

Physician Burnout: Movings Toward Solutions during the COVID-19 Era

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As we examine the relevant topic of “Physician Burnout: Moving Toward Solutions during the COVID-19 Era”, we first need to understand the current context of crisis which can lead to burnout. Secondly we need to assess how we can take control of this crisis; and then thirdly we need to identify ways in which we can become change agents for preventing future burnout.

Context, Control, Change Agents – let us adopt these “three C’s” as we seek to find solutions to coping with physician burnout during this COVID-19 era.

A. UNDERSTANDING THE CURRENT CONTEXT WHICH CAN LEAD TO BURNOUT **- The Why**

What really is burnout? It constitutes negative physical, emotional and social behavioural changes because of ongoing and overwhelming stress. These changes occur within us when as physicians and our support staff we are over-utilized but undersupplied both personally and resource-wise.

Burnout reduces productivity and saps our energy, leaving us feeling increasingly helpless, hopeless, cynical, and resentful. Eventually, we may feel like we have nothing more to give.

These are unprecedented times. Sudden, unexpected changes have created a new normal. Medical and their support staff are at the front line of the pandemic. What are the various frontline conditions that we face?

1. At the **public health frontline** we have to be constantly up to date because of so much uncertainty surrounding a full understanding of this infection. We provide public information about the virus and about the several restrictive and demanding measures to prevent illness. We have to execute surveillance measures. This includes identifying high risk persons, testing and contact tracing. We supervise, quarantine and isolate.

2. At the **treatment frontline**, along with nurses, we risk our lives in health centers, private practices and hospitals. We are involved both with non-symptomatic carriers as well as the 4.7 percent of infected persons who will need critical care. Thus we face potentially high trauma and stressful working conditions which can contribute to a high level of burnout.

Being under-supplied

Broken socioeconomic, health and political systems in various countries, even in so-called developed countries, have led to medical personnel feeling ill equipped and unprepared in such

demanding circumstances.

In a poll of 6,126 UK doctors, just over 4,500 answered questions in the questionnaire about their mental health. Over 2,000 (44%) admitted to experiencing burnout or having depression relating to or made worse by their work. More than half of the respondents (52%) said they did not feel supported by the government and were not confident that everything was being done by ministers to keep patients and doctors safe.

Dealing with pandemics call for surveillance resources such as testing equipment and teams, quarantine spaces, and government cooperation re lockdown needs. Where there are illnesses there is need for isolation facilities, intensive care beds, calibrated personal protective equipment, imaging capacity, ventilators and drugs. Adequate general and specialized staff is a must. Under-resourcing leads to long hours and compromises efficiency.

High Trauma

All of the above working conditions can contribute to acute and post-traumatic stress disorder leading to total burnout.

High trauma includes having to decide which person gets a bed, who is going to get care and who will be allowed to die peacefully. It involves knowing that we can't do much for many seriously ill but yet doing our best for them, watching them die, living on the phone to update relatives and to tell them when it is final.

The spectre of death among vulnerable populations and in poor, congested communities - in nursing homes, call centres, and among the inner -city poor, is almost too much to contemplate.

Several of our colleagues abroad have never seen so many people die before, including their own co-workers. Several physicians and nurses have to go outside of their areas of specialty to help out as it is "all hands-on deck". They never expected to be exposed to so much trauma in their careers. All this creates a natural fear for one's own safety and for the safety of one's own family and loved ones.

As health professionals, physicians and their support staff are particularly vulnerable to burnout. Most of us see our profession as a calling to care where we never walk away as long as there is need. This is our oath. Yet it would, by no means, be unnatural for some of us to question our calling in times like these. At this time, we are at our most vulnerable. Unfortunately, many of our political, business and administrative operatives, are influenced by disintegrated human systems and compromised collective values. Unwittingly, perhaps, they use our sense of professional calling to hold us captive to over-utilization and under-supply by calling us heroes. For some, it is like adding salt to the wound.

Cynical Hero Making

In an article entitled "We Need Fewer Heroes, Jillian Primiano quoted, a street protester nurse in Brooklyn USA, who said, "I don't want to be called a hero, but I also don't want to let people die. Calling me a hero empowers you to tell me that's enough because that's the highest compliment that you can give me. I don't need a compliment; I need safe staffing. I need to have a number of patients that I can manage and keep well. I need the right equipment that works."

Personal challenges

Medical workers will worry about infecting loved ones at home. Often, they have to exercise social distancing with those closest to them and on whom they depend on most for support. Also,

unfortunately in Jamaica there are instances of community members and transport operators shunning nurses out of fear and ignorance.

