



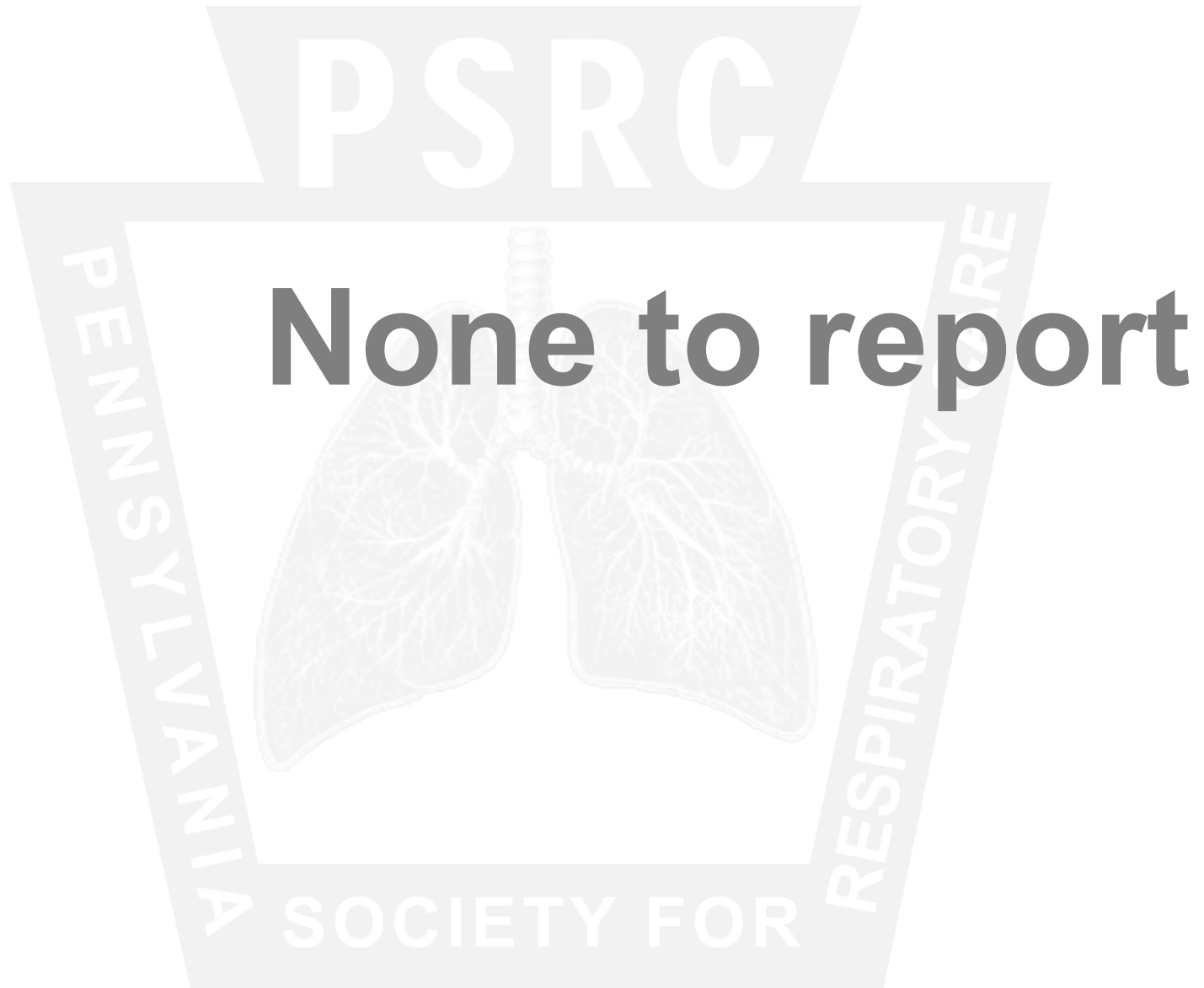
PSRC

February 17, 2022 PSRC Webinar

Wellness, Burnout, and Fulfillment: Addressing Professional Well-being

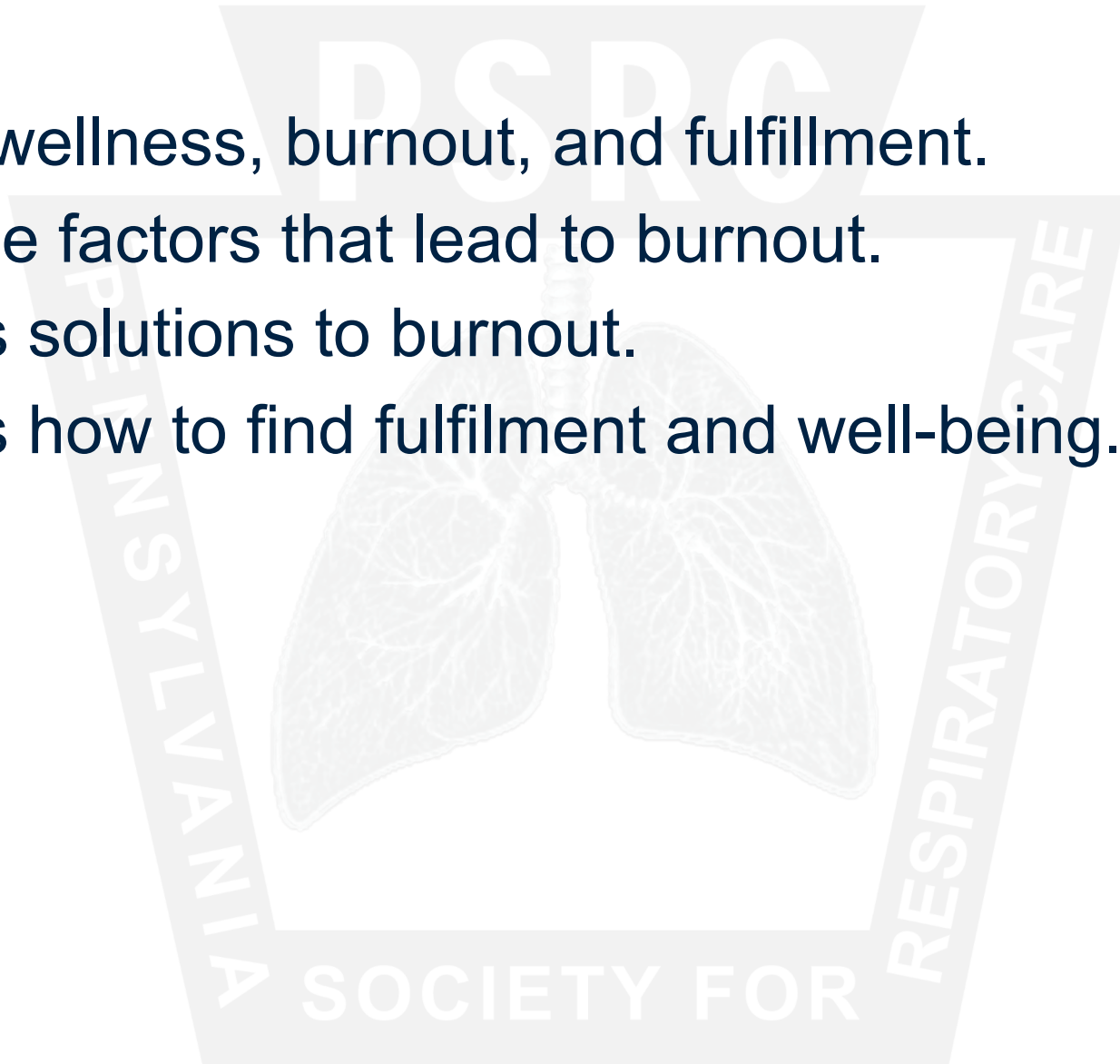
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Conflicts of interest



Objectives

- ▶ Define wellness, burnout, and fulfillment.
