From: Stress and Burnout Among Surgeons: Understanding and Managing the Syndrome and Avoiding the Adverse Consequences  
 Arch Surg. 2009;144(4):371-376. doi:10.1001/archsurg.2008.575

# CONCEPT 3: PENDULUM CONCEPT

- **Burnout is:**
- **a contagious malignant existence that sways between minimal to extreme,**
- **pushed by personal, professional, emotional, psychosocial and environmental factors.**
- **It has extreme morbidity and mortality consequences on physician and patient alike.**



# Engaged



←  
**PART B: ENGAGED**



**Burnt out**

# TREATMENT OF BURNOUT

## Environmental interventions

Promoting healthy work environment

Communication training; appropriate staffing; meaningful recognition

ICU self-scheduling/time off

Limit the maximum number of days worked consecutively

Support groups

Cognitive-behavioral therapy

## Team-based interventions

Team debriefings

Use of structured communication tools

Team-building and interpersonal skills training

## Practitioner-focused interventions

Stress reduction training

Relaxation techniques

Time management

Assertiveness training

Meditation

Work-life balance measures: hobbies, family, and social activities

Self-care measures: ensuring adequate rest, exercise, healthy eating habits

## Interventions to mitigate risk factors

Palliative care consultations

Ethics consultations

Establishing goals of care for every ICU patient

Family care conferencing within 72 h of ICU admission

Moss M. et al. (2016) An Official Critical Care Societies Collaborative Statement: Burnout Syndrome in Critical Care Health Care Professionals: A Call for Action. *AJCC*. Jul;44(7):1414-21

# BURNOUT TREATMENT

- Goal of therapy: All physicians “ ...deal with stressful times in their personal and professional life and **must cultivate habits of personal renewal, emotional self-awareness, connection with colleagues, adequate support systems, and the ability to find meaning in work to combat these challenges**” .

- Balch and Shanafelt, 2011.



# HERE ARE THE GOALS; NOW GO DO THEM!

- How do we?
  - “Cultivate habits of personal renewal
  - Develop emotional self-awareness
  - Develop connection with colleagues
  - Develop adequate support systems
  - Find meaning in work to combat these challenges”
  - Ensure our abilities in the art and science of medicine?
  - Maintain the ACGME competencies?

Mindfulness based techniques  
CBT, patient-centered therapy  
Peer support groups and  
programs

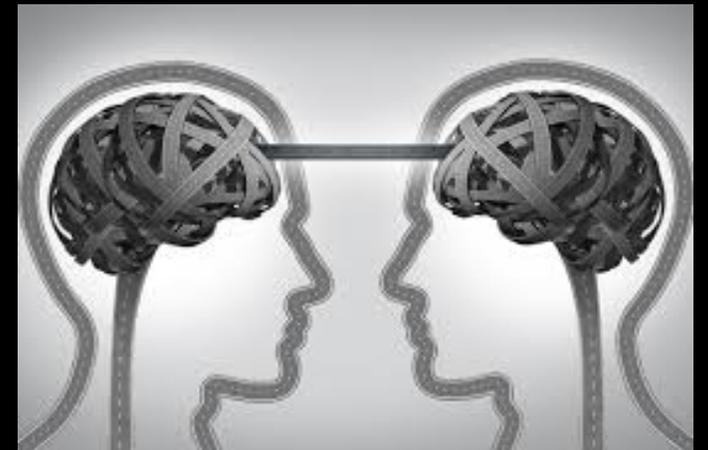
*Emotional Intelligence*



# CONCEPT 4: DEFINITION OF EMOTIONAL INTELLIGENCE

- Ability to acquire and apply knowledge and skills
- Ability to acquire and apply emotional knowledge and skills
- Ability to acquire and apply self emotional knowledge and skills
- Ability to acquire and apply self and other's emotional knowledge and skills

Understanding ourselves,  
managing ourselves,  
understanding others,  
managing others

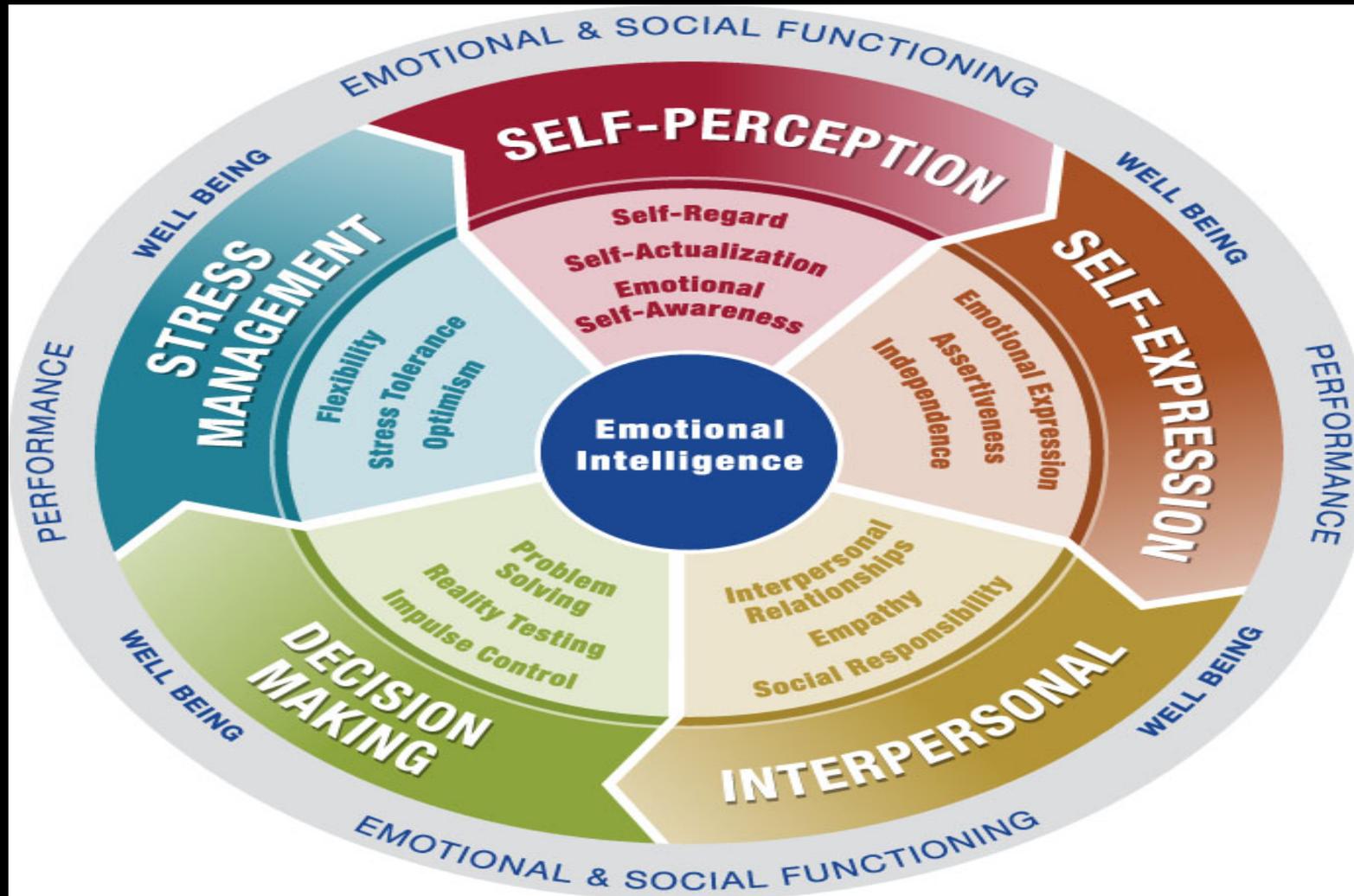


# THE ART AND SCIENCE OF MEDICINE



*“Illustrious doctors might have graduated from books, but books made not a single physician”.  
Sir William Osler quoting Paracelsus*

# EMOTIONAL INTELLIGENCE<sup>35</sup> REALMS



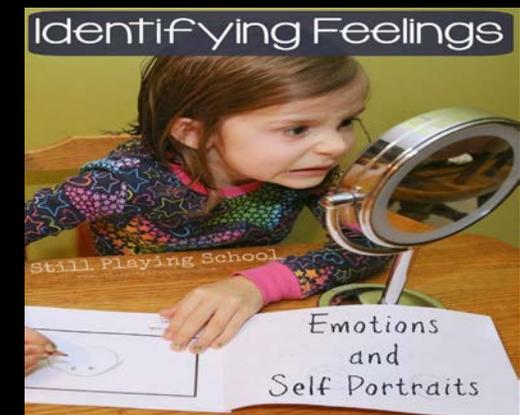
# SELF-PERCEPTION REALM

- **Self-awareness, Self-regard, Self-actualization**
- This cluster helps answer the following questions:
  - How aware am I of how my emotions affect myself and others?
  - How confident am I?
  - Am I constantly trying to improve?