Pre-existing patient cohorts

The usual problems of staffing and bed space in our existing health system makes it more difficult for the regular cohort of persons with chronic diseases or other emergencies to get proper care during the pandemic. This puts further pressure on medical personnel.

In Jamaica, despite the continued growth of persons identified as Corona Positive, we have not yet reached a peaking of growth or an overwhelming of our hospital system. So, some of the worst hospital traumas have not been experienced by a large number of us. Nevertheless, we must be prepared.

In a Newspaper report, (The Gleaner April 20 2020) during his visit to Mandeville Hospital, our Minister of Health stressed that we needed to increase our contingency of healthcare staff while we focus on public health measures and to ‘flatten the curve’ and treat cases outside of hospital as much as possible. According to the health minister, if we ever had to depend mainly on our meager bed complement “the current contingent of health workers will suffer burn out”.

3. Then there is **the pre-COVID frontline**. All of us still have patients from before the pandemic Era. As well as managing their usual concerns, we now have to be helping them cope with their own stressors of our current times and grieving the losses due to various restrictions.

Physicians and other medical staff face a double burden during the COVID era in that apart from work related stress at the various Frontline, we also join the rest of the population as persons coping with the pandemic in general.

In addition, some of us may also be having pre-existing personal challenges, mental health needs, family life concerns or live with chronic physical disease. Many of us are parents of young children, or car elderly parents. All will fall prey to universal economic decline. Thus we could also be having our own personal burnout.

In summary, this current COVID-19 situation, combined with previous times, is providing the context that can lead to burnout:

- Feeling like one has little or no control over one’s work, one’s living or over the pandemic’s impact on one’s personal life.
- Lack of recognition of the type of support needed to minimize stress and prevent burnout
- Unclear or excessively demanding job expectations – both at work and from an often demanding and critical public
- Working in a chaotic or high-pressure environment
- Conflicted feelings, at times, as to how to live out the nature of one’s calling as a health professional.

B. TAKING CONTROL OF THIS CRISIS

- The How

A crisis can make or break us. But in every crisis, there are opportunities. Physicians, nurses and support staff can avoid burnout of by **taking control** of the crisis. Control means having a determination and a commitment to be overcomers rather than victims of the situation. Unprecedented times require unprecedented /untried solutions. Solutions require ACTION not reaction, for figuring out and implementing ways of preventing burnout from occurring. I will now highlight what I call the 2 R's of what we should be doing always:

1. Recognizing burnout – not afraid of naming it for what it is
2. Resilience-building against burnout

Control is most effective when there is a shared responsibility that involves one's work team, personal self-help, and public advocacy.

Firstly, in order to take control of this crisis and avoid burnout, we need to

1. **Recognize burnout features and predisposing physician factors**

We all need to be able to screen ourselves and be open to others screening us..As part of a work team, the healthcare team leader can make it a point of duty to function also as a staff welfare coordinator. Alternatively, he or she could delegate this role of facilitating self-screening and referral to someone else. The person in this role can also facilitate individuals doing their own questionnaire-based screening.

Thus, in these ways we can identify the following signs of burnout:

- a) Physical signs and symptoms include :
 - Feeling tired and drained
 - Frequent headaches or muscle pain
 - Change in appetite or sleep habits
 - Lowered immunity, frequent illnesses
- b) Emotional signs and symptoms include:
 - Experiencing a sense of failure and self-doubt
 - Feeling helpless, trapped, and
 - An increasingly cynical, negative and resentful outlook
 - Decreased satisfaction and sense of accomplishment
- c) Behavioral signs and symptoms include:
 - Withdrawing from responsibilities
 - Isolating yourself from others
 - Procrastinating, taking longer to get things done
 - Using food, drugs, or alcohol to cope

These signs and symptoms can creep up on us while we are preoccupied with meeting overburdening daily demands.

Moreover, we physicians need to admit that we are prone to personality traits and learnt attitudes that can predispose us to burnout.

Common personality traits include:

- Perfectionism wherein nothing is ever good enough,
 - Being high-achieving, Type A personalities
 - Having the need to be in control;
 - Being reluctant to delegate to others
 - Having excessive guilt and loss of self-esteem on making errors
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- How much were we trained to deal with the “soft skills” of keeping in touch at all times with the feelings of our patients and of ourselves?
 - How much is it that we were more so trained for technical efficiency and demanding service? Thus how often have we heard “palpate that spleen “or “tough interns are not supposed to be human”?
 - How much were we taught about how to accept our human vulnerability and about self-care through healthy lifestyles, life balancing and family preservation?
 - How much would sharing about our human errors and foibles with a colleague a cardinal “sin” involving a feared loss of face.

So, as we face all the demands that being front-line COVID-19 workers calls for, are we not tempted to ask ourselves “is this what I was really trained for?” Worse yet if we visualized a big business-oriented career.