- ▶ Describe factors that lead to burnout.
- ▶ Discuss solutions to burnout.
- ▶ Discuss how to find fulfillment and well-being.



Definition of Burnout

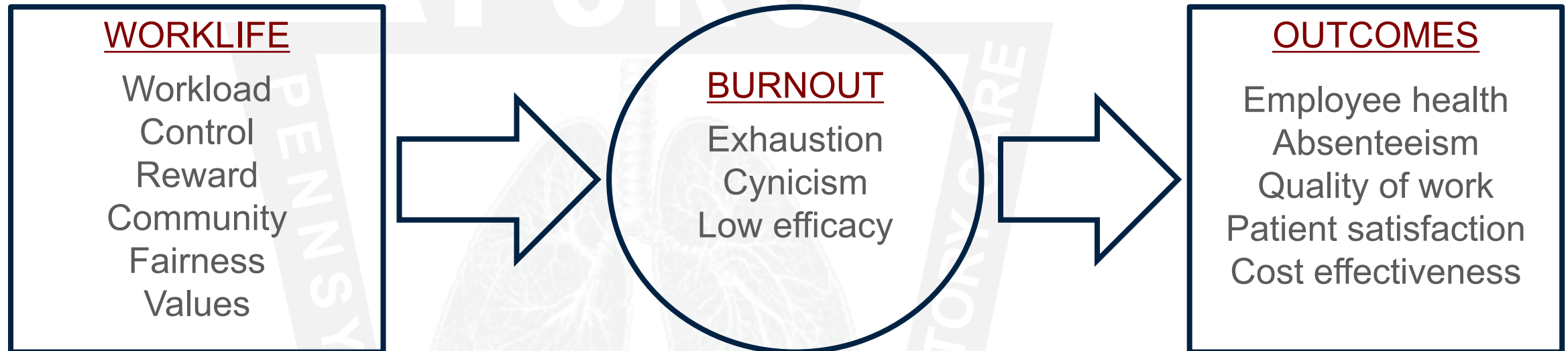
Burnout: A psychological syndrome of exhaustion, cynicism, and inefficacy, which is experienced in response to chronic job stressors.

