

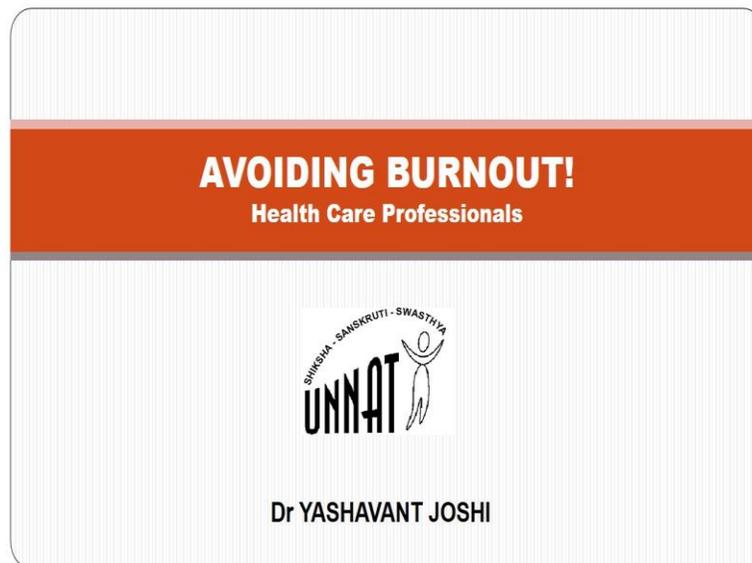
**Basic Certificate in Palliative Care**  
**Dr. Geeta Joshi**  
**Dr. Piyush Gupta**  
**Dr. Col. Yashavant Joshi**  
**International Institute of Distance Learning**  
**Indian Institute of Technology, Kanpur**

**Week-05**

**Lecture 05: Avoiding Burnout in Health Care Professionals**

Week number 5, lecture number 5.

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Hello friends. So, this is basically the week number 5 and we are talking about stress and burnout management techniques. So far, we just saw that what is stress, what is burnout and how health professionals suffer through all these things, certain ways to manage stress, all those lessons we learnt. Now, we are in this lesson, we are just talking about avoiding burnout. Firstly, we will see what is and what types of burnouts are there and thereafter we will just see how to cope up with that burnout.

There are three coping mechanism as well as there are three intervention mechanism. So, this is what we will see in this lecture.

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### **LEARNING OBJECTIVES**

- To understand the concept of burnout
- To describe sources of stress
- To determine coping behavior
- To understand possible interventions

To understand the concept of burnout, we have seen it, but we will just repeat it. Repetition is very good particularly for distance learning, sources of stress to determine coping behavior and possible interventions.

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### **PERFORMANCE OBJECTIVES**

- Understand the importance of burnout in physicians
- Be aware of symptoms of burnout
- Be able to determine sources of stress
- Be aware of intervention approaches

Understand the importance of burden burnout in physicians, be aware of symptoms of burnout, be able to determine sources of stress and be aware of intervention approaches.

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## **INTRODUCTION**

- Practice of medicine is stressful
- Physicians must interact with intense emotional aspects of life
- Physicians are called on to cope and adapt with stress characteristic of their job

We know practice of medicine is very stressful and in our one of our lectures, we spoke about compassionate fatigue, because doctors always listen to the traumatic stories of patients every day for so many years altogether and that is how they produce secondary traumatic stress and that is what we call compassionate fatigue. Physicians must interact with intense emotional aspects of life. Physicians are called on to cope and adapt with stress characteristics of their job.

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## INTRODUCTION

- Physicians must continuously respond to the needs of patients and families and expend their own emotional resources to provide care and caring to others. Medical encounters are often stressful and the physician must reach deep within him-or herself to give to those unable to give back or express gratitude. Patient and societal expectations demand certainty from the medical profession, while medical knowledge includes limitations and uncertainties. Physicians everyday are called on to cope and adapt with stresses characteristics of their role. Intense withdrawal of emotional reserves is required, while emotional deposits may be infrequent and few. For some coping capabilities prove insufficient and emotional reserves become depleted. For these burnout becomes reality.

