

Nursing & Primary Care

Burnout

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Introduction

Burnout has been the subject of many articles and research studies in recent years. Nurse Practitioners and other healthcare providers are affected by this serious issue occurring in the workplace. Burnout has been the reason for providers leaving their practices and professions. The problem is growing due to the inability of management to provide appropriate resources and individuals not considering self-care in the work environment. This article will provide an example case, definition of burnout; a literature review of causes, Burnout symptoms, and possible administrative and individual solutions.

Case Example

John Adams is a 30-year-old Psychiatric Nurse Practitioner working in a Medicaid clinic for the past two years. He is the only provider of Psychiatric services on the days he works. Patients are scheduled every 15 minutes and his schedule is full more often than not. There are walk-ins to the clinic and clients wait for an opportunity to be assessed. He has to make his own referrals for therapy, partial hospitalizations, and crisis response. John uses an electronic health record (EHR) to record visits but has found it difficult to keep up with the documentation throughout the day due to volume of business. He often stays late at the office to catch up, sometimes takes work home with him.

John feels overwhelmed, angry, and under-appreciated. He also experiences guilt and shame over having these emotions. He is having trouble sleeping at night, has become impatient with clients, and dreads coming to work. He is chronically fatigued and avoiding social interaction with his friends. What is going on with John?

Review of Literature

Capua (2016) found providers like John are experiencing

professional burnout. First described in scientific literature in 1970, many researchers have been investigating this many sided phenomenon. The U.S. Department of Health and Human Services has advanced the idea to an occupational hazard in 2007 due to difficulties retaining qualified providers. The problem is exacerbated due to lack of resources to prevent or treat burnout among most healthcare organizations. The administrative leadership in these agencies lack the understanding of the situation to make appropriate and lasting change.

Weigel (2015) notes Burnout is associated with a decrease in quality of care and an increase in medical errors. Poorer health outcomes, low patient satisfaction scores, and overuse of resources lead to increase healthcare costs. Limited time, poor provision of patient education, low self-efficacy at effecting change, ineffectiveness of interventions, and a negative attitude toward patient adherence with behavioral change create obstacles in providing professional services geared toward patient self-care.

Burnout is a serious problem. According to the American Medical Association [1] (n.d.) physicians with burnout make more errors, dislike their jobs, leave early for retirement, and lose empathy. The result is lower patient satisfaction and adherence to treatment (Barton Blog).

Burnout Defined

- A long-term stress reaction resulting in depersonalization, negative attitudes, emotional exhaustion, feelings of decreased personal achievement, and lack of empathy American Medical Association (AMA) (n.d.).
- Maslach [2] “an erosion of the soul caused by a deterioration of one’s values, dignity, spirit, and will.”
- The process of “burning out” refers to a progressive state that occurs through the cumulative impact of both empathizing with other’s suffering and being committed to their recovery (Maslach, 2001).

Skovolt [3] found there are three dimensions to burnout: (1) emotional exhaustion, (2) depersonalization, and (3) reduced personal accomplishment. The symptoms of this work related issue are similar to post-traumatic stress disorder which may include intrusive thoughts, nightmares, insomnia, chronic irritability, fatigue, difficulty concentrating, avoidance of patients or work events, hypervigilance, and angry outbursts. The presence of these symptoms relate to serious personal repercussions for healthcare providers including problematic alcohol use, broken relationships, and suicidal ideation.

Literature on Causal Factors

Nurse practitioner practice is grounded in nursing models and theory. While we may take on some tasks traditionally only performed by physicians, we maintain caring as our core role. Burnout among ARNPs takes on a slightly different form because we are dealing with a shortage of resources. In busy clinical practice, there may not be a medical assistant, or a clinic nurse, for every provider. Advanced Practice Registered Nurses (ARNPs) are likely responsible for the disability forms and prior authorizations. ARNPs tend to underestimate the time needed to recover from stressful clinical situations. Gessler and Ferron [4] also report the electronic medical record and patients who diagnose and treat themselves by Google as additional issues contributing to burnout. The availability of health information on line results not only in educated consumers, but consumers presented with difficult to understand jargon, suggested testing, treatment recommendations, and side effects. The information is at times overwhelming and frightening resulting in additional stressful interactions with patients.

According to the Erickson & Grove [5] younger nurses are more likely to experience burnout and less likely to seek out measures of self-care. Burnout is associated with greater negative feelings towards ones job, and a greater likelihood of leaving the profession. According to a 2001 American Nurses Association (ANA) staffing survey, nurses report leaving work feeling “exhausted and discouraged (50%); “discouraged and saddened by what I couldn’t provide for my patients” (44%); powerless to affect necessary change for high quality care.

