



Burnout During Crisis: Can Peer Intervention Make a Difference?

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Introduction

- ▶ Covid-19 pandemic is a global issue and has impacted healthcare workers internationally
- ▶ Inpatient, outpatient and tertiary healthcare workers have felt the burden of the burnout from Covid-19
- ▶ The focused population for this project is outpatient HCWs at a suburban urgent care clinic, to include Physician Assistants, Nurse Practitioners, Medical Assistants, Radiology Technicians, front office staff and administrative personnel.
 - At the time of this project there were no meta-analyses conducted on this issue

Introduction

- ▶ Implication of the problem: The burden of burnout extends beyond the individual, it has a ripple effect across one's family, colleagues and environment and can cause lasting negative impacts on the patients that one cares for
- ▶ Being in direct care of Covid-19 patients is an independent risk factor for psychiatric symptoms such as depression, anxiety, and distress
- ▶ Significance of the problem: addressing and acknowledging the burnout of HCWs may help with promotion of more mental health treatments for HCWs who cared for patients during the pandemic



Problem Statement

- ▶ There are no formally established methods to specifically evaluate the burnout of HCWs regarding the strain from the pandemic, which is a problem and displaced a lack of practice towards fixing the problem.
- ▶ There is no measurable scale specifically for the outpatient HCW to evaluate the burnout of the pandemic or a formal evaluation for burnout amongst HCWs. Addressing the burnout may help mitigate the exodus of healthcare workers.
- ▶ The problem was addressed through the intent for quality improvement of patient care in the urgent care setting.
- ▶ The parameters of the problem extend beyond the HCW; it impact the patient and the entire community he or she cares for.

Purpose and Objectives

- ▶ The purpose of this project is to evaluate the perception of burnout amongst outpatient HCWs who cared for patients since the beginning of the pandemic. The goal will be to demonstrate if interventions will decrease the feelings and perception of burnout.

Purpose and Objectives

► The planned objectives will be:

1. Develop a method to identify perceptions of burnout among HCW
2. Develop an intervention tool
3. Analyze the results and modify the intervention tool to develop management strategies to decrease rates of burnout and attrition among outpatient HCW.

Background

- ▶ The project site is a suburban urgent care clinic in Tennessee
- ▶ The concern and HCWs exposed to COVID-19 have a high risk of developing unfavorable mental health outcomes and may need psychological support or interventions
- ▶ It will likely take national and international measures and investments to resolve the burnout of HCWs upon conclusion of the pandemic and governmental leaders who understand safe methods to lift lockdowns and have mitigation strategies in place to reduce community Covid-19 rates

Concepts



Burnout	Burnout is result of ongoing and chronic lacking of a positive work experience that has 3 stages: emotional exhaustion, cynicism and reduced personal accomplishment
Stress	Lack of PPE, changes in work schedules, stigma, social distancing, childcare strains, furloughs, fear of infection, fear of death and limited access to normal activities created havoc for the healthcare workers throughout the pandemic, particularly at the beginning when there was so much uncertainty
Sense of Purpose	Feeling that more good things will happen than bad things being resilient and able to process an event without lingering negativity.

Concepts

Healthcare workers

A healthcare worker is one who delivers care and services to the sick and ailing either directly as doctors and nurses or indirectly as aides, helpers, laboratory technicians, or even medical waste handlers. For this project, healthcare workers include front desk staff, medical assistants, radiology technicians, nurse practitioners and physician assistants

Intervention tool

Use of the Maslach Burnout Inventory and the option for peer checks in the form of phone calls, face-to-face or telecommunication via video chat.

Framework

► Pender's Health Promotion Model was the model used for this project because it encompasses the need for total health, which is lacking for the HCW that is experiencing burnout. The Pender health promotion model was developed by Nola J. Pender in 1982 and revised in 1996. It explains that health is not simply the absence of disease, but it is a positive state that can change and there are four assumptions.