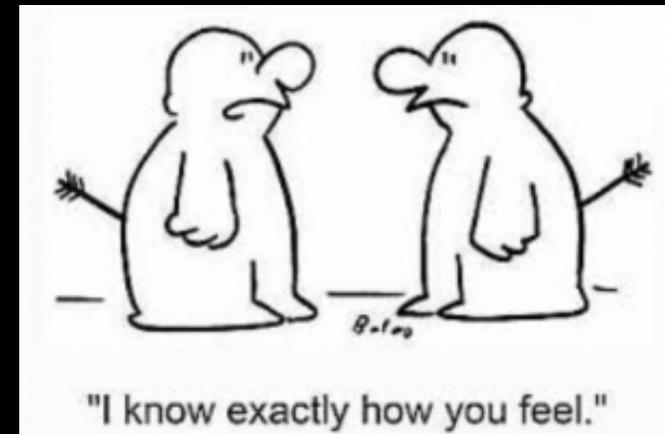
# SELF-EXPRESSION REALM

- **Emotional expression, Independence, Assertiveness**
- This cluster will help answer the following questions:
  - Can I speak appropriately about the uncomfortable experiences and emotions that arise during the work day?
  - Can I make decisions autonomously?
  - Can I defend my points of view in a non-offensive manner?



# INTERPERSONAL REALM

- **Interpersonal relationships, Empathy, Social responsibility**
- This cluster will help answer the following questions:
  - Do patients and co-workers trust and want to work with me?
  - Do they feel that I really get them and their concerns?
  - Am I a helpful member of the community?



# DECISION MAKING REALM

- **Reality testing, Problem solving, Impulse control**
- This cluster will help answer the following questions:
  - Can I stay objective and see the situation as it is?
  - Can I find good solutions when my emotions are hijacked?
  - Am I able to manage my impulses and reactions in what I say and do?

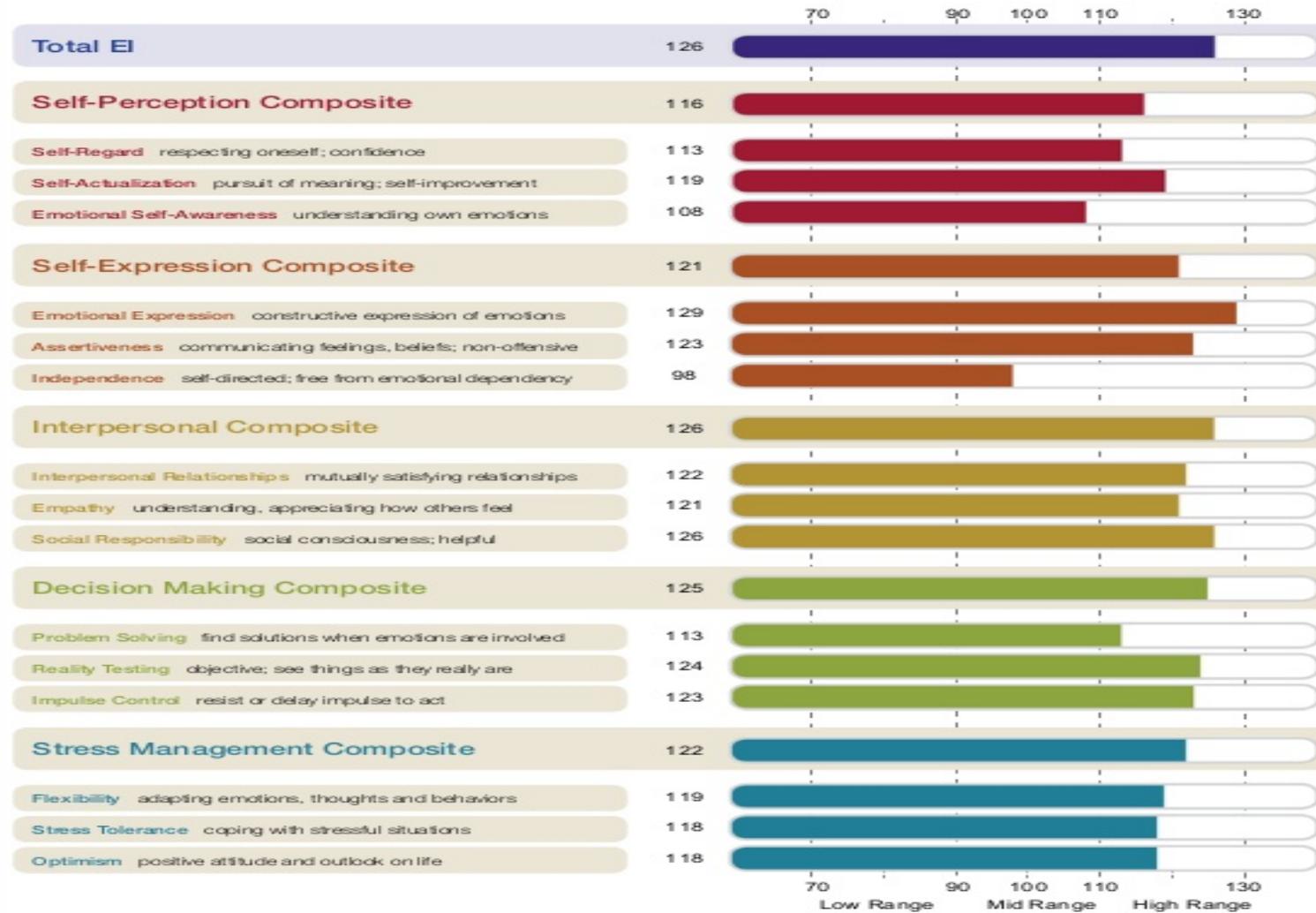


# STRESS MANAGEMENT REALM

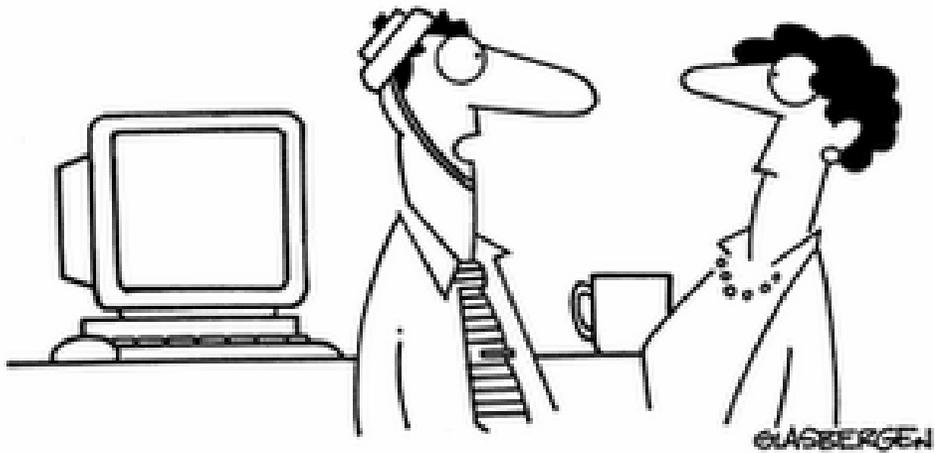
- **Flexibility, Stress tolerance, Optimism**
- This cluster will help answer the following questions:
  - How adaptable am I?
  - How much stress can I handle?
  - What is my attitude when there are difficult circumstances?



