Healthcare Burnout & Complicated Grief

CHRISTI M. LERO, MSW, LCSW, CSW-G

RESEARCHER & ADJUNCT PROFESSOR, UNIVERSITY OF MISSOURI

THERAPIST, COUNSELING ASSOCIATES

HOSPICE & PALLIATIVE CARE SOCIAL WORKER, COMPASSUS HOSPICE & PALLIATIVE CARE

1

The Current State of Burnout in Healthcare Workers

- The 2020 Medscape National Physician Burnout and Suicide Report reported a burnout rate of about 43%.

- Physicians in specialties at the front line of care access such as family medicine, general internal medicine, and emergency medicine seem to be at greatest risk.

- Health care workers in palliative and end-of-life care experience high levels of stress on a daily basis and are trained to care for others, but have limited training to care for themselves and the impact burnout may have on the care they provide.

- We can only expect that these statistics will be significantly impacted by the COVID-19 global pandemic.

2

Defining & Witnessing Burnout

"… A syndrome of emotional exhaustion, depersonalization, and a sense of low personal accomplishment that leads to decreased effectiveness at work." (Maslach, C., Jackson, S. E., & Leiter, M. P. (1997)

- Feeling "used up" or "drained" after work

"It's just heavy emotions, and seeing literally so many people die and so sick compared to normal is really exhausting… When I come home, I'm exhausted. I felt like I had nothing else to give to anyone else emotionally… I hated watching TV because it was all about COVID and trying to portray how rough it is for nurses and doctors, and I just didn't have any unwind time away from COVID because it's every-where and the only thing talked about."

"Recurring nightmares, not having answers for people, worrying about parents, students, spouse. Worried about being furloughed, money, job security everything!!!"

POGHOSYAN, L., AIKEN, L. H., & SLOANE, D. M. (2009). FACTOR STRUCTURE OF THE MASLACH BURNOUT INVENTORY: AN ANALYSIS OF DATA FROM LARGE SCALE CROSS-SECTIONAL SURVEYS OF NURSES FROM EIGHT COUNTRIES. *INTERNATIONAL JOURNAL OF NURSING STUDIES, 46*(7), 894–902.
ARNETZ, J. E., GOETZ, C. M., ARNETZ, B. B., & ARBLE, E. (2020). NURSE REPORTS OF STRESSFUL SITUATIONS DURING THE COVID-19 PANDEMIC: QUALITATIVE ANALYSIS OF SURVEY RESPONSES. *INTERNATIONAL JOURNAL OF ENVIRONMENTAL RESEARCH AND PUBLIC HEALTH, 17*(21), 8126.

3

Defining & Witnessing Burnout

"… A syndrome of emotional exhaustion, depersonalization, and a sense of low personal accomplishment that leads to decreased effectiveness at work." (Maslach, C., Jackson, S. E., & Leiter, M. P. (1997)

- Unable to see positive influence you have on patient's and families lives
- Have not accomplished worthwhile things at work

"Watching families being separated from their loved ones, especially in end of life situations. Seeing the fear in the eyes of Covid patients that cannot breathe and are begging me not to let them die".

POGHOSYAN, L., AIKEN, L. H., & SLOANE, D. M. (2009). FACTOR STRUCTURE OF THE MASLACH BURNOUT INVENTORY: AN ANALYSIS OF DATA FROM LARGE SCALE CROSS-SECTIONAL SURVEYS OF NURSES FROM EIGHT COUNTRIES. *INTERNATIONAL JOURNAL OF NURSING STUDIES, 46*(7), 894–902.
ARNETZ, J. E., GOETZ, C. M., ARNETZ, B. B., & ARBLE, E. (2020). NURSE REPORTS OF STRESSFUL SITUATIONS DURING THE COVID-19 PANDEMIC: QUALITATIVE ANALYSIS OF SURVEY RESPONSES. *INTERNATIONAL JOURNAL OF ENVIRONMENTAL RESEARCH AND PUBLIC HEALTH, 17*(21), 8126.

