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RECOGNITION AND MANAGEMENT OF BURNOUT IN HEALTH CARE PROVIDERS

“I can’t take this anymore”, “I need a break”, “I just can’t face another patient!” Do any of these phrases sound familiar to you?

With the second wave of COVID-19 in full swing, and no clear end in sight, it’s safe to say that feelings of being overwhelmed and fatigue have long set in. For front-line workers and those in the helping professions, the term *burnout*, has taken on very real meaning with very

real consequences.

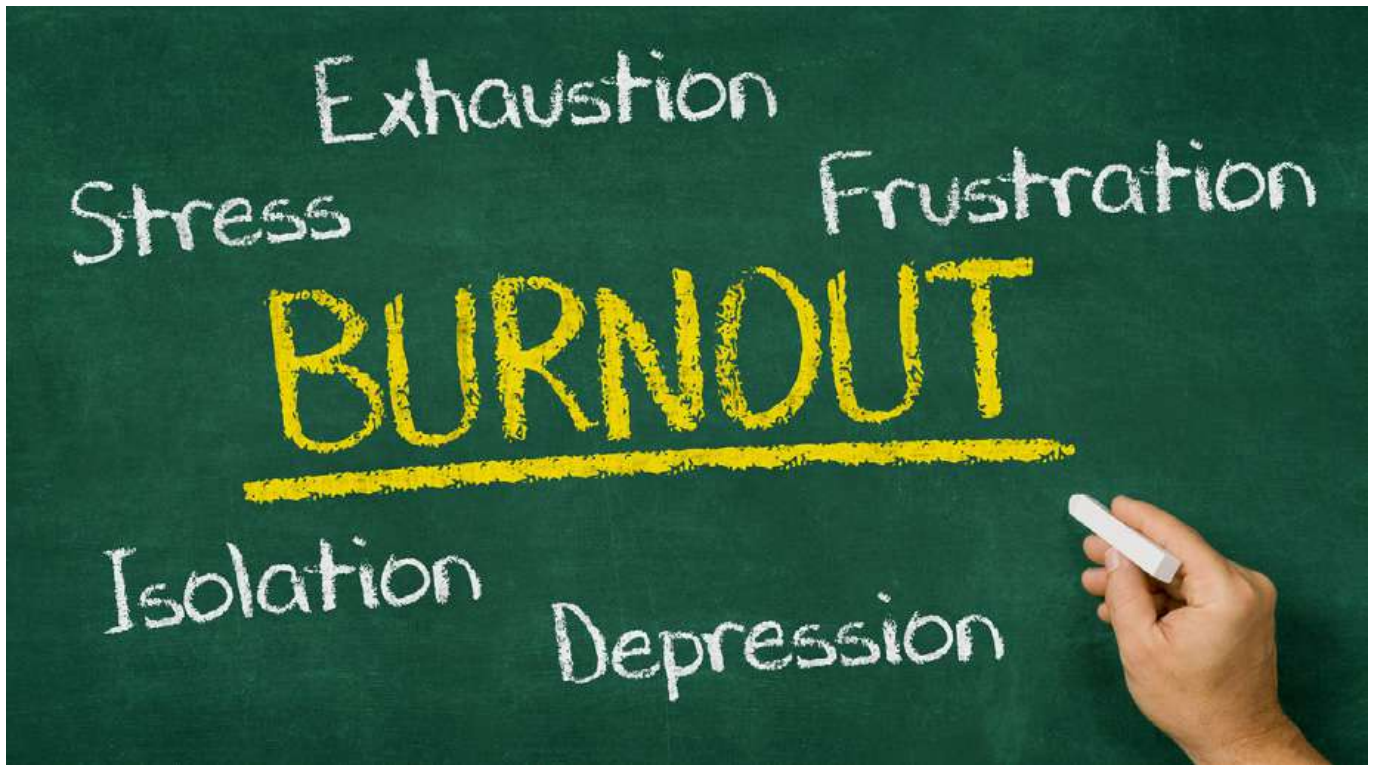
But what exactly is burnout? How are those in healthcare professions at greater risk? And what can be done to combat this still largely misunderstood condition, especially at a time when resources are low, morale is down, and the light at the end of the tunnel is seemingly elusive?

During a webinar titled *Recognition and Management of Burnout in Mental Health Care*

Providers, recently held by the Healthcare Workers Care Network, psychiatrists Dr Antoinette Miric and Professor Rita Thom and psychologist Dr Tina Sideris outlined the condition of burnout, which is sweeping the globe.

WHAT IS BURNOUT?

Dr Miric used Professor of Psychology and co-author of the Maslach Burnout inventory, Christina Maslach’s definition of



burnout to set the tone: Burnout is ‘a syndrome of emotional exhaustion, depersonalisation, and reduced personal accomplishment that can occur among individuals who work with people in some capacity’.

What was once considered a contentious term for generalised fatigue and lack of motivation, burnout is now being taken much more seriously. In early 2020, the World Health Organisation included burnout as a medical diagnosis in the ICD-11—most interestingly, under the category of an ‘Occupational Related Condition’. This before COVID-19 was declared a global pandemic.

Another relevant definition of burnout is that it’s a response to chronic, everyday stress. What Professor Thom asserts is that stress alone doesn’t cause burnout, but rather “stress plus inadequate resources and support do”. With COVID-19 having wreaked havoc on the world’s healthcare systems and social fabrics, resources and support are that much more scarce.