## Overview of Your Results



# CONCEPT 5: OPTICS



*"It's a smoke detector. The boss thinks  
I might be headed for a burnout."*



# OPTICS: UNDERSTANDING AND MANAGING SELF



Physical, mental  
and emotional  
pain

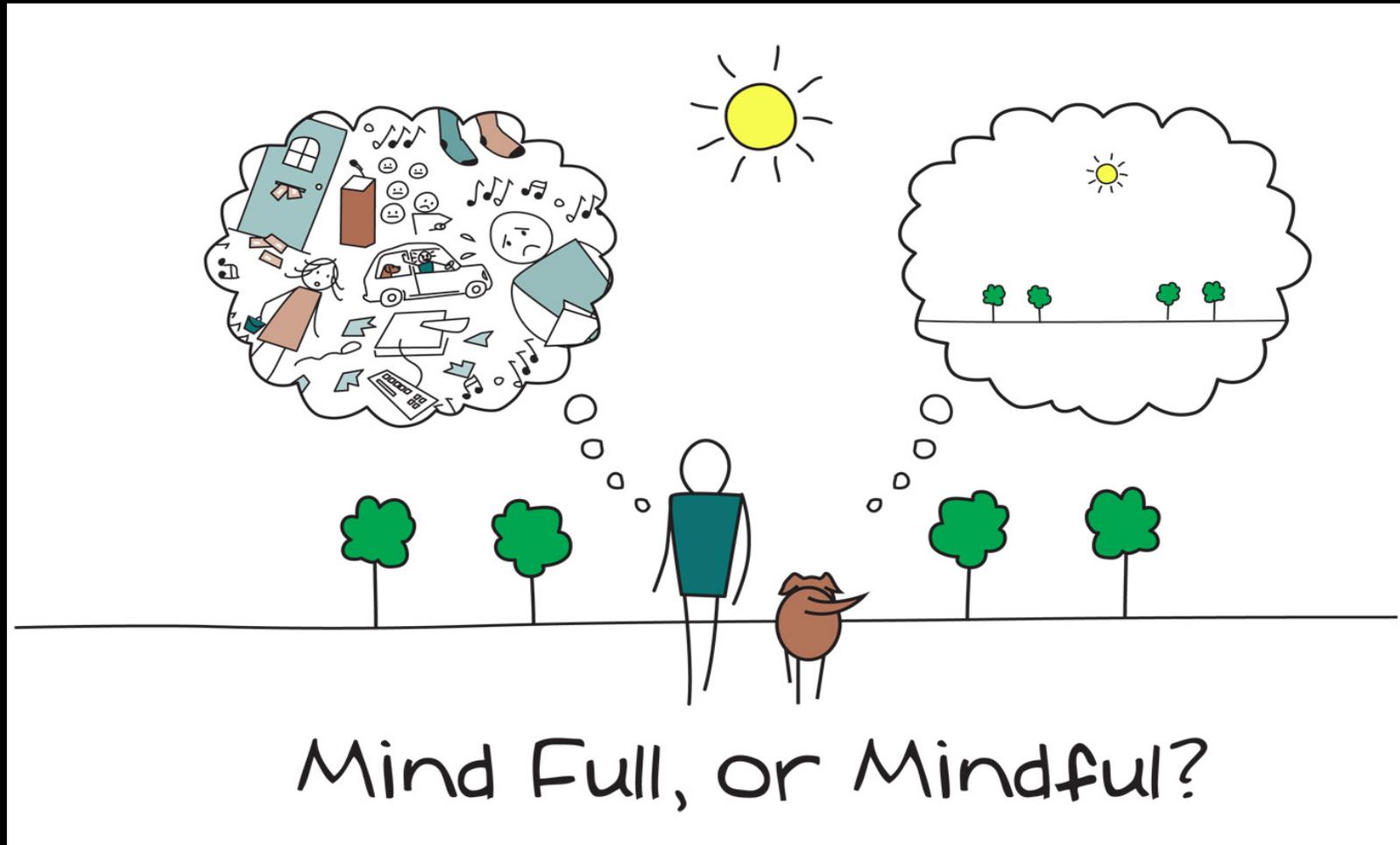


Pain



Emotional  
Intelligence

# OPTICS: UNDERSTANDING AND MANAGING OTHERS



# What nurses do!

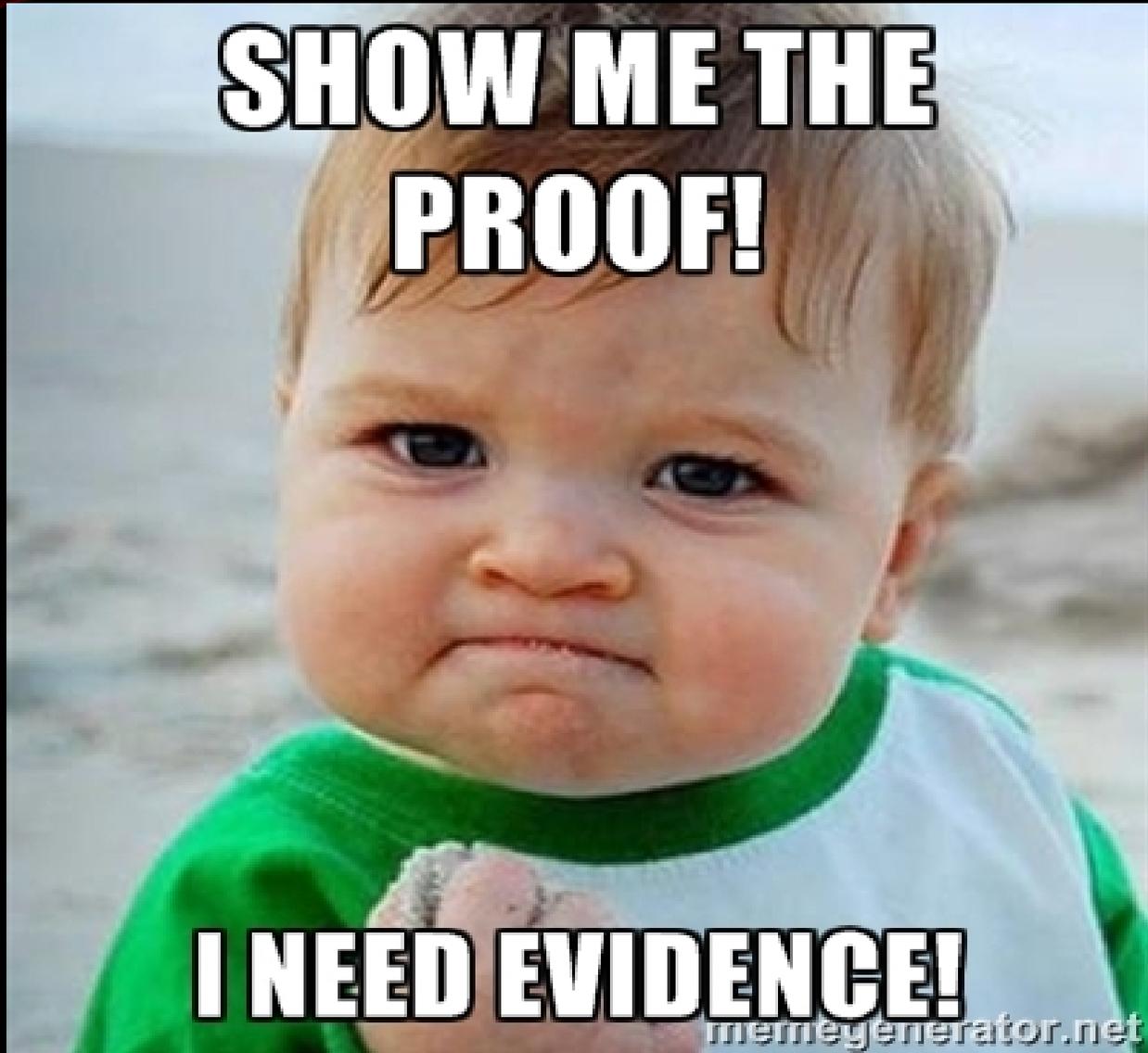
# NURSES

*understand* *plan* *encourage*  
*wipe tears* *support*  
*heal* *refer* *assess*  
*counsel* *bandage* *organize*  
*teach* *listen*  
*hold your hand* *laugh*  
*comfort* *respond* *monitor* *care*

[www.vitalsignsvitalskills.com](http://www.vitalsignsvitalskills.com)



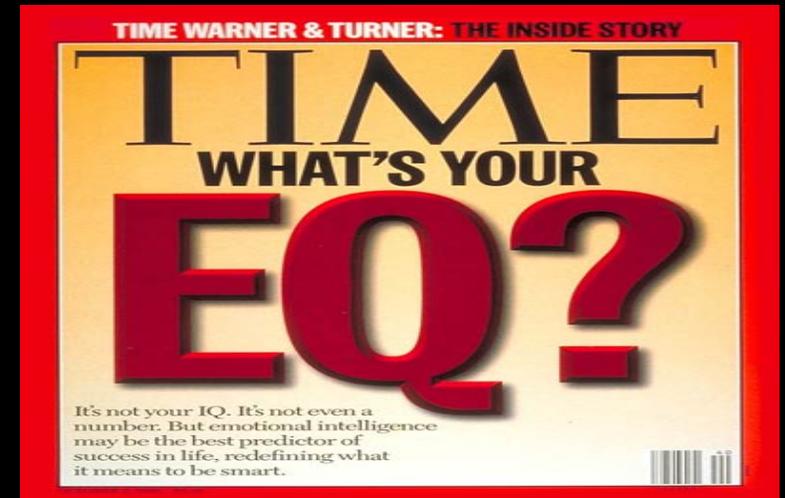
*Emotional intelligence is the foundation for critical skills.*



# EMOTIONAL INTELLIGENCE IN NURSING

- "Analysis of the literature suggests that the modern demands of nursing draw on the skills of emotional intelligence to meet the needs of direct patient care and co-operative negotiations with the multidisciplinary team. The significance of this needs to be recognized in nurse education."

"McQueen, 2004"



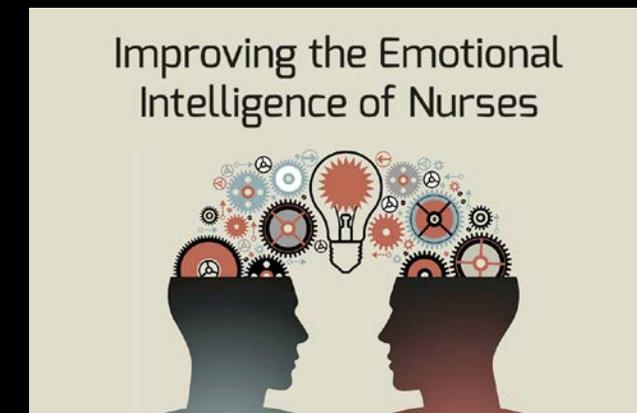
# EI IN NURSING

- “EQ has been shown to:
  - Positively contribute to the nurse-patient relationship
  - Increased empathy
  - Teamwork
  - Communication
  - Stress management
  - Organizational commitment
  - Physician and nurse career satisfaction, and effective leadership.”