Physician must continuously respond to the needs of patients and families and expand their own emotional resources to provide care and caring to others.

This is what they have taken oath for while graduating from medical college. Medical encounters are often stressful and the physician must reach deep within him or herself to give to those unable to give back or express gratitude. Patient and societal expectations demand certainty, certainty from the medical profession, while medical knowledge includes limitation and uncertainty. Doctors cannot give you guarantee. Doctors cannot give you guarantee that by this particular method or this medications or this treatment, the things will go well.

No, it is just not possible. They are also trying to that best of ability and knowledge, they are giving you the best medicines which they trust. But to get well, to get okay, it is just not in their hand and we in society, we people in society, we think and we demand that doctor should be able to give us the guarantee because we pay the fees and they must give us the health. Physicians every day are called on to cope and adapt with stress characteristics of their role. Intense withdrawal of emotional reserves is required while emotional deposits may be infrequent and very few.

For some coping capabilities prove insufficient and emotional reserves become depleted. For this burnout becomes a reality for doctors.

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**WHY THIS TOPIC?**  
**Demands of the job as a Doctor...**

**But** there are also external factors that cause doctors to stress out. They are giving all day (and night) emotionally, and dealing with physical and emotional distress but who cares for them? For GPs in particular, there is isolation, both psychologically and physically. Doctors are also practicing intensively at front line. Long hours lead to poor family relationships/support.

- A lack of feedback (except in the form of complaints!)
- Perceived threat of, for example, violence, complaints
- Insecurity (poor support from management; poor practice; pressure from seniors)

Why this topic? Some of the points are equally good, equally applicable to other jobs also which are demanding in nature. Demands of the job as a doctor, but there are also external factors. First factor is demand of a job as a doctor because they are there to help the patients.

This is the first and foremost priority. There are other factors also that is called doctors to stress out. They are giving all day and night emotionally and dealing with physical and emotional distress, but who cares for them? Is there any gratitude that they are working for us? When you call emergency call is there during night and a doctor will rush out from his or her bed and will just come to the hospital to treat you. Where is the gratitude for such work? For general practitioners in particular there is isolation both physiological and physically. Doctors are also practicing intensively at front line.

Long hours lead to poor family relationship support. Lack of feedback. I do not remember that after getting well and going back any patient has written a thank you later or thank you card to a doctor. You ask yourself, you thousands of people are listening to me now and I am telling you have you ever said a word of thanks even on telephone to your doctor when it treats you and recovery happens and you are happy again? They do

not get a feedback. What they get instead of a proper positive feedback they get complaints, medical legal problems.

Perceived threat of for example violence. Nowadays it has started happening. Patients become, patients relatively become rude, violent. They attack the hospital premises, doctors, nurses, insecurity, poor support from management, poor practice, pressure from seniors. These are these are the demands on a doctor and that is why they come under stress that leads to burnout.

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### **Importance of Avoiding Burnout!**

- **Burnout in physicians has many important implications for persons experiencing it as well as the recipients of health care.**
- **Knowledge on how stress and burnout develops is important.**
- **This understanding will help how to prevent burnout.**

- Individuals experiencing burnout have higher rates of divorce, suicide, job turnover, drug and alcohol abuse, caffeine and nicotine addiction and a shorter life expectancy
- Organisations with large numbers of employees who are burned out may in turn become resigned, stagnant, and visionless. The health care client is in danger of receiving, at best, poor quality care and life threatening care from burned out physicians.
- It is therefore very important for physicians to understand the concept of burnout and to be aware of its sign and symptoms.

Importance of avoiding burnout. Burnout in physician has many important implications for persons experiencing it as well as the recipients of healthcare. Knowledge on how stress and burnout develops is very important. This understanding will help how to prevent burnout.