Framework

- ▶ Pender's Health Promotion Model assumptions
 1. Individuals seek to regulate and manage their own behavior
 2. Individuals can change their environment and also be changed by the environment
 3. Health professionals impact the environment of an individual presently and over time
 4. Individuals' redesign of the personal-environment exchange is key to remodeling behavior

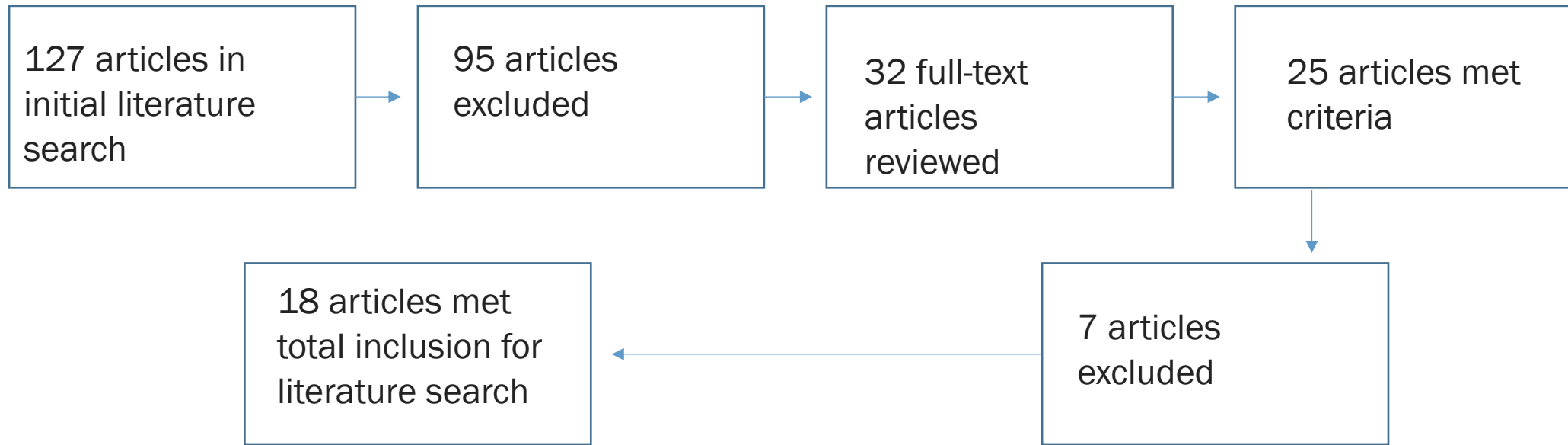
Synthesis of the Evidence: Evidence Search

- ▶ PICOT: Do peer checks over the course of two weeks help reduce the feelings of burnout among healthcare workers during the Covid-19 pandemic?
- ▶ At the time of this review of the literature, there were no random controlled trials that met criteria to be included in this project due to the recent relativity of the problem

Synthesis of the Evidence

- ▶ Strengths of the assembled literature include the acknowledgement of a mental health strain on HCWs since the onset of the Covid-19 pandemic and the challenges this has exacerbated in a community of professionals who were largely understaffed due to staffing shortages.
- ▶ The articles' themes largely focus on the problem of anxiety, depression, and burnout amongst HCWs
- ▶ HCWs coping measures to seek an improved state of wellness. Several of the authors discuss the value HCWs placed on peer and familial support both in and outside of work.
- ▶ Search terms included "COVID-19 BURNOUT" "HEALTHCARE WORKER BURNOUT" "PANDEMIC BURNOUT"

Synthesis of the Evidence



Methods

- ▶ The design of this project is quality improvement. Quality improvement utilizes the method of Plan, Do, Study, Act which allows for the operator of the project to approach the project in planned stages with a guided process
- ▶ The setting is a suburban outpatient urgent care clinic that is affiliated with a major medical center in downtown Nashville. Within the suburb there are four clinics with approximately 32 full time staff members and over 20 part time and per diem staff members. There are approximately 4 other sister clinics within a 50-mile radius of the home office that will be offered inclusion in the project.
- ▶ Participants: the goal will be to accrue 10 participants on a voluntary basis, an email invitation will be sent through the company email