4

Defining & Witnessing Burnout

"… A syndrome of emotional exhaustion, depersonalization, and a sense of low personal accomplishment that leads to decreased effectiveness at work." (Maslach, C., Jackson, S. E., & Leiter, M. P. (1997)
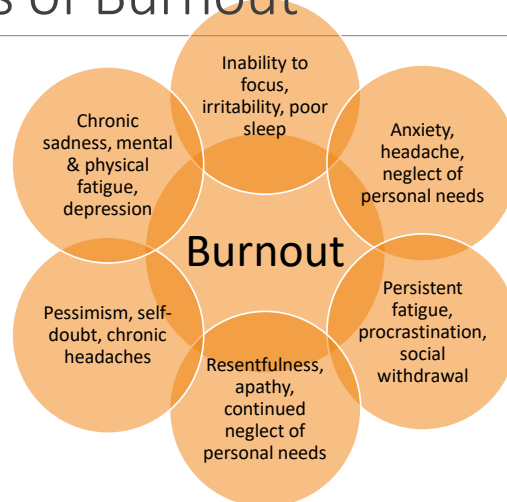
- Feeling more caloused toward people

- Blaming patients or others for their situation

"… the people who have said, you know, 'Oh, I got COVID, and it was a cold, like, this isn't a big deal… No one needs to wear masks, open everything up, like; this doesn't matter.' That's frustrating in away that makes, like, <u>turns to anger</u> and knowing that you can't change their mind and that they are… potentially putting other people in danger because <u>they're choosing to not follow simple instructions</u>, simple rules… <u>wearing a mask is not a big deal</u>."

POGHOSYAN, L., AIKEN, L. H., & SLOANE, D. M. (2009). FACTOR STRUCTURE OF THE MASLACH BURNOUT INVENTORY: AN ANALYSIS OF DATA FROM LARGE SCALE CROSS-SECTIONAL SURVEYS OF NURSES FROM EIGHT COUNTRIES. *INTERNATIONAL JOURNAL OF NURSING STUDIES, 46*(7), 894–902.
ARNETZ, J. E., GOETZ, C. M., ARNETZ, B. B., & ARBLE, E. (2020). NURSE REPORTS OF STRESSFUL SITUATIONS DURING THE COVID-19 PANDEMIC: QUALITATIVE ANALYSIS OF SURVEY RESPONSES, *INTERNATIONAL JOURNAL OF ENVIRONMENTAL RESEARCH AND PUBLIC HEALTH, 17*(21), 8126.

Symptoms of Burnout

Inability to focus, irritability, poor sleep

Anxiety, headache, neglect of personal needs

Chronic sadness, mental & physical fatigue, depression

Burnout

Persistent fatigue, procrastination, social withdrawal

Pessimism, self-doubt, chronic headaches

Resentfulness, apathy, continued neglect of personal needs

DE HERT S. (2020). BURNOUT IN HEALTHCARE WORKERS: PREVALENCE, IMPACT AND PREVENTATIVE STRATEGIES. *LOCAL AND REGIONAL ANESTHESIA, 13,* 171–183. HTTPS://DOI.ORG/10.2147/LRA.

Contributing Factors to Burnout

External
- Increased work demands
- Inconsistent instructions/directions
- Time
- Increasing responsibility
- Lack of resources
- Lack of positive feedback
- Absence of social support

Internal
- Suppressing own needs
- Overestimation to deal with challenges
- High expectations
- Internal dialogue or self-talk

DE HERT S. (2020). BURNOUT IN HEALTHCARE WORKERS: PREVALENCE, IMPACT AND PREVENTATIVE STRATEGIES. *LOCAL AND REGIONAL ANESTHESIA, 13,* 171–183. HTTPS://DOI.ORG/10.2147/LRA.