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## The Concept of Burnout

- Burnout is a reaction to chronic, job-related stress.
- **“A literal collapse of the human spirit”** (Storlie 1979).
- “The loss of concern for the people with whom one is working”(Maslach 1976).
- “Psychological withdrawal from work in response to excessive stress and dissatisfaction” (Cherniss 1980).
- It is an emotional state that may be accompanied by a number of physical and behavioural changes. It is also described as the extent to which a worker has become separated or withdrawn from the original meaning and purpose of his work.

It is a concept very old little collapse of the human spirit. Burnout means it is a collapse. You do not have any interest. You become lifeless. You do not have any purpose, do not have any goal in the life. You think everything is over now you know that is burnout.

You are living, but you are dead. It is a psychological withdrawal from work in response to excessive stress and dissatisfaction and here I will add another word. It is withdrawal not only from work, later on you withdraw from your own life also when you enter into a state of depression. It is an emotional state that may be accompanied by a number of physical and behavioral changes. It is also described as the extent to which a worker has become separated or withdrawn from the original meaning and purpose of his work and that was to help the society in matters of health, prevention and treatment of disease.

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## SOURCES OF STRESS: SENIOR DOCTORS

### Senior Physician find new stresses waiting for them as they go up the ladder:

- Work faster and longer hours
- Mountains of paper work and threat of malpractice suits
- Economic security proves elusive
- Physicians who manage to survive their training years find their expectations often do not conform with reality. Many arrive at this point with their sense of self-worth completely tied to their productivity.

What are the sources? Senior doctors, basically we are talking about senior doctors, they work faster and longer hours. Mountains of paperwork and threat of malpractice suits, economic security also proves elusive sometimes. How much they can work? How much money they can amass after all?

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## Sources of Stress: Resident Doctors

### Resident Doctors Syndrome

- Long training hours
- Excessive work loads
- Sleep deprivation
- Changing work conditions
- Peer competition
- Self denial
- From medical college through residency the medical training system fosters *maladaptive coping habits*. Episodic cognitive impairment, chronic anger, pervasive cynicism, family discord are present. More severely affected Resident Doctors may also be affected from major depression, suicidal ideation and substance abuse.

Resident doctors, long training hours, excessive workloads, sleep deprivation because they are in the hospital and they are the first responder to any call from the nurse, from

any ward. Changing work conditions, peer competition, it is always there in any field and self-denial because you have to deny so many good things to yourself.

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**Sources of Stress: Leading to Burnout**

- Difficulties to keep up to date
- Challenge to explain and defend work
- Daily confrontation with sickness and death

- Rapidly increasing medical knowledge and technology make it difficult to keep up to date and there is an increasing pressure to focus on the disease rather than the patient.
- Many physicians are now challenged by patients, nurses, administrators and government agencies to explain and defend their job
- Physicians are daily confronted with death and are thus focused to deal with the issue of their own mortality and the purpose and meaning of life. Many unfortunately begin to view death and disease as well as life in general as a battle. Some see battle already lost and develop a sense of hopelessness and powerlessness.

Now this thing leads to burnout, difficulties to keep up to date, challenge to explain and defend work and daily confrontation with sickness and death.

When the whole environment and profession demands that only you will remain with a sick person.

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## Degrees of Burnout

- **First Degree:** failure to keep up and gradual loss of reality
  - **Second Degree:** accelerated physical and emotional deterioration
  - **Third Degree:** major physical and psychological breakdown
- Simmendiger and Moore suggested a three degree model on burnout. **First** degree burnout is characterized by a failure to keep up, complacency regarding status quo and a gradual loss of reality. **Second** degree burnout is accompanied by accelerated deterioration, where individuals have problems to sleep and have little energy. They may gain or lose weight. **Third** degree burnout involves major physical and/or psychological breakdown (heart attack, ulcer, mental illness, most frequently depression).

Degrees of burnout, there are three degrees. First degree, failures to keep up and gradual loss of reality. First degree, it can be managed, there is just no problem. Second degree, accelerated, physical and emotional deterioration.