Methods

► **Plan for implementation: Intervention**

- The plan for implementation is to ask participants to complete the Maslach Burnout Inventory (MBI). The project will be two weeks in length.
 - Once participants have completed the MBI, they will be given the options for follow up discussion, if desired. If the participants want to discuss their feelings of burnout, they will be provided the options for face-to-face, telephone or video conferencing.
 - A second survey will be sent out for comparison to the first survey
- One researcher is involved, there are no assistants, however academic advisory from VUSN professors will be utilized



MBI Human Services Survey for Medical Personnel

How often:	0	1	2	3	4	5	6
	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

How often
0-6

Statements:

1. _____ I feel emotionally drained from my work.
2. _____ I feel used up at the end of the workday.
3. _____ I feel fatigued when I get up in the morning and have to face another day on the job.
4. _____ I can easily understand how my patients feel about things.
5. _____ I feel I treat some patients as if they were impersonal objects.
6. _____ Working with people all day is really a strain for me.
7. _____ I deal very effectively with the problems of my patients.
8. _____ I feel burned out from my work.
9. _____ I feel I'm positively influencing other people's lives through my work.
10. _____ I've become more callous toward people since I took this job.
11. _____ I worry that this job is hardening me emotionally.

MBI



- 12. _____ I feel very energetic.
- 13. _____ I feel frustrated by my job.
- 14. _____ I feel I'm working too hard on my job.
- 15. _____ I don't really care what happens to some patients.
- 16. _____ Working with people directly puts too much stress on me.
- 17. _____ I can easily create a relaxed atmosphere with my patients.
- 18. _____ I feel exhilarated after working closely with my patients.
- 19. _____ I have accomplished many worthwhile things in this job.
- 20. _____ I feel like I'm at the end of my rope.
- 21. _____ In my work, I deal with emotional problems very calmly.
- 22. _____ I feel patients blame me for some of their problems.

(Administrative use only)

EE Total score: _____ DP Total score: _____ PA Total score: _____

EE Average score: _____ DP Average score: _____ PA Average score: _____

MBI - Human Services Survey for Medical Personnel - MBI-HSS (MP): Copyright ©1981, 2016 Christina Maslach & Susan E. Jackson. All rights reserved in all media. Published by Mind Garden, Inc., www.mindgarden.com



MBI Scoresheet

Overall score for occupational exhaustion (EE)

Add together the answers to questions 01. 02. 03. 06. 08. 13. 14. 16. 20

Occupational exhaustion	EE < 17	EE 18 - 29	EE > 30
	Low degree	Moderate degree	High degree

Overall score for depersonalisation / loss of empathy (DP)

Add together the answers to questions 05. 10. 11. 15. 22

Depersonalisation	DP < 5	DP 6 - 11	DP > 12
	Low degree	Moderate degree	High degree

Overall score personal accomplishment assessment (PA)

Add together the answers to questions 04. 07. 09. 12. 17. 18. 19. 21.

Personal accomplishment assessment	PA < 33	PA 34 - 39	PA > 40
	Low degree	Moderate degree	High degree



MBI Scoresheet

Degree of burnout

Beware if the totals of your EE and DP answers are both in the red area, and above all if your personal accomplishment assessment is also in the red!!!

EE	Occupational exhaustion (burnout) is typically connected to a relationship with work that is perceived as difficult, tiring, stressful... Maslach sees this as different from depression, as it is likely that the symptoms of burnout would be reduced during holidays.
DP	Depersonalisation or loss of empathy is characterised by a loss of regard for others (clients, colleagues...), and by keeping a greater emotional distance, which is expressed through cynical, derogatory remarks, and even callousness.
PA	The personal accomplishment assessment is a feeling that acts as a “safety valve” and contributes to bringing about a balance if occupational exhaustion and depersonalisation occur. It ensures fulfilment in the workplace and a positive view of professional achievements.