7

Check back in with the staff…

There is something more there than being burnt out, overworked, and emotionally/physically exhausted.
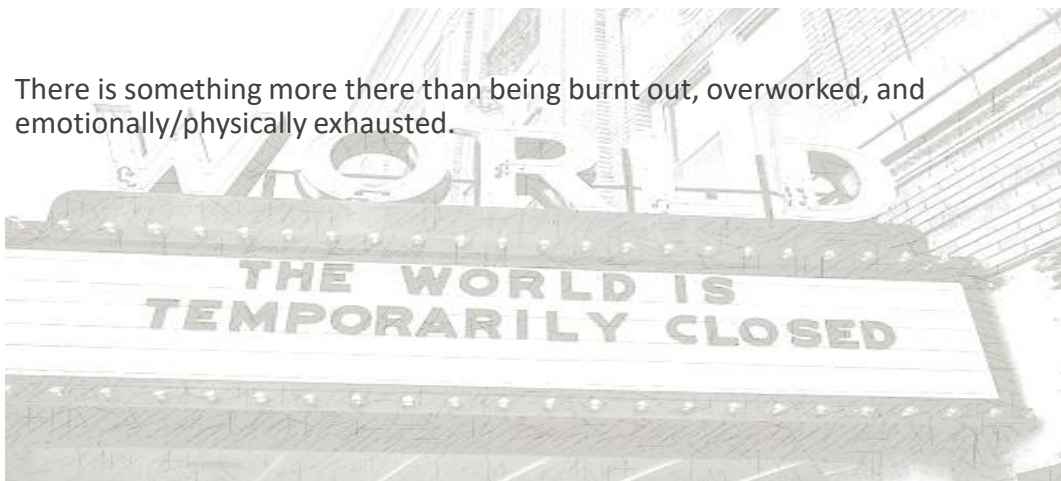
8

Grief

Uncomplicated Grief:

- Can be death or non-death related
- Natural reaction to loss of function, identity, routine, expectations, limb, life, etc.
- Death of a person, pet, beloved
- Initially acute then tempers with time and adjustment to life without the death or non-death loss

When grief includes additional factors, it presents risk for **Complicated Grief**:

- Trauma surrounding the death/loss experience
- Major life stressors
- Anxiety
- Sleep disturbance
- Other chronic conditions

RANDO, T. A., DOKA, K. J., FLEMING, S., FRANCO, M. H., LOBB, E. A., PARKES, C. M., & STEELE, R. (2012). A CALL TO THE FIELD: COMPLICATED GRIEF IN THE DSM-5. OMEGA - JOURNAL OF DEATH AND DYING, 65(4), 251–255. HTTPS://DOI.ORG/10.2190/OM.65.4.A

9

Complicated Grief

Persistent and debilitating symptoms of grief that remain chronic, do not subside with time and negatively impact quality of life.

- Natural reaction and healing of grief is disrupted and stuck
- Associated with long-term mental and physical health problems
- Can persist for years if remains untreated, negatively impacting future grief and loss experiences
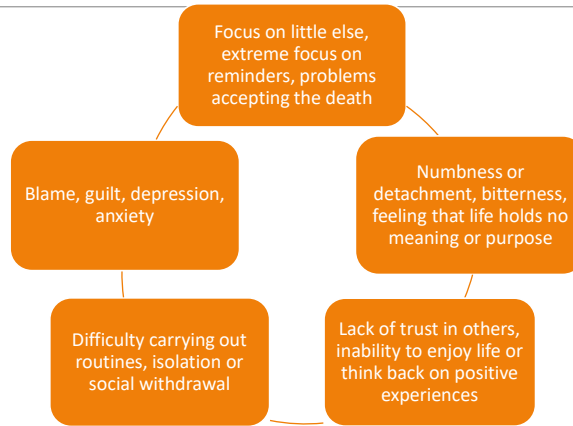
"I rely on my family and friends as a support system and not being able to visit with them in person really ways [sic] on me and affects me as a whole person".