Now it requires heavy effort to come back to the normal situation because earlier you are not looking at the reality but now it has gone deeper, physical and emotional things and third degree, major physical and psychological breakdown and that can lead to depression.

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## Five Stages of Disillusionment

- Edelwich describes this process as “ a progressive loss of idealism, energy, and purpose that occurs thorough five stages of disillusionment. Their first stage of **enthusiasm** is when workers are new to a job. Their energy levels are high and their expectations are unrealistic. The stage **stagnation** occurs when workers still doing their jobs, but are becoming detached from them. The third stage **frustration** begins when workers question their own effectiveness and the value of the job. **Apathy** serves to defend against this frustration. **Interventions** can occur at any stage to prevent or treat burnout.”
- Enthusiasm
- Stagnation
- Frustration
- Apathy
- Intervention

Five Stages of Disillusionment. The degree you wanted the most when you are a student, you worked so hard, you worked so hard, gave the competitive examination, got a merit, got admitted in the hospital. You love that particular work of being a doctor. You are happy and you are proud that you are a doctor now, MBBS degree.

And after few years, this is what is happening to you. There are five stages of disillusionment. The work which you cherished, you worked so hard to achieve and now the same work has produced this burnout and you are disillusioned totally. You do not like this now. Enthusiasm is gone, you are not ready.

That continuous medical education, that improvement for patient and doctor's relationship that is totally gone. Stagnation because now you do not keep up yourself medically. Medical knowledge is advancing very fast. Frustration because of these two, people do not believe you. They say now you are outdated, you get frustrated.

Apathy, apathy towards you and towards the patient. And lastly, intervention needs to take place at any stage to prevent burnout. These are the five stages. If you do something in the first stage where your enthusiasm is lessened in this profession, do something.

Then you can come out. Stagnation, you are still working but you don't want to proceed further. You have become a doctor but you don't want to go for MD because again it requires lots of competition. You don't want to advance in your profession. This brings frustration and when frustration comes, your effectiveness as a doctor goes down. Apathy, you cannot defend against this frustration and apathy, theek hai chalne do (Hindi words meaning okay lets go), let it go like this you know.

Interventions need to occur. Intervention can occur at any time. Now for this, we will just see three coping mechanisms as well as three intervention mechanism.

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### Transactional Model of Burnout

**There are three stages in Transactional Model of Burnout:**

- **Stage 1:** demands exceeding emotional resources
- **Stage 2:** Attempts to balance between demands and resources
- **Stage 3:** Maladaptive coping mechanisms develop

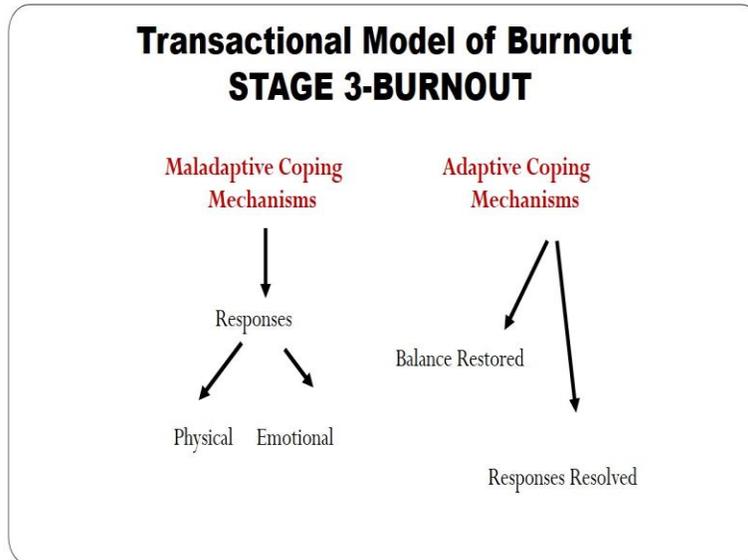
- Cherniss and Fawzy et al. conceptualized burnout as a transactional process. **The first of the three stage** transactional model occurs when an individual appraises specific demands as taxing his or her resources. Such demands come from external factors (environment, relationships, community, goals, achievements) or internal factors (self-concept, identity, roles, life style, development issues). There are initial responses to this appraisal of demand and resource imbalance. Feelings of tension and anxiety as well as fatigue and exhaustion are common. **The second stage** involves coping attempts to balance between demands and resources. If these attempts are unsuccessful burnout occurs. **In the stage 3** common physical and emotional responses to burnout occur. This should be a warning sign. The most serious of these is depression with sociality.