# EI IN NURSING

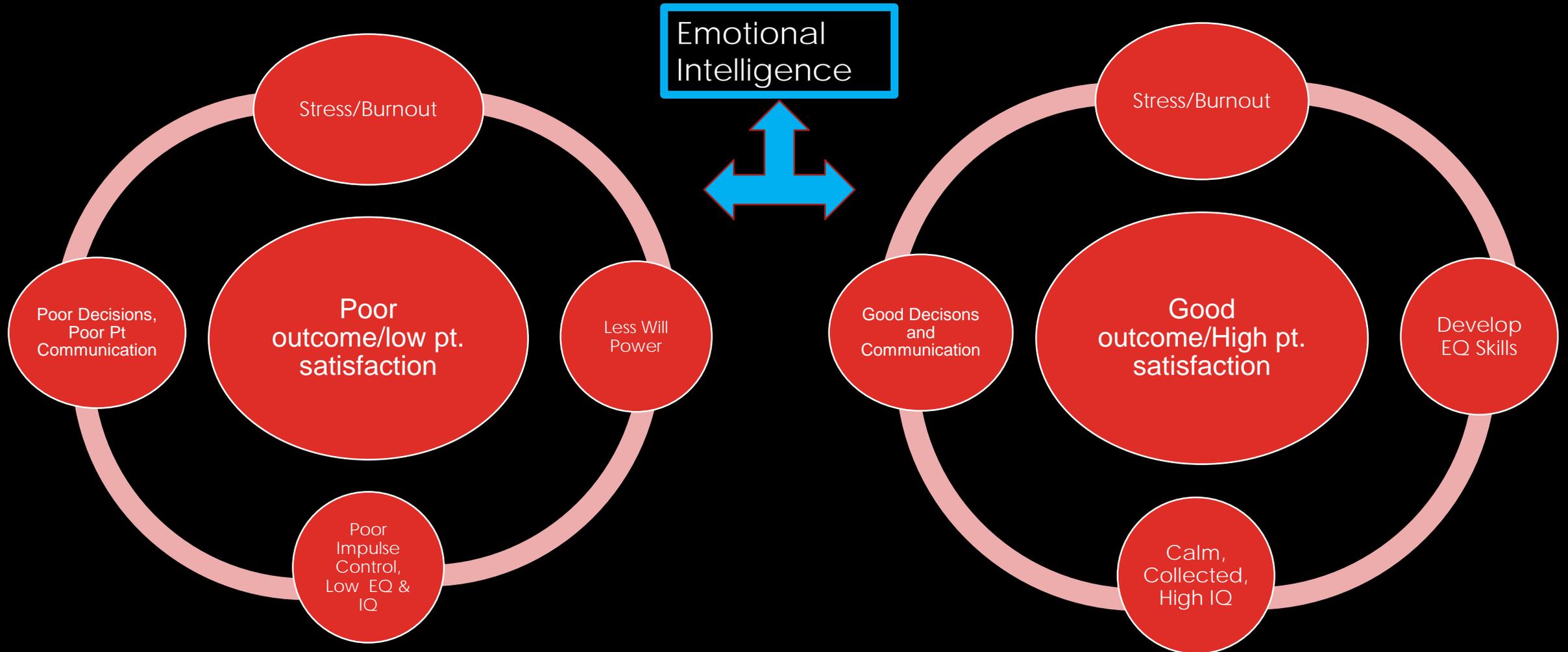
- “Several dozen nursing research studies demonstrate:
  - A correlation between EQ and performance of nurses
  - EQ and nurse retention
  - EQ and stress adaptation
  - EQ and [organizational citizenship](#)
  - EQ and selected positive patient clinical outcomes”



# EMOTIONAL INTELLIGENCE IN MEDICINE

- 75% of a high physician achiever's success is a function of emotional intelligence: only 25% of success reflects technical competency (Harvard & Rutgers, 2002)
- EI is paramount to providing health care professionals the necessary and much needed skills to help them with [stress/burnout/cognitive scarcity](#)
- The higher the EQ, the more positive impact on both the [physician-patient relationship](#) and the personal physician growth and development and wellbeing. (Sattelfield, Swenson & Rabow, 2009)

# IMPACT OF EI ON BURNOUT



# THE JOKE THAT IS NO JOKE!

- Police officer: They found a lady who was deceased.
- Investigator: Describe her to me.
- Police officer: Her stomach was empty, her bladder was full and her behind was half chewed off.
- Investigator: Then they must have found an Emergency Room Nurse!



# THE OATH OF NURSING

- "That you will be just and generous to all worthy members of your profession, aiding them when it will be in your power to do so.
- "That you will live your lives and lead your profession in uprightness and honor.
- "That into whatsoever house you shall enter, it shall be for the good of the sick to the utmost of your power, ...

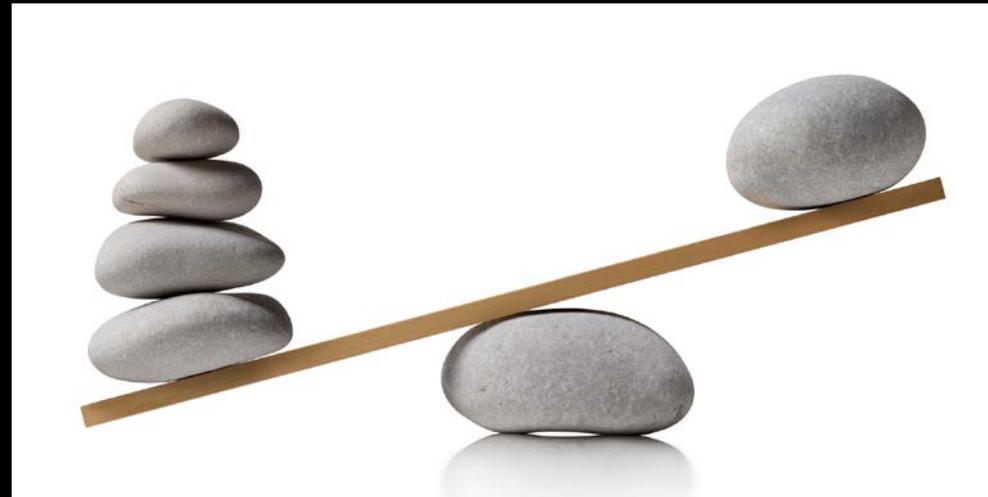
*The price of anything is the amount of life you exchange for it.*

*Henry David Thoreau*



# CONCEPT 6: BALANCE

## Burnout Risk Factors



- Social/personal life
- Wellbeing/EI
- Resiliency
- Coping abilities
- Adaptive mechanisms
- Humanity and empathy

Burnout

TIME

# HOW OFF BALANCE ARE YOU INDIVIDUALLY?



# CONCEPT 7: WELLNESS

Wellness protects against and treats burnout



# WHAT IS OBVIOUS IS WHAT IS MISSED

*“The concept of Total wellness recognizes that our every thought, word and behavior affects our greater health and wellbeing. And we, in turn, are affected not only emotionally but also physically and spiritually”*

*- Greg Anderson -*



# BURNOUT PREVENTION

- Although recovery from burnout is possible, prevention is a better strategy.
- Nurses who actively nurture and protect their personal and professional **well-being** on all levels—physical, emotional, psychological, and spiritual—are more likely to **prevent** burnout or at least **mitigate** its consequences
- The promotion of personal wellness needs to occur throughout the professional life cycle of physicians/nurses
- Individual, institutional, organizational and governmental level



# OBSTACLES TO WELLNESS

- Denial
- The traditional cultural myth that nurses are immune to illness remains to this day
- Nurses worry about their reputation in their community and among their peers
- Not enough support systems
- Shame and fear
- Responsibilities and time constraints
- Not in their DNA, training or thought process



Before you are a leader, success is all about growing yourself.

