

## **Resilience and burnout in clinical practice**

### **Key messages**

- Be prepared to reflect upon how you feel in both your personal and professional life;
- Burnout can manifest through a range of symptoms including exhaustion, fatigue, sleeplessness, frequent headaches, shortness of breath, and gastrointestinal disorders;
- There are many strategies to help deal with burnout including changing work patterns with more breaks, paying attention to diet and exercise, and using relaxation strategies;
- Building support networks both within and outside of work is important and should not be neglected despite being busy;
- Aim to develop coping skills and build resilience. Think about better time management, and taking a step back from issues as they arise;
- Resilience can be developed in a number of different ways. Some important issues to consider are the importance of having and maintaining boundaries, using social time for something completely different to work, and cultivating contact with colleagues to avoid professional isolation;
- Be prepared to seek help when you feel you need it.

At a recent meeting of one of the NCOR research hubs, we discussed burnout and the strategies we used to try to help with the pressures of practice life. These ranged from ways of coping with challenging patients, to psychological approaches to try to leave the pressures of the working day behind. This article summarises the research papers we reviewed.

### **Introduction**

The importance of good physical and mental health continues to be advocated for us as individuals and for its promotion among our patients. Different strategies and resources have been made available and are underpinned by health policy<sup>1</sup>. Burnout is one mental health issue which is being

reported increasingly among healthcare professionals and the wider population, the need for action to support healthcare professionals is now the focus of some work by Health Education England<sup>2,3</sup>.

### **What is burnout?**

Burnout syndrome was first described in two articles, one by Herbert Freudenberger in 1974, and one by Sigmund Ginsburg (1974)<sup>4,5</sup>. Since that time the syndrome has been reported in a variety of different populations and professional groups.

### **What types of symptoms are reported?**

According to Freudenberger, burnout is characterised by a range of symptoms including exhaustion, fatigue, frequent headaches and gastrointestinal disorders, sleeplessness, and shortness of breath. Signs present as altered behaviour including frustration, anger, a suspicious attitude, a feeling of omnipotence or overconfidence, excessive use of certain medications (*e.g.* tranquilizers and barbiturates), cynicism, and signs of depression<sup>6</sup>.

### **How burnout is measured?**

Various different tools exist to try to measure burnout but one of the better known tools is the Maslach Burnout Inventory (MBI). The MBI was developed by Maslach and Jackson to assess an individual's experience of burnout<sup>7</sup>. There are now five versions of the tool available relating to different populations or settings<sup>8,9</sup>. It consists of 16-22 items depending on the type of population being assessed for burnout.

### **Addressing burnout**

Addressing burnout includes both alleviating the effects of its presence and preventing its occurrence. A range of strategies has been proposed to address the effects of burnout including:

- Changing work patterns *e.g.* by taking more breaks, giving greater space between patients to avoid feeling constantly rushed, paying attention to natural energy peaks and troughs, and reducing working hours if possible and practical;
- Developing coping skills *e.g.* by using better time management, stepping back from issues as they arise and trying to analyse problems from a neutral standpoint, and compartmentalising different types of work to avoid the pressures of multi-tasking;
- Building social support *e.g.* by contact with family and friends, joining a regional society, or if there isn't one close to you try creating a virtual community of practice or group using technology to maintain support with colleagues;
- Promoting good health *e.g.* paying attention to diet and exercise, and using relaxation strategies like mindfulness;
- Reflecting on practice and being aware if you feel less engaged in your work than before<sup>10</sup>.

In contrast to burnout, resilience is a term which is used increasingly to describe how we manage challenges in our everyday and work life. Derived from the Latin verb *Resilire* – to jump back – resilience is used also as a proxy for good mental health<sup>11</sup>.

### **Developing resilience**

Building resilience is a skill that is being advocated increasingly to cope with work and life stressors<sup>12</sup>. Aburn *et al.* identified that no definition exists which is universally adhered to<sup>11</sup>. However, in their review they identified a set of key definitions and concepts from across the literature which included:

- “rising above to overcome adversity;
- adaptation and adjustment;
- ‘ordinary magic’(defined as an ordinary phenomenon that is inherent in all people)<sup>13</sup>;
- good mental health as a proxy for resilience;
- the ability to bounce back.”

### **What are the characteristics of resilience?**

Many studies have examined the characteristics of resilience. They are said to include: displaying optimism, being flexible and adaptive, having good organisational skills, being prepared to work as part of a team (where appropriate), being prepared to show assertiveness, maintaining a sense of humour and self-worth, showing tolerance and initiative, being respectful and polite to co-workers, and keeping within professional boundaries<sup>14</sup>.