The transactional model of burnout, stage one demands. It's a similar thing what we spoke about in the lecture of stress and burnout. I give you a simple model, demands and resources.

When demands are increasing and resources are decreasing, the stress occurs. Here in the stage one, demands exceeding emotional resources. Stage two, attempts to balance between demands and resources. He's trying after all, he's a knowledgeable guy, he's a doctor. He's not a buffoon, very intelligent guy.

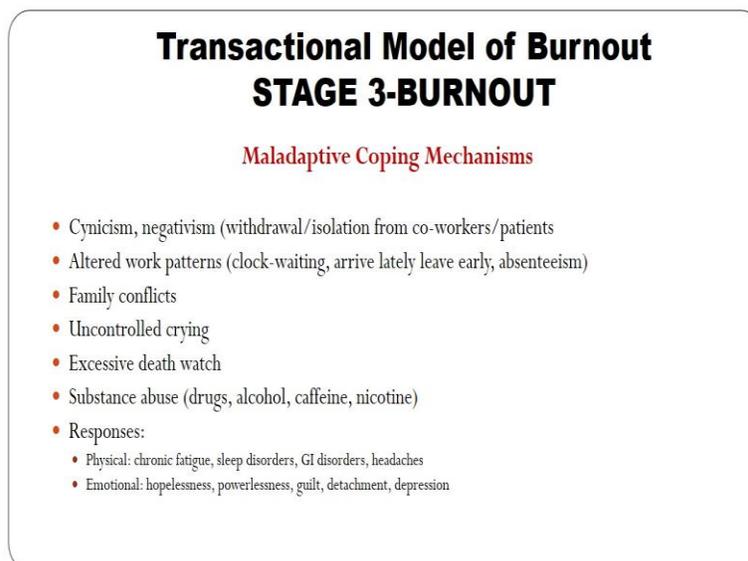
So he tries to balance between these two and but nothing happens. He could not balance and then he enters into the third stage that is maladaptive coping mechanism.

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This is the stage three burnout. Response is physical and this maladaptive coping mechanism. This is the adaptive coping mechanism where balance is restored and responses are resolved.

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Stage three burnout, cynicism, negativism, altered work patterns, family conflicts also. Earlier he was earning so much, family was very happy, comfortable. Income has gone down, family is unhappy. Uncontrolled crying, excessive death watch, substance abuse for a doctor it is easy to get drugs, controlled drugs because he's a doctor. So this is what happens in stage three burnout.

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**Transactional Model of Burnout**  
**STAGE 3-BURNOUT**

*Adaptive coping mechanisms*

- Learn and apply principles of stress management
- Participate in support groups
- Seek appropriate substance abuse treatment
- Seek appropriate family therapy
- Responses:
  - Balance restored
  - Responses resolved

We can have adaptive coping mechanism, learn apply principles of stress management, participate in support groups, seek appropriate substance abuse treatment, seek appropriate family therapy, response is balance restored and response is restored.

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## Coping Behaviour: I

- Working harder and longer
  - Sense of entitlement
  - Belief on immunity to difficulties
  - Failure of self recognition of mental problems
- Physicians trying to cope with demands of their practice by working harder and longer may experience severe inefficiency, psychological impairment, and poor patient care.
  - It is often difficult for physicians to express they are having trouble in coping with stress. This frequently stems from sense of entitlement.
  - Physicians own expectations are often their greatest source of stress. Few spend time in self-reflection or in attending their own needs. Medical training reinforces false beliefs in one's immunity to difficulties and prevents self-recognition of serious psychological problems.

