

Burnout: Occupational Hazard / What Can Be Done About It?

These handout materials are taken directly from the slide show presented at the Indiana Speech-Language-Hearing Association meeting, April 5, 2019. Slide content has been developed from a number of sources, including materials Dr. Flahive utilizes in coursework in counseling in SLP.

A number of resource references are included herein. These include online materials and websites that were in tact when this presentation was developed with no guarantee that they currently exist.

Learner Outcomes

- List common sources of burnout among helping professions (e.g., medicine, education, therapies, etc.).
- Summarize economic, professional, and societal implications of workplace burnout.
- Develop a plan to assess one's own work/life conditions with respect to potential burnout threats.
- Prepare a list of proactive steps to reduce prospects of burnout onset.

WHO

- ✓ According to a Mayo Clinic report (2017), physicians, nurses, social workers, and police officers are among professionals for whom burnout is reported to be common.
- ✓ Speech-language pathologists are among helping professionals and subject to similar workplace conditions and challenges.

WHO

- ✓ 44% of physicians say they feel burned out (updated information suggest some slight change but you get the picture!)
- ✓ Highest rates among critical care physicians, neurologists and family medicine doctors.
- ✓ Half of the respondents indicate they have those feelings on a regular basis.
- ✓ Women physicians tended to report feeling burned out more than males.

WHO

- ✓ Mid-career seemed most impacted – half of those 45 – 54 reporting burnout
- ✓ 15% of those “burned out” reported feeling depressed – 70% called it “colloquial” while 19% said they had clinical depression.
- ✓ 7 of 10 physicians indicated they would not recommend their profession to family members.

WHO

- ✓ In nursing this topic has been under investigation for at least forty years and remains a concern.
- ✓ Common issues include: emotional exhaustion, alienation from job-related activities, reduced performance.
- ✓ Suggesting possible connect between burnout and depression.

WHO

- ✓ K – 12 education systems loses more than 200,000 teachers per year.
- ✓ 19 – 30% leave during the first five years of teaching.
- ✓ Early mentoring reduces increases retention.
- ✓ Reminder: Employees are free to leave their jobs for various reasons – burnout isn't the only cause.

US

- 2017 Job satisfaction data indicate that...
- 89 % of SLP's report being generally satisfied with their jobs.*
 - Speech-language pathologist's job satisfaction ranks 22nd in healthcare professions - based on upward mobility, stress level and flexibility.

US

- SLP job satisfaction is about careers – not necessarily workplaces.
- Workplace factors may effect overall mental wellness.
- “Better” for SLP's doesn't minimize concern about workplaces fostering burnout conditions.

WHAT

Burnout in Helping Professions:

- *Lancet Psychiatry*, (May, 2018) reported 14% of common depression could be prevented by reducing job strain.
- Another report found “people experiencing job strain at age 45” were at increased risk of anxiety and depression by age 50.
- Increasing evidence linking burnout to depression.

WHAT

- Depression costs the U.S. economy more than \$51 billion dollars a year in absenteeism, \$26 billion in treatment costs.
- People with depression lose the equivalent of 27 work days per year.
- Modifying workplaces to make them more mentally healthy can improve employee well-being.

WHAT

- Productivity – Employees who lack motivation will often work slower.
- Sick time leave – Many suffering from burnout get sick more often and may need medical care.
- Increased errors – In practice this may translate into poor judgments, missing cues, etc.
- Higher turnover rate: Lost personal investment - prompt to seek other options.

WHAT

Reality of Burnout

Top stress items for SLP's include*

- Overwhelming paperwork
- Regulatory proscriptions
- Lack of preparation time
- Large caseload size

*Blood, et al, CICSD, vol 29, pp 132-140, Fall, 2002

Effects of Burnout

Psychological Effects

- Sadness
- Anger
- Frustration
- Tension
- Anxiety

Effects of Burnout

Professional Effects

- Detachment
- Depersonalization
- Sense of inadequacy
- Irritated with clients
- Work performance deteriorates

Effects of Burnout

Psychological Effects

- Depression
- Forgetfulness
- Suspiciousness
- Paranoia

Effects of Burnout

Physiological Effects

- Feeling of exhaustion and chronic fatigue
- Increased susceptibility to illness and infection
- Poor eating habits
- Frequent headaches
- Insomnia
- Gastrointestinal disorders

Effects of Burnout

Physiological Effects

- Possibility of developing dependencies
- Dermatological disorders (e.g., hives, exema)
- Back and neck disorders
- Hypertension