Methods

▶ Data Collection

- ▶ Concepts to be assessed: MBI scores and personal/subjective statements from the peer intervention (face to face, video calls, telephone)
- ▶ MBI: developed in 1981 by Dr. Maslach to measure 3 areas of burnout-emotional exhaustion, depersonalization and personal achievement. At the time of the literature search, no study regarding HCW burnout during the pandemic was noted to have used the MBI
- ▶ Timeline: 2 weeks

Methods: Analysis

- ▶ The MBI was distributed via emails to the participants, links to a survey on RedCap were individually sent and the link was unique to the individual. The data was reviewed with assistance from the Vanderbilt University School of Nursing statistics professor, Dr. Abby Parrish. Data was transferred to an excel spreadsheet for calculation of results.
- ▶ Subjective survey data from the peer intervention was transferred to a word document

Budget

- ▶ The budget for this project included the \$150 license fee to use the MBI and a possible expenditure of approximately \$25 for gas to drive to/from the designated coffee shop for participants who elected to meet in person. Total, \$175.
- ▶ Due to the author and several participants being required to quarantine during this project implementation, no gas was used due to all interviews being conducted remotely.

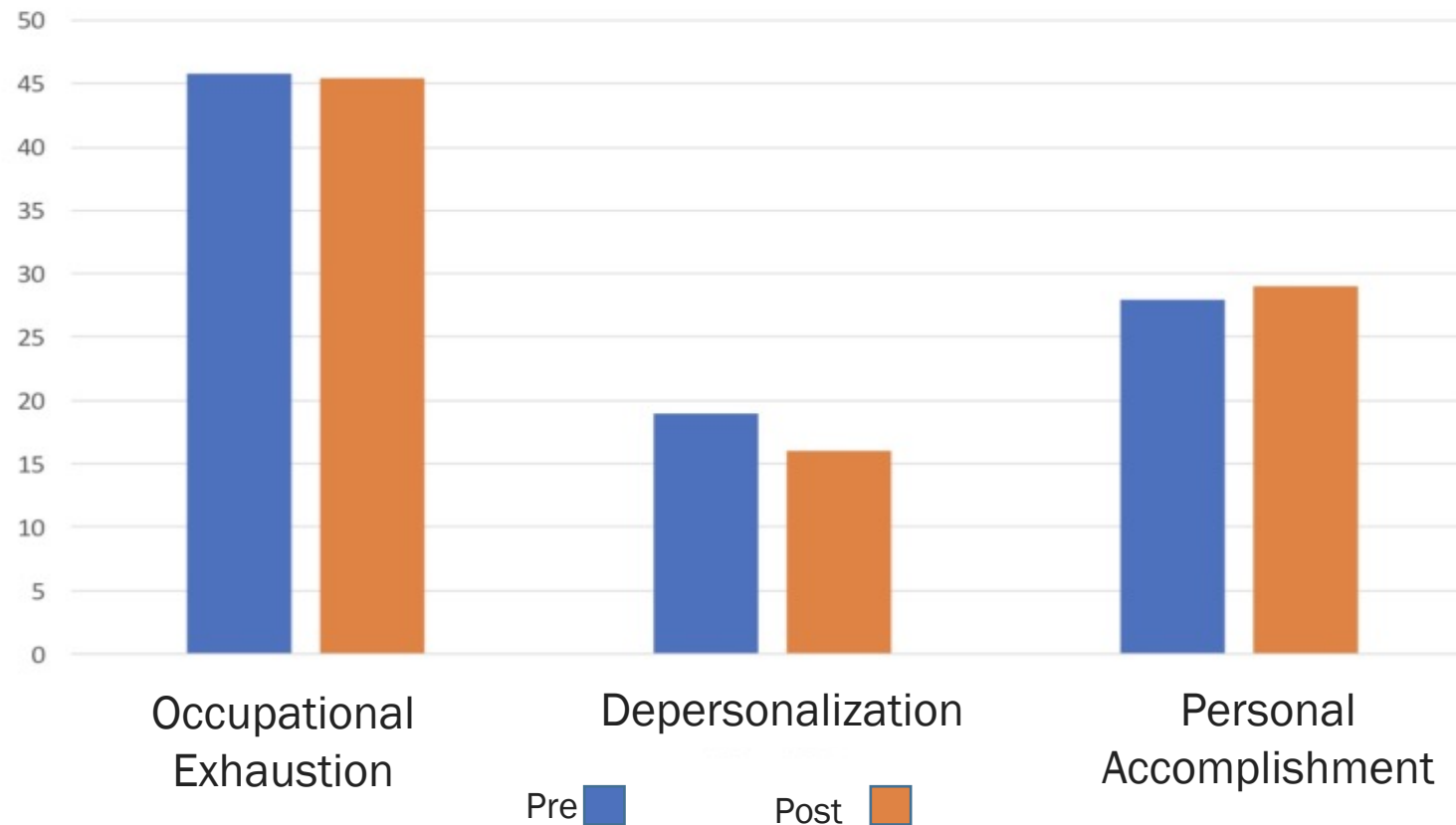
Results

Comparatively, the post-intervention data shows a small improvement in the HCWs perception of burnout in 2 of the 3 categories

			mean (SD) pre		mean (SD) post	
Occupational exhaustion: domain 1			45.8 (6.7)		45.4 (8.2)	
Depersonalization: domain 2			19 (6.9)		16 (5.7)	
Personal Achievement: domain 3			28 (8.9)		29 (8.1)	

Results

Burnout of the HCW: Self-evaluation scores



Results

- ▶ The results are promising given the short timeline and limited population of participants within the study. 12 HCWs volunteered, 10 HCWs remained in the study for the duration of the project, 8 elected to engage in peer-intervention (2 declined due to unexpected health issues)