Fournier, et al. [6] completed a qualitative study on job satisfaction with 18 Nurse Practitioners working in primary care in Ontario, Canada. The findings reflect stress is affected by the NP’s perception of independent versus interdependent practice. Nurse Practitioners endorsing more independence were more comfortable and satisfied in the role than those seeking interdependence. The factors influencing job satisfaction were rural isolation, decreased opportunities to collaborate on clinical decisions, multidisciplinary roles, patient shopping by physicians, focused and homogenous caseloads, travel distance to work, inability to meet patient needs as sole provider, lack of resources to meet patient needs, and an inability to recruit additional staff.

Shanafelt, Boone and Tan [7] adopted the the Maslach Burnout Inventory (MBI) which is one of the most commonly used tools

to assess burnout. Most recently a modified version of the MBI was used to survey more than 7,000 U.S. physicians representing all medical specialties. The study found that 46 percent of the surveyed population had at least one symptom of burnout, representing a number of physicians in either primary care, emergency department, or internal medicine specialties.

Linzer, et al. [8] completed the Physician Workplace Study (PWS) and revealed a high level of burnout among physicians, especially women. Negative work conditions influenced an intention to leave practice and the perception of suboptimal care for patients. Thirteen percent of the sample population were non-physicians and contributed to the burnout rate of 30% to 50%. Study findings reflected issues adding to the cause were EHR, inefficient office practices, lack of teamwork, time pressure during visits, lack of control over workplace, career not reflective of doing what one is most passionate about, and the challenge of caring for minority patients.

Lyndon [9] indicates a 30-50% burnout rate among health professionals. More than 50% of American physicians have at least one symptom of burnout which is an increase of 9% over the last 5 years. Depersonalization is a major factor and leads to poor patient interactions, mistakes, and delivery of substandard care. Depersonalization is defined as a state in which a person’s thoughts or feelings seem to be unreal or belonging to someone else. The result is a threat to patient safety. Lack of motivation and cognitive impairment demonstrated by poor attention, memory, and executive function fuel decreased recall and attention to detail. Negative attitudes about patients, lack of investment in the practice, poor communication, and loss of information make for poor decision making. Burnout is higher in providers rating the workplace leadership poorly and explained 50% of the variations in satisfaction scores.

Tonozzi [10] found the satisfaction of work-life balance in healthcare providers decreased from 48.5% to 40.9% between 2011 and 2014. Healthcare providers have burnout twice as often as professionals in other disciplines. Major concerns were lack of control of the workplace, reduced time for documentation, and increased time spent looking up information on EHR.

Wagner [11] looked at additional factors predisposing individuals to burnout. Age, gender, socioeconomic, work overload, understaffing, and emotionally draining experiences have an impact. Providers under age thirty (lower amount of experience), male gender (increased risk of depersonalization), and rural location (social isolation) increase chances of burnout.

Heyman (n.d.) looked at the influence of emotional factors in burnout. Healthcare clinicians reported emotional health (62.5%) and work-life balance (71.5%) were extremely important in staying in current position, quality of life, and positive health outcomes. Factors leading to increased burnout included EHR, productivity expectations, and complexity in patient needs, inadequate staffing, cultural expectations, and the desire to not appear weak with

patients.

Synthesis of Findings

The shortage of resources is a factor in the process of burnout. Nurse practitioners find themselves in a role requiring multiple services due to lack of office staff. Accessing files, making calls, rescheduling appointments, and arranging follow up services fall within the range of duties. More youthful Nurse Practitioners (NPs) do not make self-care a priority and become overwhelmed. Work-life balance is a mitigating factor in controlling the process of burnout and providers without hobbies and personal interests are at risk. The decreased opportunity to collaborate with other members of the healthcare team leads to feelings of isolation and despair. Nurse Practitioners embracing independent practice are less likely to experience burnout. Those with a desire to be more dependent have increased tendency to burnout as access to the team is limited and more primary decision making is required.

The Electronic Health Record (EHR) is an issue for burnout. Accessing the record, searching for information, and documentation affect total time spent with patients. Documentation requirements by insurance companies, practices, and coding parameters require increased time spent away from patient contact and promote staying late and taking work home in order to meet the challenge. Poor office practices add to the dilemma by poor scheduling, lack of filing of information, delayed access to needed forms, role expansion into clerical area, and poor patient handling in reception and discharge. Lack of control over the workplace is another contributing factor. Administrators caring for monetary gain over patient care create environmental issues resulting in undue pressure for reduced time spent with patients and collaboration. Poor leadership creates stress as there is limited confidence in the support of the agency in meeting the needs of the providers. The administrative problems result in depersonalization and negative views of the patient and loss of empathy for meeting their needs. Providers do not want to appear weak by not having the control needed to properly manage the patient in the office area.