BOELEN, P. A., VAN DE SCHOOT, R., VAN DEN HOUT, M. A., DE KEIJSER, J., & VAN DEN BOUT, J. (2010). PROLONGED GRIEF DISORDER, DEPRESSION, AND POSTTRAUMATIC STRESS DISORDER ARE DISTINGUISHABLE SYNDROMES. *JOURNAL OF AFFECTIVE DISORDERS*, 125(1–3), 374–378.
RAPP, D. J., HUGHEY, J. M., & KREINER, G. E. (2021). BOUNDARY WORK AS A BUFFER AGAINST BURNOUT: EVIDENCE FROM HEALTHCARE WORKERS DURING THE COVID-19 PANDEMIC. (JVIRV4) OF APPLIED PSYCHOLOGY, 106(8), 1160–1167.

10

Symptoms of Complicated Grief

Focus on little else, extreme focus on reminders, problems accepting the death

Blame, guilt, depression, anxiety

Numbness or detachment, bitterness, feeling that life holds no meaning or purpose

Difficulty carrying out routines, isolation or social withdrawal

Lack of trust in others, inability to enjoy life or think back on positive experiences

RANDO, T. A., DOKA, K. J., FLEMING, S., FRANCO, M. H., LOBB, E. A., PARKES, C. M., & STEELE, R. (2012). A CALL TO THE FIELD: COMPLICATED GRIEF IN THE DSM-5. OMEGA - JOURNAL OF DEATH AND DYING, 65(4), 251–255.
SHEAR, M. K., SIMON, N., WALL, M., ZISOOK, S., NEIMEYER, R., DUAN, N., ET AL. (2011). COMPLICATED GRIEF AND RELATED BEREAVEMENT ISSUES FOR DSM-5. DEPRESSION AND ANXIETY, 28, 103-117. DOI: 10.1002/DA.20780

11

Health Impacts of Complicated Grief

- Depression
- Hypertension
- Cardiac disease
- Work and social impairment
- Risk of substance and alcohol use
- Unresolved grief or trauma

SHEAR, M. K., SIMON, N., WALL, M., ZISOOK, S., NEIMEYER, R., DUAN, N., ET AL. (2011). COMPLICATED GRIEF AND RELATED BEREAVEMENT ISSUES FOR DSM-5. DEPRESSION AND ANXIETY, 28, 103-117. DOI: 10.1002/DA.20780

12

COVID-19: What Healthcare Burnout and Complicated Grief Have in Common

Changes due to COVID-19	Impact
Pandemic/spread of disease	Fear, worry, anticipation of spread. Multiple losses in families; communities; long-term care facilities. Individuals consider updates to advance directives, considerations for ventilation and resuscitation
Social distancing or "stay at home" orders	Loss of financial security, loss of social/physical connections and support, loss of autonomy to move freely in the world Limitations in visitors or banning physical presence of family at bedside (in hospitals, long-term care facilities) Survivors must quarantine based on exposure to loved one Changes to end of life practices—how patients/family communicate/say goodbye; communication between patients & providers, between families & providers; Delays and limitations to funerals and/or burials

WALLACE, C. L., WLADKOWSKI, S. P., GIBSON, A., & WHITE, P. (2020). GRIEF DURING THE COVID-19 PANDEMIC: CONSIDERATIONS FOR PALLIATIVE CARE PROVIDERS. *JOURNAL OF PAIN AND SYMPTOM MANAGEMENT, 60*(1), E70–E76.

13

COVID-19: What Healthcare Burnout and Complicated Grief Have in Common

Changes due to COVID-19	Impact
Increase in deaths, overburdening of hospital systems	Ethical considerations—triaging of resources, consideration of DNRs Providers may choose to isolate themselves from personal support systems to limit risk of exposure to family Guilt may be experienced by professionals who are unable to work due to exposure/contraction of COVID-19

WALLACE, C. L., WLADKOWSKI, S. P., GIBSON, A., & WHITE, P. (2020). GRIEF DURING THE COVID-19 PANDEMIC: CONSIDERATIONS FOR PALLIATIVE CARE PROVIDERS. *JOURNAL OF PAIN AND SYMPTOM MANAGEMENT, 60*(1), E70–E76.