- ▶ Themes noted in the peer-intervention include HCWs reporting they feel underappreciated, overwhelmed and anxious. 4 of the participants stated they plan on leaving healthcare as soon as possible, 1 plans on finishing advanced education to progress further in healthcare, 1 stated they still felt “in love” with their career choice and had no plans to leave, 1 stated they had plans to “sidestep” into an education role and leave direct patient care.
- ▶ 6 of the participants stated they felt better when they regularly talked to peers about their stress, 2 stated they did not notice a significant change

Results

- ▶ All 8 participants who engaged in conversations with the author endorse using alcohol, prescribed medications or tobacco products to cope with their feelings of burnout on at least one occasion since the onset of the pandemic. One endorsed a “heavy” increase in use of marijuana at the beginning of the pandemic that has ceased.
- ▶ All 8 participants endorsed their increased awareness of their feelings of burnout after completing the survey, which caused 5/8 to endorse initiating conversations with peers and family members about working toward a healthier lifestyle (i.e. change in career, change in schedules, planning vacations, et cetera)
- ▶ All 8 participants endorsed feeling more compassionate toward colleagues who may also be experiencing burnout after recognizing their own level of burnout

Discussion

- ▶ Peer intervention has a positive impact on burnout of HCWs
 - The findings demonstrate the need for leadership (within healthcare organizations) to be facilitating methods to reduce burnout amongst the HCWs.
 - Burnout is not new to healthcare
 - Increasing the population size and length of the study would further strengthen the results for further protection of HCWs

Conclusion

- ▶ Burnout among HCWs is increasingly more problematic due to the “ripple” effect we know that trauma can have on a person
- ▶ Ensuring that HCWs have resources to manage burnout is the goal to increasing resilience
- ▶ The pandemic is not over, and winter is coming, which is often a time when viruses flourish. As of November 2021, there is an increase in Covid-19 cases and implementation of lockdown procedures occurring across European countries.
 - The omicron variant caused a massive surge in Covid-19 cases beginning in December 2021 in the USA.



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