Somewhat paradoxically, healthcare professionals are less likely than the general public to recognise symptoms of burnout in themselves and to seek out care. Perhaps as a result of the nature of their work as helpers, they often neglect to remember that they, too, are human, with limited energy and mental reserves. Added to that is that “burnout is a reflection of an

uneasy relationship between an individual and their work”, and at a time when our systems seem to be holding on by a thread, the vulnerability to burnout has never been so high for those on the frontlines and healthcare.

So, what exactly does it look like? How can you recognise the symptoms in yourself? And what can be done about it?

THE SIGNS

It’s important to understand that burnout is not simply experiencing a bad day or week; it’s chronic and can last for any number of weeks, months and even years if problems are not addressed and changes made.

According to Maslach, some key signs of burnout are:

- Physical and emotional exhaustion
- Lack of awareness of cognitive and emotional changes
- Dread and exhaustion before starting the work day.

Maslach suggests continued exhaustion leads to depersonalisation; not in the clinical sense, but rather with regards to one’s relationship with their work environment and patients. While in its early stages, it can be hidden, this form of depersonalisation is characterised by a low sense

of motivation, irritation, lack of concern and even outright dismissal and results in a lack of the positive feedback mechanism that’s important to a person’s ability to sustain a long-term, healthy relationship with work.

The potential consequences of ongoing depersonalisation are a loss of accomplishment, a decrease in job satisfaction, feelings of inefficacy and even feelings of hopelessness.

If you suspect you may be experiencing some of these, a handy assessment tool is the Maslach Burnout Inventory, which is the most commonly used self-assessment scale used for measuring levels of burnout. The Inventory can be found at www.mindgarden.com.

To understand the link between healthcare professions and burnout, it’s useful to consider the intersection between empathy, compassion, and burnout. Dr Sideris describes empathy as the capacity to resonate with another’s feelings and experiences, both positive and negative, and compassion as a sensibility to suffering as part of the human condition, and the desire to prevent and alleviate suffering through action-orientated, remedial, or curative solutions.

While empathy and compassion are vital to healthcare professionals, an overextension of

these, over an extended period of time, without the proper resources and support, can lead to empathic distress, which can lead to burnout.

Interestingly, some argue that compassion can be used as an antidote to burnout, in that cultivating a healthy dose of active compassion for your patients can lead to a renewed sense of purpose and motivation.

Some of the conditions that contribute to empathic distress are:

- Work overload
- A 'fix it all/saviour' attitude;
- A lack of social and organisational support, which is a recurring theme.

Some tools to combat these are to cultivate a capacity for an - "I don't *always* have the answer" approach, recognising your own needs and vulnerabilities, and social engagement: reaching out to colleagues for support—even if that means a good venting session. Awareness of your thoughts, their manifestations and your reactions to them are also key to starting on the path to recovery.

WHAT CAN YOU DO?

Life and its challenges in general are host to the vulnerabilities and possibilities for burnout, but over the last ten months and with end-of-the-year fatigue segueing into

new-year-fatigue, those challenges are more compounded than usual. As Professor Thom puts it, "Stress, when predictable, moderate and controlled can lead to an increased resilience, but unpredictable, severe stress, which is characteristic of the world's current state, results in a general vulnerability to its negative effects".

"I THINK I MAY HAVE BURNOUT, NOW WHAT?"

While the evidence for what to do is still scarce, and with some taking the position that burnout in healthcare professions is part of the job, there are a few broadly accepted approaches to combating the condition:

- No one size fits all—look at the drivers of your burnout.
- Think about what will help you.
- It's useful to have an understanding of your different emotional states and responses—again, awareness is key. Practicing mindfulness is particularly helpful in cultivating this ability.
- Recognise the signs before they spiral out of control. The moment you notice your thoughts shifting towards depersonalisation, take note and make adjustments.
- Adjustments may mean: changing your routine,

addressing organisational issues with HR, colleagues and superiors; reaching out to mental healthcare professionals for additional support; a change of job title, role and even workplace – ask yourself, is this still serving me?

- Work smarter, not harder: plan your days more efficiently, see rest as a vital part of productivity, take on less, but more meaningful work.
- Set realistic goals.
- Say no more frequently.
- Take more breaks.
- Take things less personally.

While many of these options may be available to those in private practice, some can be more difficult to accomplish in the public sector. Relying on colleagues who understand what you're going through, joining or even creating support groups, and ultimately advocating for greater systemic change may be necessary as well.

Outside of work:

- Rest, rest, rest!
- Fill up your life outside of work – ensure a healthy work/life balance.
- Make time for spirituality, if you are so inclined.
- Exercise.
- Convert good intentions into action.

And most importantly, remember that you too are only human; ask for help, be vulnerable, change direction if you need to—and look after yourself!

You may not yet see the light at the end of the COVID-19 pandemic tunnel, but if you will pause, give yourself the space and time to reflect and prioritise what you need, and then actively take steps to improving your daily experiences even slightly, there is hope you will make it through this. And if you're overwhelmed and not sure what to do, ask for help, and be open to receiving support.

Link to webinar: <https://www.healthcareworkerscarenetwork.org.za/support-tools-resources/webinars/138-burnout-in-mental-health-care-providers> **MHM**

References available upon request



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