When you become a leader, success is all about growing others. —Jack Welch



# NEURO-LEADERSHIP AND SOCIAL REWARDS

- Leadership: C-levels, managers, directors and individuals
- There are five major social rewards that affect our performance the most:
  - Status
  - Certainty
  - Autonomy
  - Relatedness
  - Fairness
- These same factors underlie the disease of BURNOUT. If these are not present, not only can we not lead, we are unable to perform



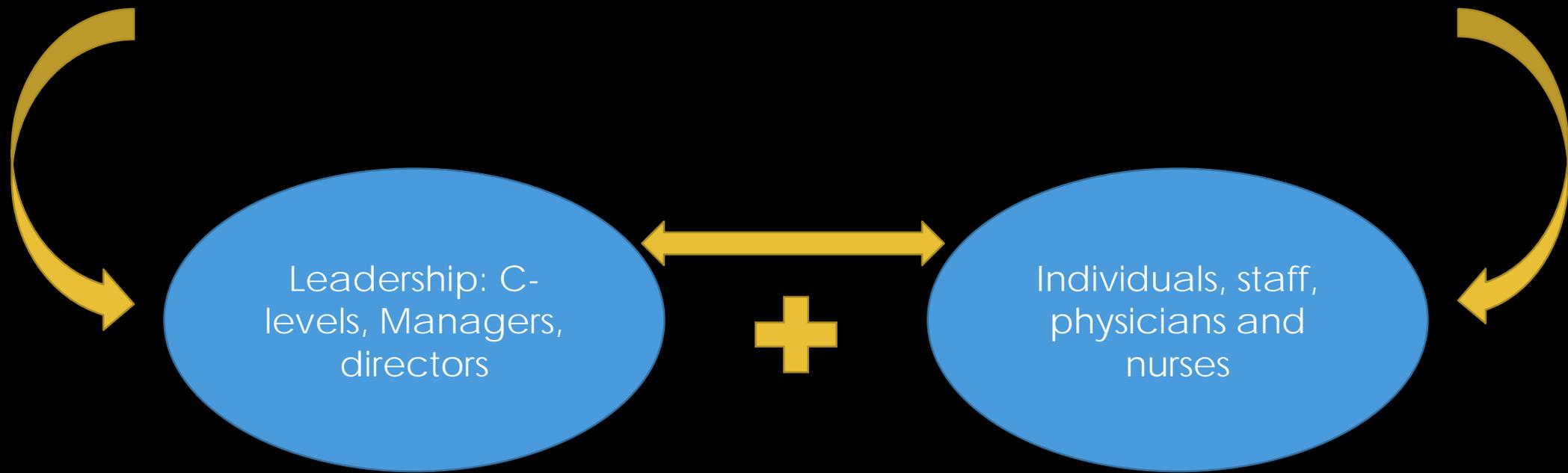


## CHANGE ON TWO LEVELS

- Change needs to happen on an individual and organizational/institutional level

# BURNOUT INTERVENTION

**AAA:** Awareness, Acknowledgment, Action



# BURNOUT TREATMENT OBSTACLES

- Lack of awareness
- It is an EMOTIONAL disease
- Resistance to interventions
- Perceived complexity and demands of interventions
- Nature of medical/nursing practice and their demands
- Lack of available programs
- Lack of standardized approaches
- Lack of personal readiness and know how
- Lack of institutional/governmental programs/awareness



Emotional  
Intelligence

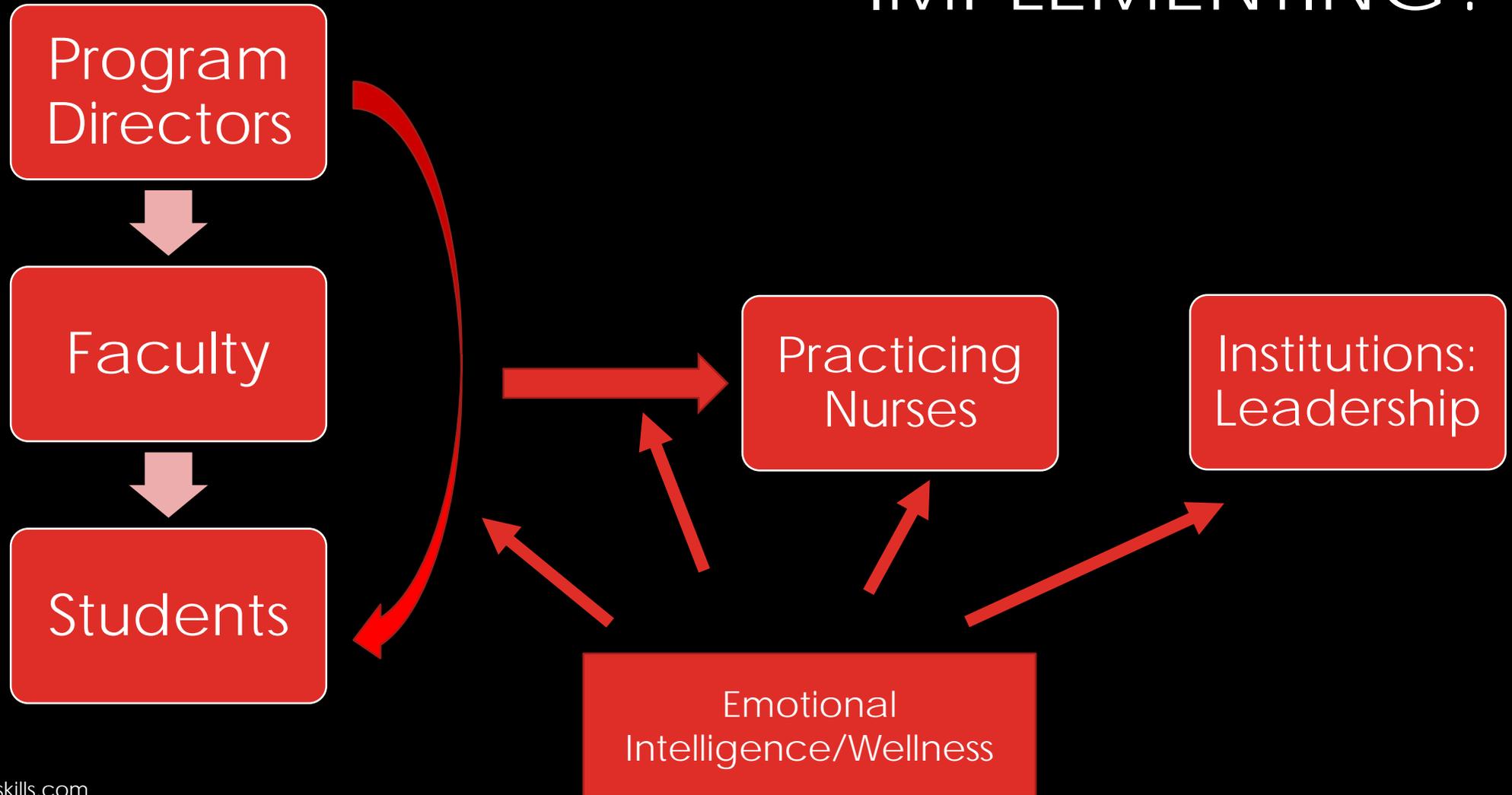
Wellness



*“Life does not get easier  
or more forgiving, we  
get stronger and more  
resilient”*