Coping behavior one, working harder and longer, sense of entitlement, belief on immunity to difficulties and failure of self-recognition of mental problems. This is very easy coping behavior which he has to undergo.

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## Coping Behaviour: II

- Alienating family members and friends- three explanations:
  - Anger and frustration are vented to family and friends
  - Inability to share troublesome experiences
  - Family and friends are another source of demand
- Three primary explanations for alienating family members and friends have been proposed:**
- Anger and frustration are vented to family and friends in the belief it is safer to express these negative feelings to family members and friends than towards patients and co-workers.
  - Fearing breach of confidentiality physician may feel unable to share troublesome experiences with others.
  - Family and friends may be perceived as another source of potential demands.

Coping behavior two, alienating family members and friends. Three explanations, three primary explanations for alienating family members and friends have been approached.

Anger and frustration, fearing breach of confidentiality and familiar friends may be perceived as another source of potential demands. Anger and frustration are vented to family and friends, inability to share troublesome experiences and family and friends are another source of demand.

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### Coping Behaviour: III

Avoiding to be with Family:

- **Physician Dawdler**
- **Electronic Physician**
- **Out-of-town Academician**

- Brent and Brent describe three ways in which physician manage to avoid being with their families :
- 1. The “**physician dawdler**” spends excessive time socializing around and therefore has to stay late to get al work done.
- 2. The “**electronic physician**” arranges to be available for patients 24 hours a day, 7 day a week.
- 3. “**Out-of-town Academician**” must accept every invitation that comes along.

Coping behavior three, avoiding to be with the family. The physician dawdler spends excessive time socializing around and therefore has to stay late to get all work done. Electronic physician arranges to be available for patient 24 hours a day, 7 days a week.

So he gets stressed. Out of town academician must accept every invitation that comes along, conference, lecture, this or that. This is how he avoids family by means of these three things.

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## **INTERVENTION: I**

- **Initiation of programs to alert physicians to stresses**
  - **Re-evaluation and restructuring medical training**
  - **Offering programs and conferences dealing with burnout**
- Programs alerting physicians to the stresses of medical practice should be initiated at medical colleges and in residency programs. The goals of these programs are to provide individuals with effective ways to cope with stress and burnout.
  - Postgraduate medical training must also be re-evaluated and restructured to prevent burnout. Better working conditions must be given to house officers.
  - Medical societies must offer programs and conferences to help senior physicians. Such programs might be valuable to teach physician that asking for help is acceptable for them.

Let us talk about intervention one. Initiation of programs to alert physicians to stresses. Certain programs need to be initiated either by the department or by the physician himself.

There are so many programs available now in the market. Re-evaluation and restructuring medical training. This is what is required in medical colleges. We do not have certain useful programs to be taught to the students and this can be, this should be in medical colleges like earlier I told you, they should be taught about communications, ethics and other things. Similarly, they should be taught properly as a matter of assignment that how they can avoid stress and burnout as a doctor.

Offering programs and conferences dealing with burnout. This is intervention one just on the academic platform.

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### INTERVENTION: II

- Learning of new adaptive coping mechanisms:
  - Self-assessment and determination of stressors
  - Specification of life priorities
  - Sharing and expressing feelings
- Burned out physicians need to learn how to assess themselves and the cause of stress. A close friend and co-worker can also this self-assessment, because most physician deny their problem.
  - Life priorities need to be specified and decision made as to whether they are supported by current behaviour, and whether adequate reward exists. Physicians have to learn to value themselves, to recognize that all demands made upon could not be met. Essential priorities have to be determined.
  - Sharing and expressing feelings and frustrations with family members, and friends will help relieve tension, increase empathy and understanding of significant others and prevent communication breakdowns.