The addition of more minority patients and lack of expertise by providers in meeting their needs creates difficulty. Language barriers and lack of resources to meet cultural expectations are areas of stress. Patient access to internet and health related information lead to confrontation and demands on the provider and stress the therapeutic relationship. The lack of continuing education availability compounds the feelings of isolation and weakness felt by the Nurse Practitioner in a practice.

Skovolt [3] discovered Burnout is often manifest through compassion fatigue, physical or emotional exhaustion, stress, depersonalization, and lack of personal accomplishment. Burnout may lead to poor physical and mental health, strained or fractured interpersonal relations and economic loss to both employee and employer through absenteeism or sick leave.

What Are the Warning Signs?

Drummond (n.d.) [12] relates warning signs include not being

able to recover when away from work; feeling cynical, sarcastic, or negative towards patients; and feeling work is without reward. Further, the following issues, if occurring more than a few times a month, may signify increasing burnout:

- Emotionally drained by your work.
- Working with people all day long requires a great deal of effort.
- Work is breaking you down.
- Frustrated by your work.
- Working too hard at your job.
- Working in direct contact with people causes lots of stress.
- Looking at patients as if they are objects.
- Tired when getting up in the morning to face another day at work.
- Believing patients make you responsible for some of their problems.
- Being at the end of your patience at the end of the work day.
- Not caring what happens to some of your patients.
- Becoming insensitive to people since you've been working.
- Fear that your job is making you uncaring.

Literature Review of Interventions to Prevent Burnout

Fournier et al. [6] found Nurse Practitioners were able to alleviate the burnout process by taking a break from patient care activities by scheduling procedures interspersed with routine visits during the day. Access to continuing education activities and time off to facilitate were helpful. A more balanced caseload among providers allows for a more heterogeneous mix of patients. Allowing increased opportunities to collaborate with other members of the healthcare team on patient issues and new information is recommended. Nurse Practitioners desire more input into the role design of other providers. Wagner [11] elaborated on more personal actions for NP's including being aware of feelings, having the ability to talk to co-workers if feeling overwhelmed, taking time to care for yourself, and joining a support group.

The Administration of healthcare facilities can be part of the solution. Linzer et al. [6] recommends workflow redesign, improved communication among team members and the addition of Quality Improvement projects to address any concerns voiced by clinicians. Lyndon [9] focused on leadership issues which include executive coaching, clear values, setting professional and personal goals; techniques to tap individual's strengths and reframe negative thinking. Jarozzi (2018) recommends a focus on a culture of wellness within the practice which allows for more time to focus on health promoting attributes, volunteer services. The implementation of team based care to balance workload among members and improvement the EHR. Facility should be supportive of provider self-care activity.

Deschenes (2012) believes Management and Human Resources should take an active role in preventing turnover of employees. This may reflect increased group programs to allow interaction among staff and encourage collaboration. Encouraging staff to take breaks and vacation time. Employers should encourage healthy habits among employees by offering health focused programs and

workout classes in an effort to allow greater work-life balance. Small social gatherings in the workplace would allow for more personal interaction among staff.

Hegman (n.d.) looked further at recommended system changes. Regular performance evaluations, determining cause for turnover and taking action, leadership development, work balance, team concept aligning policy and care to decrease difficulty with EHR. Facility should assure continuing education, encourage best practices, and focus on improving employee well-being.

Synthesis

The literature provides a number of approaches for an individual Nurse Practitioners to consider to prevent burnout. Focus should be on one's self and include perceptions, roles, emotions, and communication techniques. Time management should be a consideration in work-life balance. Continuing educational pursuits and self-care ability are necessary. Relationships on the job should be positive, collaborative, and have a social component. The ability to constructively approach management concerning policies, work load, time management, and interpersonal issues must be available.

Management strategies to reduce burnout include continuing education of leadership in good management practices. Regular performance evaluations and team based approaches to policies and procedures are recommended. Regular evaluation of cause of employee turnover and taking action based on findings. Supporting group and health related activities among staff. Flexibility in granting time off for breaks and vacations is helpful. Establishing an open line of communication between management and staff which is accepting and considerate of recommendations and needs. Regular considerations of workload and complexity of EHR by a team of management and providers is required.

Conclusion

Nurse Practitioners, other healthcare providers, and administrators need to maintain awareness of the environment of care. There are sentinel markers for burnout among staff which require the joint efforts of agency and providers to resolve. The agency should work collaboratively with providers to maintain a healthy practice environment. Providers need to be aware of their own emotions and perceptions. Chris Raftery [13], President of the Nurse Practitioner organization, stated "More than any single self-caring

activity, a caring attitude or disposition towards oneself, rather than the archetypal self-sacrificing nurse, is the key to self-care".

Epilogue

John needs to take a moment to assess his situation and realize he is suffering from symptoms of Burnout. He can educate himself on available information concerning the issue and take appropriate action with his administration, collaborating provider, and his patients. More importantly, he needs to assure he cares for himself.

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