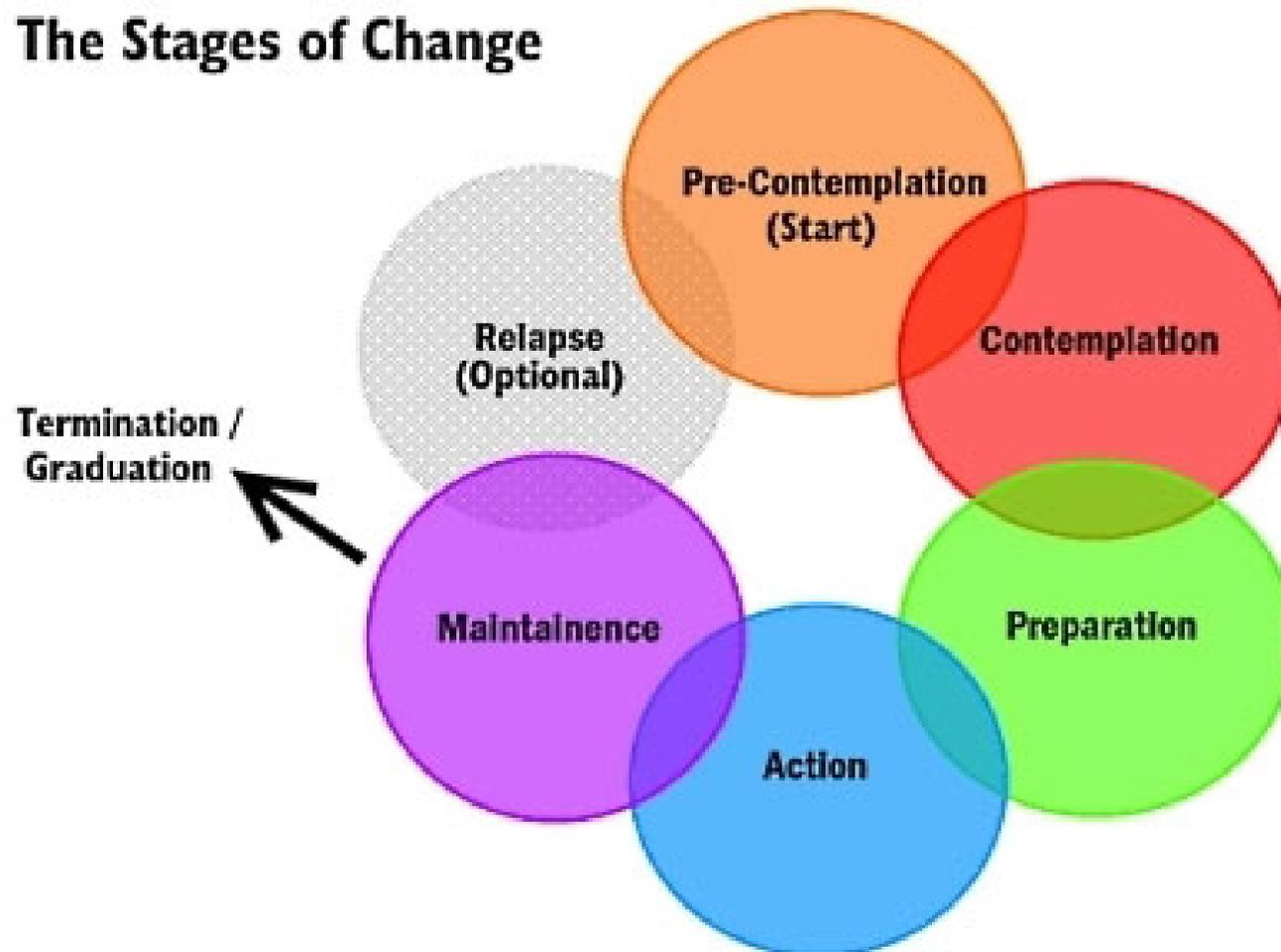
*Steve Maraboli*

# WHERE DO WE NEED EI/WELLNESS IMPLEMENTING?



# THE STAGES OF CHANGE

## The Stages of Change



# READINESS FOR CHANGE

- My readiness to change this behavior is (indicate yes beside the level that best describes where you are):
- I won't do it: \_\_\_\_\_
- I can't do it \_\_\_\_\_
- I may do it \_\_\_\_\_
- I will do it \_\_\_\_\_
- I am doing it \_\_\_\_\_
- I am still doing it \_\_\_\_\_



# READINESS FOR CHANGE

- To help you understand your stage of readiness, please complete the short quiz below.
- 1. The goal or behavior I want to work on first is:
- 2. My reasons for wanting to change this behavior are:
- 3. The challenges that I have to deal with in changing this behavior are:
- 4. My strategies for dealing with those challenges are:
- 5. My goal for next week with respect to this behavior is:



# BENEFITS OF PERSONAL STEPS

- Take control
- Focus on an individual level
- Personalize the approach
- Rewarding power to overcome
- Palpable
- Immediate



# BENEFITS OF EI TRAINING

- Enhancing medical skills
- Improving professionalism
- Better communicator
- Better leaders, mentors, managers
- Reconnecting with the purpose of medicine
- Improvement in the bottom line
- Less law suits
- Less burnout, more engagement
- **Improvement in the PIP**

*"Life does not get easier or more forgiving, we get stronger and more resilient"*

*Steve Maraboli*

# TIPS TO WORK ON YOUR EMOTIONAL INTELLIGENCE

## • **ACKNOWLEDGE EMOTIONS!!!!!!**

- Take an assessment test (EQi, MSCEIT,...). Find out where you are, where you are strong and where you need help.
- Learn to observe yourself. Make a mental memory of your own reactions. Self analyze.
- Few times a day, STOP, and observe your emotions. Listen to your own mind.
- Name your emotion when reacting. (Name it to tame it)
- Practice responding, not reacting.

# TIPS TO WORK ON YOUR EMOTIONAL INTELLIGENCE

- Compare notes: Write down how you see yourself, then ask those you trust on how they see you. The EQ 360 is a great tool.
- Turn self-focus to other-focus.
- Know your positive and negative triggers. Enhance positive reactions, modify negative reactions.
- Build your emotional vocabulary. (Not all emotions are the equal in type or intensity).

# TIPS TO WORK ON YOUR EMOTIONAL INTELLIGENCE

- Try the ten seconds rule.
- Seek professional help/coaching
- Share your emotions with others. Bring them out.
- Practice 15 minutes of silent uninterrupted introspection every day.
- Emotions vary throughout the day. Divide your day into morning, afternoon and evening, and write down the emotions most felt during that time period.

# INDIVIDUAL: SELF-CARE FOR THE CARING SELF

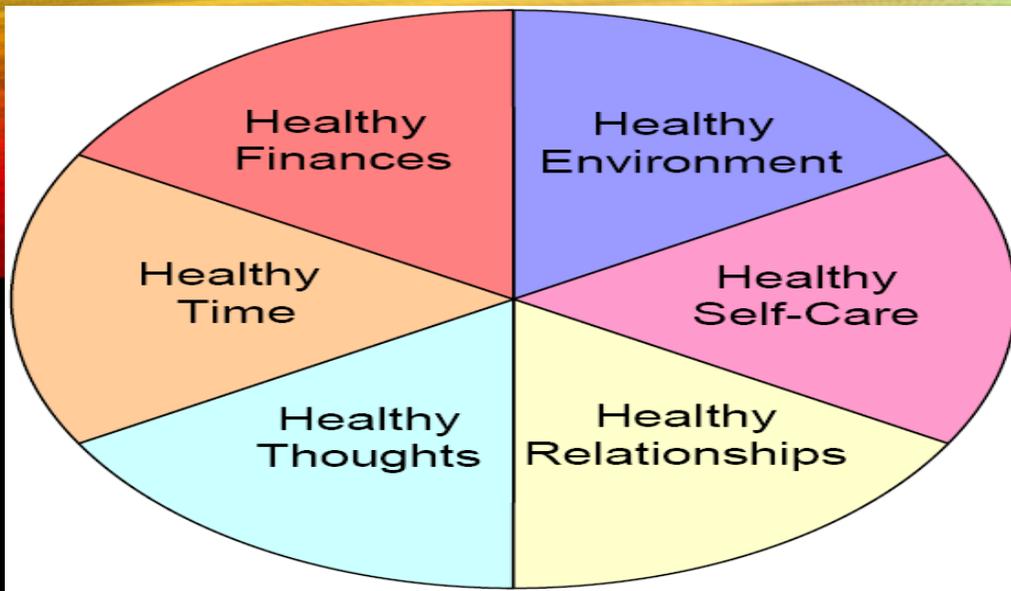
Self-care is  
not selfish.

You cannot  
serve from an  
empty vessel.

Eleanor Brown with 2 Ns  
eleanorbrown.com

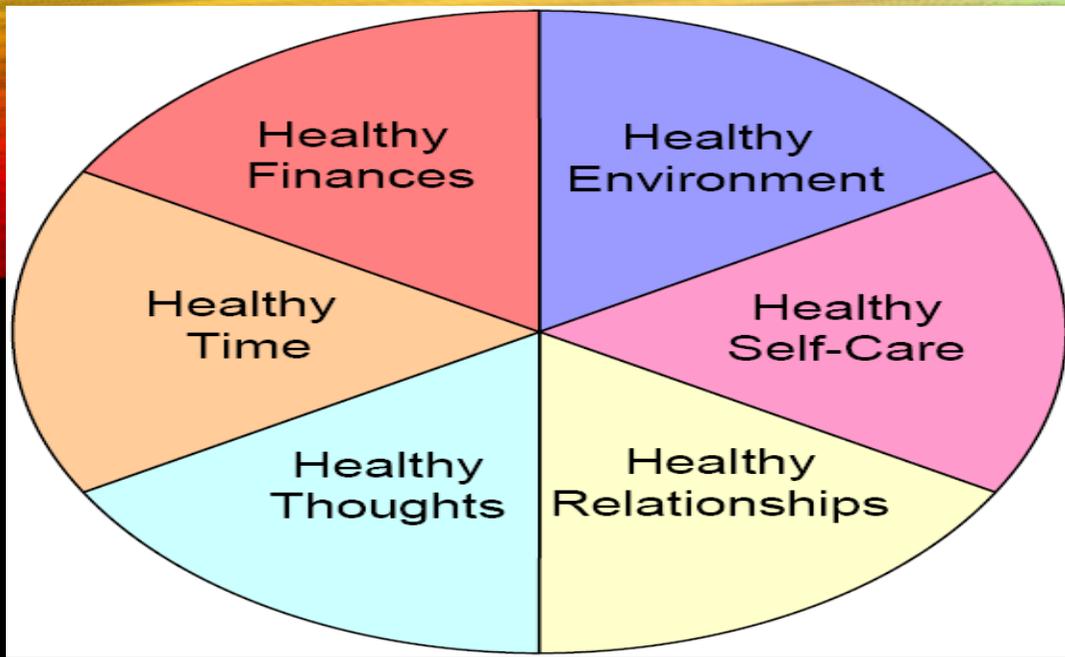
- Mastery of wellness is mastery of self-care
- "Self-care can be defined as a way of living that incorporates behaviors that enable one to maintain personal health and balance, replenish energy and motivation, and grow as a person."
- Among health care professionals, practicing self-care is extremely hard and associated with feelings of selfishness and guilt
- Self-care/wellness is the single most important factor that will facilitate and enable ...your life!