14

What This Means for Palliative Care & End-of-Life Care

What makes Palliative Care and end-of-life care providers unique is the regular, repeated engagement with death and loss. Simply because the expectation of healthcare work is engagement with death, healthcare workers are expected to endure and endure and endure.

"Health care clinicians are often trained to put aside their own feelings and emotions to put patient well-being and care first," (Wallace et al., 2020).

"My staff member stayed, three hours after they clocked out just to sit in the room with the patient because the family lives in another state. And then <u>to have a family member complaining about something afterward, like, "Oh, you didn't do this, you didn't do that.</u>" It's like, but Sandy sat here for three hours with your mom on her own time. <u>Her kids waited for her to come home from work, and she sat there, so your mom didn't die alone.</u>"

ARNETZ, J. E., GOETZ, C. M., ARNETZ, B. B., & ARBLE, E. (2020). NURSE REPORTS OF STRESSFUL SITUATIONS DURING THE COVID-19 PANDEMIC: QUALITATIVE ANALYSIS OF SURVEY RESPONSES. *INTERNATIONAL JOURNAL OF ENVIRONMENTAL RESEARCH AND PUBLIC HEALTH, 17*(21), 8126.
WALLACE, C. L., WLADKOWSKI, S. P., GIBSON, A., & WHITE, P. (2020). GRIEF DURING THE COVID-19 PANDEMIC: CONSIDERATIONS FOR PALLIATIVE CARE PROVIDERS. *JOURNAL OF PAIN AND SYMPTOM MANAGEMENT, 60*(1), E70–E76.

15

What This Means for Palliative Care & End-of-Life Care

This loss is not always recognized by colleagues, the systems within which providers work, or the public. Lack of recognition imposes barriers in mourning practices.

This is called **disenfranchised grief** and adds additional difficulties to complicated grief.

"It also felt like <u>we were the only ones that could understand what we were going through</u>, so we wouldn't bother saying how work really was when asked because it wasn't worth having to describe what went on. Fatigue was just the result of <u>multiple hard, sad, tragic shifts and not being able to talk about it</u>."

"I brought COVID 19 home (I had the virus) and infected my husband. He ended up with a bilateral pneumonia hospitalized. It is very stressful to think I could infect someone else as well".

ARNETZ, J. E., GOETZ, C. M., ARNETZ, B. B., & ARBLE, E. (2020). NURSE REPORTS OF STRESSFUL SITUATIONS DURING THE COVID-19 PANDEMIC: QUALITATIVE ANALYSIS OF SURVEY RESPONSES. *INTERNATIONAL JOURNAL OF ENVIRONMENTAL RESEARCH AND PUBLIC HEALTH, 17*(21), 8126.
WALLACE, C. L., WLADKOWSKI, S. P., GIBSON, A., & WHITE, P. (2020). GRIEF DURING THE COVID-19 PANDEMIC: CONSIDERATIONS FOR PALLIATIVE CARE PROVIDERS. *JOURNAL OF PAIN AND SYMPTOM MANAGEMENT, 60*(1), E70–E76.

16

How Does This Impact How We Provide Care?

- Less time with each patient and family

- Less quality of time with each patient and family

- Less engagement with patients, families, healthcare team

- Ethical considerations

- Increased medical errors

- Decreased efficiency

- Increased staffing shortages

DE HERT S. (2020). BURNOUT IN HEALTHCARE WORKERS: PREVALENCE, IMPACT AND PREVENTATIVE STRATEGIES. *LOCAL AND REGIONAL ANESTHESIA, 13*, 171–183. HTTPS://DOI.ORG/10.2147/LRA.