Intervention two, learning of new adaptive coping mechanism. Self-assessment and determination of stressors, specification of life priorities that is very important. Earlier you had the priorities of being a doctor, looking up to the patients and the hospital.

So, this is how you landed in stress and burnout. Now, this is the time to relocate priorities, families, friends also come. So, let them have their share and reduce the load of work in your private life, sharing and expressing feeling.

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### INTERVENTION: III

- Alleviating stress at work:
  - Focusing on positive aspects and small success
  - Setting daily and weekly goals
  - Breaks and variation in daily schedule
  - Utilizing a team approach
- Much can be done alleviating stress at work. Setting daily and weekly goals gives sense of accomplishment. Utilizing a team approach to patient care can decrease counterproductive competitiveness. A team approach helps saving time. Physicians can increase mastery and control by enhancing their knowledge base. This can be done by having more time to read and visit educational meetings.

Intervention three, elevating stress at work. At workplace also, reduce the stress.

Let the workplace be friendly. Focusing on positive aspects and small success, setting daily and weekly goals, breaks and variation in daily schedule should be there. This will give you some rest and ruku. Utilizing a team approach, I said earlier team means you have got a power authority to delegate and when you delegate your own responsibility gets reduced. Delegation does not mean that you are given away everything. When you delegate something, coach the people, train the person that yes this is how it is to be done and if you find any problem, please come and contact me.

But overall responsibility of doing this work is yours, contact me when you find some problem. Delegation is very important in such matters, but before you delegate you have to train your people. Like being a doctor if you delegate certain responsibilities to your matron or to your chief nurse, it is your duty to train that nurse to that particular level of work, then only they can she can perform those task.

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<b>STRESS REDUCTION STRATEGIES</b>	
<b>ACTION STRATEGIES</b>	<b>THINKING STRATEGIES</b>
1. Physical Change	1. Reframing
2. Assertiveness	2. Modifying Beliefs
3. Time Management	3. Thought – Stopping
4. Problem Solving	4. Realistic Expectations
5. Leaving the Situation	

Stress reduction strategies, action strategies, physical change, assertiveness, time management, problem solving and leaving the situation, leave it, nothing will happen. If you are not there, then the then also the world will go on.

Thinking strategies, reframing about the situation about yourself. Normally what happens most of the time, we think this bottle is half, but very few people think that this bottle is half full. We are always in that concept of half empty and half correction, half full. We should remain in that concept, positive concept that everything has positivity around it. We need to change our goggles, change our lenses to see that positivity and that is called reframing.

Modify your belief, thoughts stopping and realistic expectation from your work and life.

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### **SELF-MANAGEMENT**

- Exercise
- Relaxation Techniques
- Time-Outs
- More sleep/Rest
- Social Support
- Humours
- Smile
- Meditation
- Living in the Nature



Self-management, exercise regularly, relaxation techniques include meditation and pranayama also. Time outs you must have all work and no fun that is very bad for your health. More sleep and rest, social support, humours very important and humours come and go and then therefore you remain joyful, smile, meditation, living in the nature. These are the self-management techniques and really they are very very useful, very powerful also. I experience most of these techniques and I am doing it myself.

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## **CONCLUSION**

- Burnout among physician is a serious problem, with a risk for suicide.
- Programs and conferences are needed to alert physician against burnout.
- Medical training should be re-evaluated and restructured to prevent burnout.
- Physicians suffering of burnout need to learn new adaptive coping mechanisms.

Conclusion burnout among physician is a serious problem with a risk for suicide. Programs and conferences are needed to alert physician against burnout. Medical training should be reevaluated and restructured to prevent burnout and physician suffering a burnout need to learn new adaptive coping mechanism. And this is equally applicable to any person who is working in any other field.

Stress and burnout is anywhere everywhere from child to the elderly or anybody from peon to the prime minister. So, both the techniques what we are discussed about with slight modification they are applicable in any other field also. Thank you. Thank you friends.