# PERSONAL WELLNESS FOUNDATION TOOL



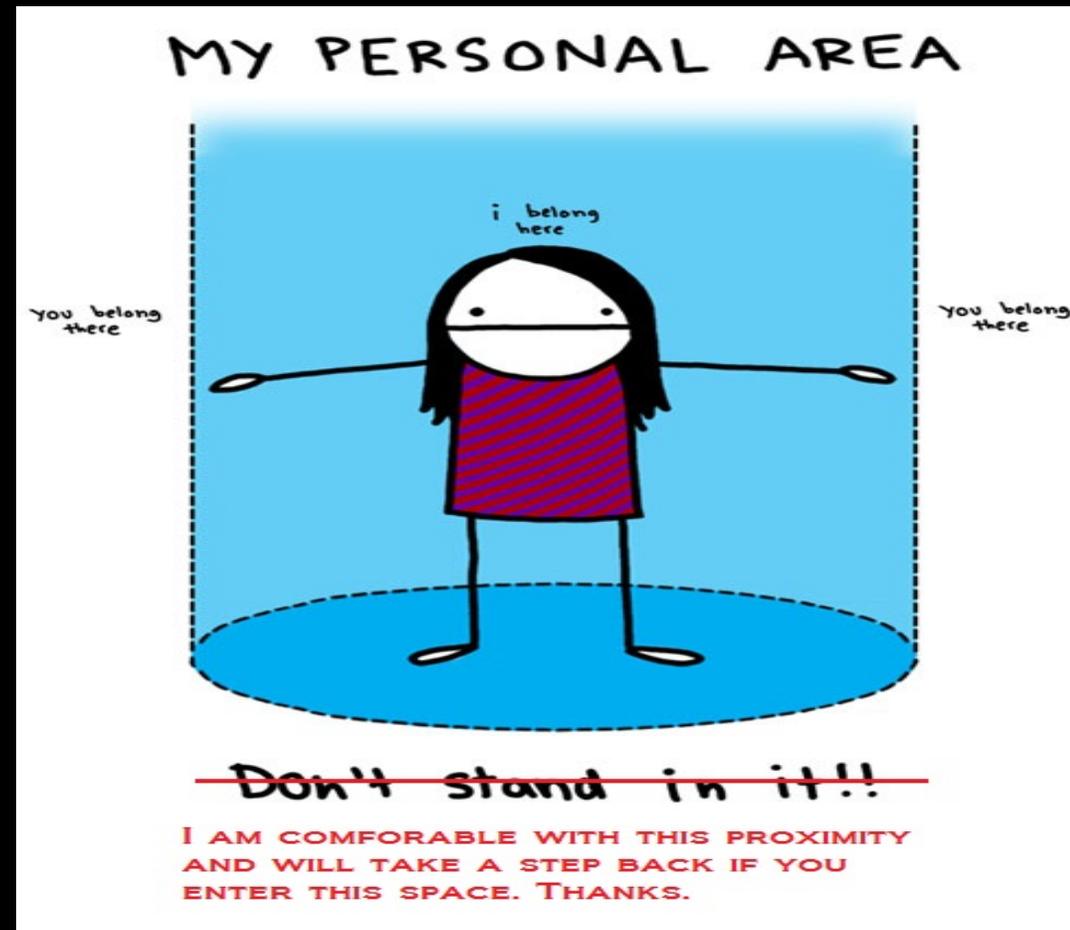
- Scale 0-10
  - **Self-Care** = To support your best energy, you routinely practice regular self care
  - **Environment** = You design environments that support your best self
  - **Relationships** = Identify the best relationships that support your best intentions by connecting with others and yourself

# PERSONAL WELLNESS FOUNDATION TOOL



- **Thoughts** = To support your best presence, adopt values, self-talk, integrity and attitudes that allow you to do so
- **Time** = To support your highest priorities, manage your energy over time and spend time wisely
- **Finances** = Build reserves and handle money that allow you to give and receive freely

# SETTING STANDARDS AND PERSONAL BOUNDARIES



# SETTING STANDARDS AND PERSONAL BOUNDARIES

- Personal Standards: You hold yourself to
- Personal Boundaries: You hold others to
  - Are made up of imaginary lines that are meant to hold others at a safe distance.
  - They cannot be seen by others if you do not show them and make them known and recognized
  - They are essential to keep unwanted and damaging behavior away from you
  - These boundaries are essential and necessary for self-care

# ENFORCING BOUNDARIES

- Examples:
  - Others may not yell at me.
  - Others may not speak to me rudely.
  - Others may not enter my office without knocking.
  - Others may not call me at home to discuss office matters.
  - Others may not gossip in my presence.
- Steps to enforce your boundaries:
  - Inform others
  - Make a request
  - Give a warning
  - Follow through with the stated consequence
  - Let go of the outcome



# SOME PRACTICAL TIPS: ON AN INSTITUTIONAL LEVEL

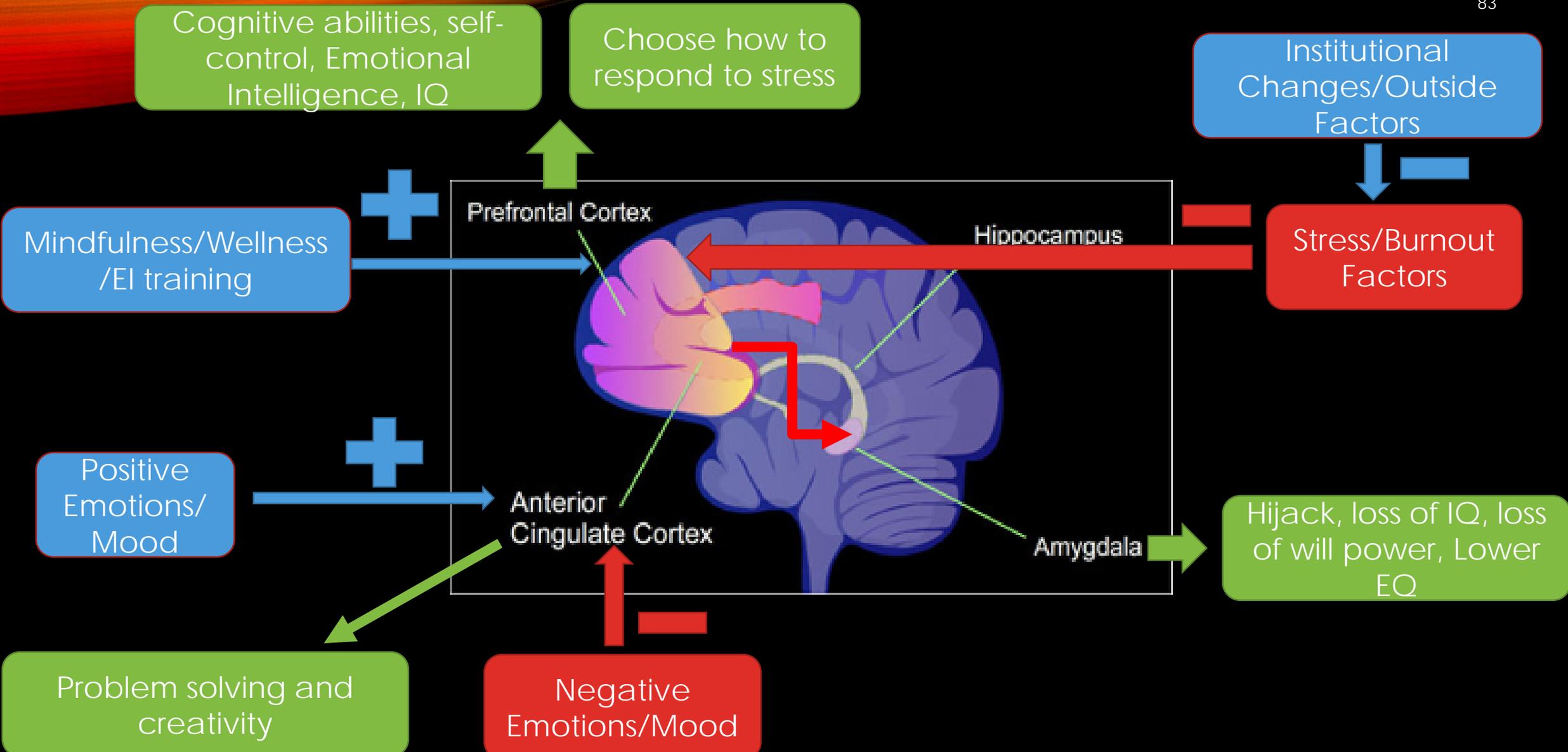
- Identify a “champion”. A leader(s) for the cause needs to emerge and take charge
- Involve management/involve staff
- Review data
- Identify the needs (Survey, open communications and discussions, suggestions)
- Outline your goals
- Develop an action plan
- Identify resources
- Assess and reevaluate
- Fine tune, and commit