Measuring Job Satisfaction

- Reflection will be important – be prepared to examine *how it really is*.
- Conspire with a colleague – one who will give honest reflection.
- Use paper and pencil tools to assist – for example:
 - *Job Descriptive Index* which measures five job facets: job itself, supervision, pay, promotions and co-workers (2013).
 - *Minnesota Satisfaction Questionnaire (MSQ)*, [1977].
 - *Well-Being Survey* (Authentic Happiness website)

Burnout Prevention Program

- Focus on physical and emotional health.
- Critically evaluate (Dx. Annually?) job satisfaction and external “pressure elements”.
- Establish goals (and timelines) to modify the modifiable.
- Groups align more resources and have greater leverage in work situations – help form a group!
- Prevention has been a fundamental principle for a long time...it fits here!

Building Prevention Programs

- State or regional organizations may be able to sustain developing groups. Begin by addressing “stress management” and/or physical wellness.
- Contemporary ideas such as “mindfulness” may help identify local, established groups.
- Many local health facilities or wellness sources organize groups for yoga, tai chi, etc.

Ideas That Might Help

- ❖ First and foremost, we should anticipate that there will be times when we may need to drop back and analyze our overall mental wellness
- ❖ Also consider an annual work appraisal: Where am I? Where am I going? What's my plan? ...don't we already do this? If not, why not?
- ❖ It could be the answers suggest change(s)

Ideas That Might Help

- ❖ Don't be afraid to seek support(s) to your answers
- ❖ Continue to be honest with yourself – call it what it is
- ❖ Spend time with people who are uplifting – odds are you're a support to others
- ❖ Perhaps as easy as any suggestion, get rest, eat right, don't get into abusive habits (sound like your mom?)

Mindfulness May Be Helpful

Mindfulness techniques involve paying attention to the present moment while nonjudgmentally observing one's thoughts, feelings, and emotions.

A number of mindfulness resources are listed among resources

Ideas That Might Help

- Look to the benefits of positive self-talk (think, “little engine that could”)
- Reinforce evidence of a more positive disposition
- Others can compliment, reinforce, affirm - if they know you're going through a rough stretch – and you can do the same!
- Online sources may be helpful, but face-to-face supports likely more helpful

On Line Resources

<https://www.authentic happiness.sas.upenn.edu/>

Authentic Happiness is the home of the positive psychology movement – it houses a number of survey instruments (free to take) that may be helpful in establishing a plan for establishing and maintaining mental wellness.

<https://www.mentalhealth.gov/talk/communityconversation/services/index.html>

MentalHealth.gov - U.S. Department of Health and Human Services directory to assist in identifying mental health agencies and on-line information.

On Line Resources (mindfulness)

<https://ggia.berkeley.edu/#>

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0207765>

<https://centerhealthyminds.org/>

https://www.mindfulschools.org/training/mindfulness-fundamentals/?utm_source=bing&utm_medium=cpc&utm_campaign=Bing%20CPC%20MF

ASHA website resources

- <http://www.asha.org/practice/multicultural/self/> (this includes a "Personal Reflection")
- <http://www.asha.org/uploadedFiles/Self-Assessment-of-Competencies-in-Supervision.pdf>
- <http://www.asha.org/Articles/Quality-Indicators-A-Self-Assessment-Tool/>
- <http://www.asha.org/uploadedFiles/SLPs-Performance-Assessment-Contributions-Effectiveness.pdf>

Indiana Resources

Indiana Division of Mental Health and Addiction (DMHA)
<https://secure.in.gov/fssa/dmha/4521.htm>
 Community Mental Health Centers provide mental health and addiction services to persons with a serious mental illness or a substance use disorder.

Mental Health America of Indiana
<https://www.mhai.net/>
 Mission is to work for the mental health of all citizens.

Community Health Network
<https://www.ecommunity.com/services/mental-behavioral-health>
 Indianapolis-based Community Health Network is Central Indiana's leader in providing convenient access to healthcare

Paper & Pencil Resources

Job Description Index
<https://psychologydictionary.org/job-descriptive-index-iji/>

Minnesota Satisfaction Questionnaire (MSQ)
<http://vpr.psych.umn.edu/instruments/msq-minnesota-satisfaction-questionnaire>

Well-Being Survey, Authentic Happiness website
<https://www.authenticchappiness.sas.upenn.edu/>