All these personality traits and habits from our training can distract us from recognizing the suffering from burnout until we fall apart

Secondly, in order to take control of this crisis and avoid burnout, we need to practise

ii. Resilience Building through healthcare

Resilience building should be our response once we understand about and are able to recognize the signs of burnout.

Psychologists define resilience as “the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress. resilience involves “bouncing back” from these difficult experiences, it can also involve profound personal growth.”

We build resilience **a) through team-care and b) through self-care**

a.) *For team-care*, the following measures can be initiated by the leader or a Welfare Coordinator:

- *Screening* for burnout features and looking for early red flags as previously indicated
- Daily *touching bases* with each team member for contact, listening and psychosocial support,
- Encouraging the formation of *small support groups*.
- *Special-needs identification* and referral for outside help.
- *Refer* persons for first aid psychological intervention and the addressing of other special needs.

- Enlist the help of an *occupational health consultant* to identify work related causes of burnout.
- The team leader, welfare coordinator, occupational health consultant and all team members need to devise and apply a *strategy of advocacy* with all influential operatives, administrators, politicians, the public etc. for the elimination of these burnout causes as much as possible.

b.) For self-care

When one is burned out, it seems difficult to find the energy to care, let alone take action to help yourself. But we have a lot more control over stress than we may think. We can find positive steps to take in order to deal with overwhelming stress and get one's life back into balance. One of the most effective ways for building resilience is by adopting a variety of healthy lifestyles that relate to the whole person: body, mind, social and spiritual.

I am presenting a plan here that can be summarized by the letters H.E.A.L.T.H representing: Healthy Eating, Active Living, Togetherness, Hanging Loose

The details are as follows:

Healthy

Eating

Eat mainly “**Natural and Rainbow Coloured Foods**” such as vegetables, fruits, legumes, nuts, seeds.

- Avoid refined (white) or processed foods, sugary and fatty foods.
- Use Fish oil or Ground flaxseed (for Omega 3 fatty acids).
- Consume 6 to 8 glasses of water daily. And avoid soft drinks.
- Get Vitamin D through Sunlight for 15 minutes daily

Active

Living

Engage in:

- **Regular exercise** for at least 5 times a week for 30 minutes
- **Recreation:** Get out for a bit, if you can, with social distancing. Get close to nature. Have healthy fun. Play with your children and with others – table games, dominoes, ring games, hop scotch, table tennis, or watch family movies or virtual concerts. Have the family dress up for a dinner party or family concert.
- **Hobbies:** Do creative and enjoyable things with your hands, voice, etc. Play games. Do puzzles. Enjoy music and Dancing. Read. Do crafts. Have pets. Do gardening. Grow vegetables.

Togetherness – Seek togetherness with others and with God

- **Reach out to others** such as friends, relatives and coworkers for mutual emotional and social support. Share your feelings and concerns. Build healthy mutual relationships and healthy support systems. Avoid negative persons. Seek individuals willing to listen, empathize and support.
- Amidst social distancing take advantage of social media such as WhatsApp, Skype, and Zoom

- Volunteer to help others such as the elderly, the less fortunate and bereaved.
- For those who are religious, you can **reach out to God** as well, through scripture, prayer, online worship and using internet activities for fellowship, spiritual reflection and support.
- Develop an attitude of gratitude and forgiveness. Faith is most fulfilled in the darkness!

Hanging loose – Lastly, engage in “hanging loose” through the following

- getting enough **Rest and Sleep**: (*at least 8 hours per night*)
- practicing **deep breathing relaxation exercises**:
 - Close your eyes. Pause for a few seconds.
 - Breathe in deeply through your nostrils *to the count of four* until your lungs are filled with revitalizing Oxygen.
 - Hold to the *count of five*.
 - Breathe out Carbon Dioxide and tension through your mouth to the *count of seven*.
 - Repeat four times.
 - Relax all your muscles from your toes up. Let all the tension drain out of your body until you feel loose and limp. Visualize feeling as limp as a wet towel on a clothesline.

You will find that this activity will help you to relax, diminish tension, lower blood pressure and help you to maintain your focus. Do four times daily and when anxious.

- Do **meditation and yoga**
- Have a **sense of humour** and engaging in hearty “belly laughs” as appropriate
- Take **breaks from news and excessive technology**
- **Avoid smoking and substance use** to relieve stress.
- Take “**mini-breaks**” while on the job or taking leave breaks from work as necessary. for self-love and regeneration
- **Set priorities and then..boundaries** to balance between work time and “me time, we time (with family and friends) and God time”
- **Reframe and identify what you value in your work.**
 - You can reflect on how your role provides a much-needed product or service.
 - You can focus on aspects of the job that you do enjoy, even if it’s just chatting with your coworkers at lunch.
 - You can decide to change your attitude towards your job. This can help you regain a sense of purpose and control.