# WELCOME BACK NURSE BROWN



Engaged (the antithesis of burnout): Defined by vigor, dedication and absorption



Cognitive abilities, self-control, Emotional Intelligence, IQ

Choose how to respond to stress

Institutional Changes/Outside Factors

Mindfulness/Wellness /EI training

Prefrontal Cortex

Hippocampus

Stress/Burnout Factors

Positive Emotions/ Mood

Anterior Cingulate Cortex

Amygdala

Hijack, loss of IQ, loss of will power, Lower EQ

Problem solving and creativity

Negative Emotions/Mood

# DECISION MAKING

# MASTERING THE MOMENT<sup>84</sup>

Nurse

Engaged

Burnout

Nurse-Patient Interaction  
Mastering the moment

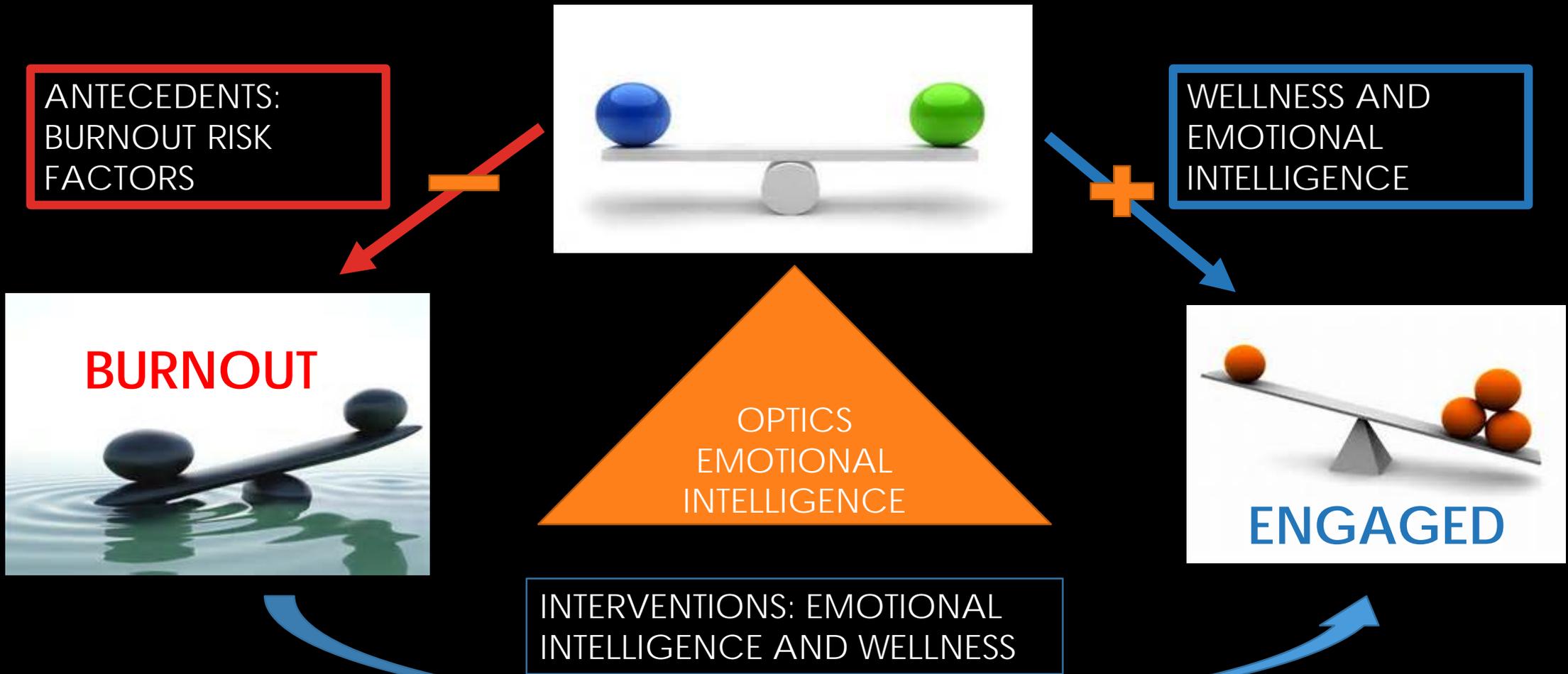
Resiliency  
Coping abilities  
Adaptive mechanisms  
Humanity and empathy



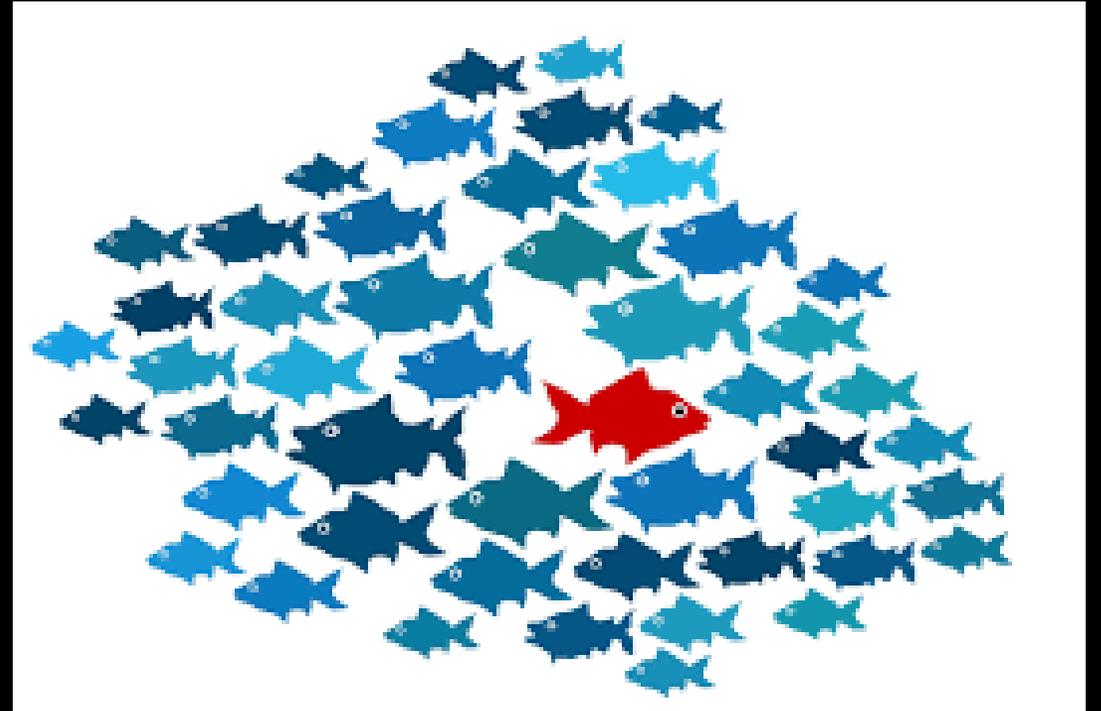
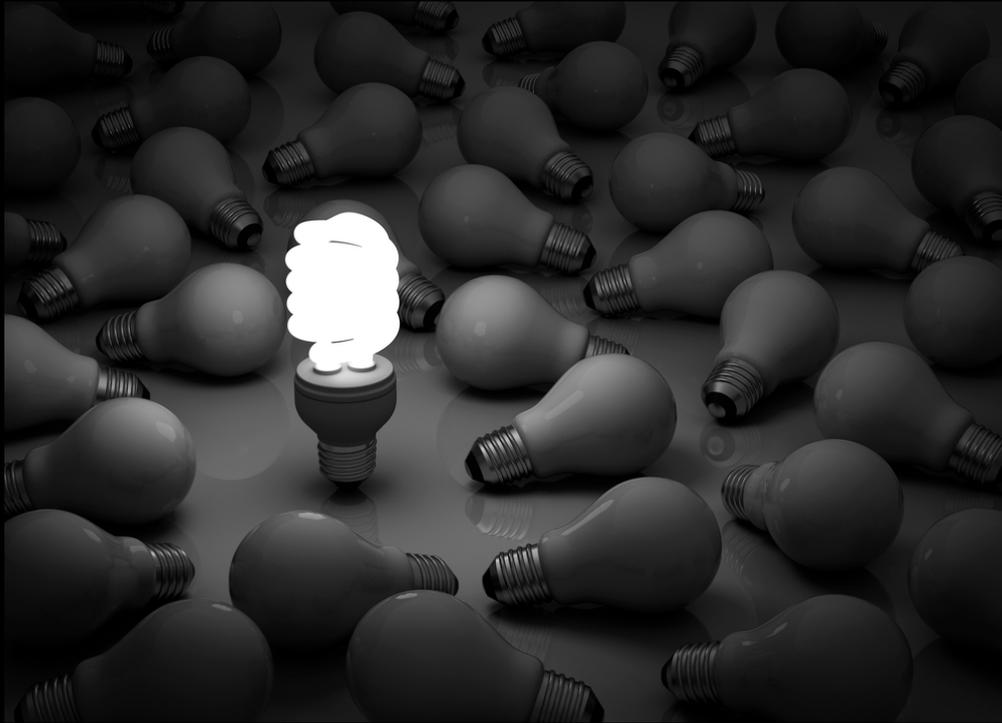
Institutional  
Political  
Social  
Governmental

Emotional Intelligence  
Wellness

# THE APPROACH TO BURNOUT



# WHERE DO WE GO FROM HERE?



*To know even one life has breathed easier because you have lived, this is to have succeeded. -Ralph Waldo Emerson*

“ We are what we  
repeatedly do.  
Excellence, therefore  
is not an act but  
a habit.”

~Aristotle