### **How can I develop resilience in my practice life?**

Different attributes have been described in the last section, and researchers have suggested various ways to build resilience practices into all aspects of life<sup>15</sup>. Recommendations from the literature and talking to different osteopaths include:

- Using leisure time to relax and engage in activities quite distinct from work *e.g.* sporting activity to ensure physical activity and social engagement;
- Cultivating contact with colleagues. Avoiding isolation in practice is very important. This can be achieved through joining a regional society, forming your own community of practice, joining a special interest group, or attending one of the NCOR research hub meetings;
- Maintaining good relationships with friends and family. When we are very busy it can be challenging to make time for family and friends but their involvement in our life can provide vital support;
- Maintaining boundaries. This has been cited in many studies and can be applied to boundaries with patients, or can include boundaries with some colleagues or superiors. Other boundaries can include how we protect ourselves *e.g.* not booking too many patients in one day who can be very challenging (both physically and emotionally) to treat. Osteopaths having also spoken about the significance they attach to their clinic attire and when they remove that they leave the practice behind;
- Cultivating a sense of professionalism. This can be delivered in a range of ways including developing skills through focussed CPD activities, keeping up-to-date with the research literature, attending multi-disciplinary events to learn from other professional groups, and engaging with your professional association;
- Organisation. Trying to create a routine so that the bureaucratic chores which are a part of practice life are done in a timely manner;
- Living with uncertainty. Unless we are part of the NHS, we have to deal with a degree of clinical uncertainty when it is not straightforward to access investigations for patients. There are also issues that can arise in practice life about which we may feel uncomfortable. One of the platforms that allows osteopaths to share and comment in complete confidentiality is the Practice Incident Learning and Reporting System (PILARS). This contains a variety of different scenarios reported by osteopaths and helpful feedback is provided by other members of the profession. It can be accessed at <http://www.ncorpilars.org.uk/>.

There are many more strategies for increasing resilience in everyday and practice life which discussion with colleagues might identify. Other sources of support are available in the profession: support is available through the Institute of Osteopathy as one of their membership benefits. Please contact Georgina Leelodharry for further details.

## References

1. NHS Five Year Forward Review (2014) <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf> (Accessed 26.08.2018).
2. Rimmer A. Employers must tackle high level of burnout among trainees, says GMC. *BMJ* 2018;362:k3018.
3. Health Education England. Mental health and wellbeing review (2018). <https://www.hee.nhs.uk/our-work/mental-wellbeing-review>
4. Freudenberger HJ. Staff burn-out. *Journal of Social Issues* 1974; 30, 159-165.
5. Ginsburg SG. The problem of the burned-out executive. *Personnel Journal* 1974;48, 598-600.
6. Heinemann LV and Heinemann T. Burnout research: emergence and scientific investigation of a contested diagnosis. *Sage Open* 2017:1-12.
7. Maslach C, Jackson SE. The measurement of experienced burnout. *Journal of Occupational Behavior* 1981; 2: 99–113.
8. Schaufeli, W. B., Leiter, M. P. & Kalimo, R. (1995, September). The Maslach Burnout Inventory—General Survey: A self-report questionnaire to assess burnout at the workplace. In M. P. Leiter, *Extending the Burnout Construct: Reflecting Changing Career Paths*. Symposium, APA/NIOSH conference, Work, Stress, and Health '95: Creating a Healthier Workplace. Washington, DC.
9. Maslach C, Jackson SE, Leiter MP. (2016). *Maslach Burnout Inventory Manual (Fourth Edition)*. Menlo Park, CA: Mind Garden, Inc.
10. Maslach C and Leiter MP. New insights into burnout and healthcare: Strategies for improving civility and alleviating burnout. *Medical Teacher* 2017;39(2):160.163.
11. Aburn G, Gott M, Hoare K. What is resilience? An Integrative Review of the empirical literature. *Journal of Advanced Nursing* 2016;72(5), 980– 1000.
12. Fernandez R. Five ways to build your resilience at work. *Harvard Business Review* <https://hbr.org/2016/06/627-building-resilience-ic-5-ways-to-build-your-personal-resilience-at-work> 2016: June.
13. Masten A. Ordinary magic: resilience processes in development. *American Psychologist* 2016;56(3):227-238.
14. Matheson C, Robertson HD, Elliott A, et al. Resilience in primary healthcare professionals working in challenging environment: a focus group study. *British Journal of General Practice* 2016;66(648):e507-15.
15. Zwack J and Schweitzer J. If every fifth physician is affected by burnout, what about the other four? Resilience strategies of experienced physicians. *Academic Medicine* 2013;88(3):382-389.