17

Responding to Burnout and Complicated Grief

IMMEDIATE NEEDS

- STOP:
  - **Stop** what you are doing
  - **Take** a few deep breaths
  - **Observe** thoughts, feelings, emotions, and how they show up in your body
  - **Proceed** with self-compassion and **Participate** in some self-care

- Have you met your basic needs?
  - Hydration
  - Temperature
  - Nutrition
  - Rest

- Name it**!**

INTERMEDIATE NEEDS

- Employee Assistance Programs (EAPs)

- Separate from the environment and its influences as much as possible when it is not necessary to be there

- Find and use what recharges and rejuvenates you

- Have resources available to provide to others, and use yourself

- Peer support

- Practice compassionate self-talk

SHEAR, M. K., SIMON, N., WALL, M., ZISOOK, S., NEIMEYER, R., DUAN, N., ET AL. (2011). COMPLICATED GRIEF AND RELATED BEREAVEMENT ISSUES FOR DSM-5. DEPRESSION AND ANXIETY, 28, 103-117. DOI: 10.1002/DA.20780

18

Responding to Burnout and Complicated Grief

LONG TERM NEEDS

- Education and awareness within communities and other providers

- Practice self-care and compassion regularly

- Organizational and system-wide support

- Community support groups

- Peer-to-peer support
  - *"At work, you have the most support."*

- Appropriate mental health and medication intervention

RAPP, D. J., HUGHEY, J. M., & KREINER, G. E. (2021). BOUNDARY WORK AS A BUFFER AGAINST BURNOUT: EVIDENCE FROM HEALTHCARE WORKERS DURING THE COVID-19 PANDEMIC. *JOURNAL OF APPLIED PSYCHOLOGY, 106*(8), 1169–1187.

SHEAR, M. K., SIMON, N., WALL, M., ZISOOK, S., NEIMEYER, R., DUAN, N., ET AL. (2011). COMPLICATED GRIEF AND RELATED BEREAVEMENT ISSUES FOR DSM-5. DEPRESSION AND ANXIETY, 28, 103-117. DOI:

19

References

Arnetz, J. E., Goetz, C. M., Arnetz, B. B., & Arble, E. (2020). Nurse Reports of Stressful Situations during the COVID-19 Pandemic: Qualitative Analysis of Survey Responses. *International journal of environmental research and public health*, *17*(21), 8126.

Boelen, V. A., & van den Bout, J. (2008). Complicated grief and uncomplicated grief are distinguishable constructs. Psychiatry Research, 157, 311-314.

De Hert S. (2020). Burnout in Healthcare Workers: Prevalence, Impact and Preventative Strategies. *Local and regional anesthesia*, *13*, 171–183. https://doi.org/10.2147/LRA.

Poghosyan, L., Aiken, L. H., & Sloane, D. M. (2009). Factor structure of the Maslach burnout inventory: an analysis of data from large scale cross-sectional surveys of nurses from eight countries. *International journal of nursing studies*, *46*(7), 894–902. https://doi.org/10.1016/j.ijnurstu.2009.03.004

Rapp, D. J., Hughey, J. M., & Kreiner, G. E. (2021). Boundary work as a buffer against burnout: Evidence from healthcare workers during the COVID-19 pandemic. *Journal of Applied Psychology, 106*(8), 1169–1187.

Rando, T. A., Doka, K. J., Fleming, S., Franco, M. H., Lobb, E. A., Parkes, C. M., & Steele, R. (2012). A Call to the Field: Complicated Grief in the DSM-5. OMEGA - Journal of Death and Dying, 65(4), 251–255.

Shear, M. K., Simon, N., Wall, M., Zisook, S., Neimeyer, R., Duan, N., et al. (2011). Complicated grief and related bereavement issues for DSM-5. Depression and Anxiety, 28, 103-117. doi: 10.1002/da.20780

Simon N. M. (2013). Treating complicated grief. *JAMA*, *310*(4), 416–423. https://doi.org/10.1001/jama.2013.8614

Wallace, C. L., Wladkowski, S. P., Gibson, A., & White, P. (2020). Grief During the COVID-19 Pandemic: Considerations for Palliative Care Providers. *Journal of pain and symptom management*, *60*(1), e70–e76.

Medscape National Physician Burnout & Suicide Report 2020. Available from: https://www.medscape.com/slideshow/2020-lifestyle-burnout-6012460.

20