Leave a toxic job that allows little room for change through teamwork, advocacy or self care. Toxic jobs make toxic persons

All these H.E.A.L.T.H. lifestyles individually and together relieve anxiety and depression. They strengthen our immune systems. They relieve or prevent most chronic diseases. As well they give us purpose, connection and faith

To guarantee a healthy lifestyle practice, we will need self-monitoring through daily review. Planning daily activities will guarantee success and also help the time to go by in this Covid era.

Get a buddy to work with you

Having looked at understanding features of the current **CONTEXT** that can easily lead to burnout – the why of burnout and having looked at how to defeat burnout – by taking **CONTROL** of this crisis, the third thing we also need to do relates to:

C. **BECOMING CHANGE AGENTS FOR PREVENTING FUTURE BURNOUT** - “The never again”

Toxic microorganisms have a right to live on the planet. The degree to which they cause pandemics is as much a human problem as a scientific problem.

Humanity is no stranger to pandemics.

Albert Camus In 1948 ends his book "The Plague" with the words. "And indeed as he listened to the rise of joy rising from the town...he knew that...the plague bacillus never dies or disappears for good....and that perhaps the day would come when, for the bane and the enlightenment of men, it would rise up its rats again and send them forth to die in a happy city”.

We need justice and human rights.

The best defence against pandemics is to have a world of nations where there is a respect for justice and human rights.

This would enable systems of *ordering societies that are integrated* in the interest of well-being and happiness for all.

Yet there has been a global economic, political and societal **disintegration of human living**. This has been based on:

- *economic inequity* due to materialism, greedy capitalism,
- *consumerism* and the commercial capture of the human mind
- *a neglect of morals* and living choices.
- *political convenience*
- *dereliction of justice*.
- *social divisions* of race, color, class, religion, age, gender and migrant status.
- *global warming* and *over-proximity* to wild animals.

It is these fragments of this broken pre-COVID-19 normal of disintegration that are **the main vectors of the virus**. They are also the main contributors to physician and support staff burnout.

- The vectors of *high COVID illness risk* in the forms of 70% preventable chronic diseases, hotspots of poverty ghettos, homelessness, nursing homes and sweatshop work settings,
- The vector of *mental illness neglect* produces the highest burden of disease globally,
- There is the vector of the threatened silencing of the discipline of public health science as well as the provision of inadequate supply of medical resources by *conflicts of political and commercial interests*
- The vector of *sacrifice of the death of the blacks and browns, the poor, the physically vulnerable and the elderly*.in the interest of staving off an economic collapse without the

guidance of science

- The vector of a *distorted healthcare* that is inadequately universal, that is too much a business enterprise, that is inadequately based on public health measures and healthy lifestyles and that neglects an adequate biopsychosocial approach.

These pandemic vectors contribute to the realities of overutilization of medical personnel and under-supply of resources in their efforts to meet the demands of the COVID era':

We face a moral hazard

This situation creates what is called a moral hazard. This where bad faith among social agents upsets the fair balance between costs and benefits in service enterprises. This includes healthcare in the Covid era.

Tackling these vectors and agents of burnout and the crisis of moral hazard has got to be the business of physicians and their staff.

In previous centuries, like the butcher, the baker and the brewer, physicians were principals in their craft, acting for themselves. Yet with the expansion of trade and services, principals needed agents. Now the agents, being the state funders, private insurers, and institutional employers have largely come to act in their own interest rather than that of the principals.

Jamaica has a record of impeccable medical standards that are also serving us well in this pandemic. Let us work that this be not undermined to cause our burnout.

We need to upgrade ourselves

Taking action as change agents we need to firstly *upgrade our own weaknesses* in our training, tradition and teamwork as physicians.

Advocating for justice, rights and social integration

As change agents we need to steadfastly *advocate for a just and integrated society*.

We need to advocate through our associations and through the media. We need to educate public, private and non-governmental organizations. We need to protest on the streets or become whistleblowers if necessary.

Let it not be because of our silence that we become burnt out. The candle of truth challenges the darkness. As Martin Luther King once said "Let us realize the arc of the moral universe is long, but it bends toward justice."

Let us work for a COVID-19 and post COVID-19 Era where the current burnout context of over-utilization and undersupply will no longer obtain, where we will fully take charge of workplace crises to ensure the resilience on ourselves and our teams.

Let us be change agents against burnout by seeking a just integrated global society devoted to the right of humans to the well-being of all.

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