

Promising Practices in Preventing Burnout

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Overview

- Burnout
- Stress in nursing (people work)
- Detecting burnout
- Interventions to reduce burnout
- Implications for family caregivers

What is Burnout?

- A response to stress at work in which emotional exhaustion, depersonalization, and diminished personal accomplishment result from a variety of work demands. (Maslach & Jackson, 1981)
- Burnout gap between personal expectations to fulfill professional obligations and organization's structure and resources (Glasberg, et al., 2007)

Cognitive Adaptation Disposition

(Taylor & Brown, 1988)

- Strong mastery, optimism, and self-esteem contribute to ability to maintain positive illusion.
- **Mastery** - gain / exert personal control
- **Optimism** - reinterpret negative as positive
- **Self Esteem** - identify personal benefits and engage in self enhancing social comparison

Cognitive Adaptation Disposition

(Taylor & Brown, 1988)

- Strong cognitive adaptation disposition would have fewer unmet expectations.
- Optimism and self esteem did not buffer against burnout, but they did buffer against loss of expectations of control.

Stages of Burnout (Maslach)

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- Emotional exhaustion
 - Feelings of being overly extended and exhausted by one's work
 - Depersonalization
 - Unfeeling and impersonal response to clients
 - Diminished personal accomplishment
 - Tendency to evaluate oneself negatively; dissatisfaction with endeavors

How Does Burnout Develop?

- Organization of work fundamentally alters stress reactions:
- **Lack of control at work** significantly predicted morbidity and mortality
- **High job demands** increase stress response
- **Low social support at work** (social support buffers against stress)

[McNeely, 2005]

Nurses' Perception of Control

- 85% of nurses (N = 4580) reported none to very little influence over decisions related to work flow (patient admission, floating, closing unit secondary to staffing)
- 67% were dissatisfied with their lack of decision making.
 - **In contrast with line workers who have control to stop line for safety and quality concerns** (McNeely, 1995)

Nurses and Stress and Health

- **Nurses' stress and acute work injuries** (back injuries, needle sticks) thought to be related, but limited stress hormone data; limited data on nurses' stress and development of chronic disease
- **Nurses' Health Cohort study:** constrained decision making, increased workload, low social support, and job stress negatively affected nurses' functional health (Cheng, et al., 2000)

Additional Challenges

- Double exposure to stress: work and home
 - 'Second Shift' for nurses caring for young families, older families, chronic or complex disease (Simon et al., 2004)

Burdensome Situations in Everyday Nursing (Shaha & Rabenschlag, 2007)

- Structural problems
 - High patient census, lack of time, recurring difficult situations, complex patients, family members
- Coping with burden
 - Setting priorities, delegating tasks, accelerating work speed, difficult to leave work behind
- Intervention
 - Group decision making to shift resources to busiest part of day

Emotional Exhaustion / Depersonalization

- Emotional exhaustion
 - 60% of variance in EE was explained by value conflict / stress of conscience, job demands, lack of time to provide care, not living up to others' expectations, low social support
- Depersonalization
 - 30% of the variance in depersonalization was explained by not living up to others' expectations, having to lower one's aspirations to provide good care

Outcomes of Burnout

- Minimizing Error and Maximizing Outcome (Williams et al., 2007) funded by AHRQ
- Strong alignment between leadership interest and physician interest protected against stress.
- Stressed, dissatisfied, and burned out clinicians see themselves as less capable of providing quality care.

Co-workers' Perceptions of Signs Preceding Burnout (Erickson-Lidman & Strandberg, 2007)

- Struggling to manage alone
- Showing self sacrifice
- Struggling to achieve unattainable goals
- Becoming distanced and isolated
- Showing signs of falling apart

Symptoms of Burnout

- Emotional distress
 - Absenteeism
 - Being on the verge of tears or crying a lot; feeling helpless or hopeless; overreacting to minor nuisances; feeling constantly exhausted; being short-tempered with care recipient frequently
- Changes in functional or social patterns
 - Losing interest in work / decreased productivity; withdrawing from social contacts ; change in eating or sleeping patterns ; increasing use of meds: alcohol, smoking, anxiety, depression; inability to relax
- Cognitive changes
 - Scattered thinking and feeling increasingly resentful

Helping Co-workers with Burnout

- Person with burnout needs and appreciates support (Baruch-Feldman et al., 2002)
 - Help is not always recognized or appreciated
 - Persons with burnout may not recognize what is happening or that help is being made available; self-isolate (Ekstedt & Fagerberg, 2005)
- Co-workers may help identify early signs, leading to increased self-awareness (and early detection)

Set Realistic Expectations

- If unmet expectations serve as a precursor to burnout, then promoting cognitive adaptation may help manage gap between unrealistic and realistic expectations. (Browning, et al., 2006)

Organizing Work Environments

- Magnet Hospital Recognition Program seeks to improve organizational structures to reduce stress
 - Job autonomy
 - Organizational decision making
 - Supportive work environment
 - Work demands (McClure, et al., 1983)
- However, outcomes at organizational level (not at individual nurse level)

Organize Work Environment

- Implementation of Magnet forces:
 - Participate in decisions about work flow and resource utilization
 - Gain support from managers and peers
 - Provide high quality care with competent peers
 - Participate in meaningful professional development

Resilience (Jackson et al., 2007)

- Resilience
 - Ability of an individual to adjust to adversity, maintain equilibrium, retain some sense of control over their environment, and continue to move on in a positive manner

Building personal resilience

(Jackson et al., 2007)

- Building positive nurturing professional relationships and networks
- Maintaining positivity
- Developing emotional insight
- Achieving life balance and purpose
- Becoming more reflective

Burnout and Family Caregiving

- Caregiving burnout, caregiving burden, caregiving stress
- Essentially the same phenomenon in family caregivers who care for a chronically ill family member
 - Lack of control
 - High demands
 - Low social support

Family Caregiving Strategies

- Take care of self
- Ask for help
- Get right information / preparation / realistic expectations
- Use support groups
- Deal with feelings
- Manage requests for information
- Recognize positive aspects of caregiving