Exhaustion: Feelings of being overextended and depleted of one's emotional and physical resources.

Engagement: The positive antithesis of burnout, which is characterized by energy, involvement, and efficacy.

Maslach C & Leiter MP Burnout. In book: Encyclopedia of Stress (pp.368-371) Edition: 2nd Elsevier.

The role of burnout



Maslach C & Leiter MP Burnout. In book: Encyclopedia of Stress (pp.368-371) Edition: 2nd Elsevier.

The role of the pandemic

- ▶ Large influxes of patients who are critically ill. (Lucchini et al, 2020)
- ▶ Burnout increased during the COVID-19 pandemic. (Gomez et al, 2020; Kok et al, 2021)
- ▶ Moral distress related to care limitation. (Wahlster et al, 2021)
- ▶ Agency staffing & exacerbated staffing shortages. (Evans, 2021)
- ▶ Rapid training of non-RTs to help with increased workloads. (Roberts et al, 2021)
- ▶ Redeployment of non-critical care staff. (Maves et al, 2020)
- ▶ Conversion of acute care to critical care. (Kerlin et al, 2021)

“All of these factors have resulted in significant increases in stress and burnout among ICU professionals.”

Miller AG, Roberts KJ, Smith BJ, Burr KL, Hinkson CR, Hoerr CL, et al Prevalence of Burnout Among Respiratory Therapists Amid the COVID-19 Pandemic. *Respir Care* 2021; 66(11) 1639-1648

Key drivers of burnout among RTs

Key Drivers	Cited by Respondents
Poor leadership	70 (31.7)
Staffing	68 (30.8)
High work load	65 (29.4)
COVID-19	30 (13.6)
Lack of recognition	28 (12.7)
Lack of appreciation	22 (10.0)
Lack of time off/long hours	20 (9.0)
Lack of respect	19 (8.6)
Lack of resources	18 (8.1)
Stress	18 (8.1)
Emotional toll	16 (7.2)
High acuity	14 (6.3)
Lack of autonomy	12 (5.4)
Lack of professional development opportunities	12 (5.4)
Change	11 (5.0)
Pay	9 (4.1)

Data are presented as *n* (%). There were 95 unique drivers total. Includes only those key drivers mentioned by > 5% of respondents.

Prevalence of Burnout Among RTs

A survey evaluating burnout January 2021 – March 2021

- 1,156 respiratory therapists in 26 institutions.
 - 30 individual hospitals and 1 large healthcare system.
- 37% response rate
- Burnout rate highly correlated with respondents *agree/strongly agree* with “people in this work environment are burned out” (Pearson coefficient of 0.85, $P < .001$)

Mild Burnout	Moderate Burnout	Severe Burnout
37%	32%	10%

Overall burnout rate was 79%

Results

- ▶ Worked more hours per week (median 38 vs 36 h; $P = .001$)
- ▶ More hours in intensive care (median 36 vs 25 h; $P < .001$)
- ▶ More exposure to COVID-19 ($P < .001$)
- ▶ More likely to work in community hospitals ($P = .004$)
- ▶ Years of experience working as an RT ($P = .01$)
- ▶ Caring for different populations ($P < .001$)
- ▶ Care delivered via protocol ($P = .004$)

No differences based on: highest degree earned, the role within the department, years as an RT, commute time, shift worked, sex, or race.

Burnout Scores

$$\text{Score} = ([\text{the mean of the 5 items}] - 1) 25$$

- Scale: strongly agree, 5; agree, 4; neutral/undecided, 3; disagree, 2; and strongly disagree, 1.
- Burnout scale score ≥ 50 indicated that the respondent had burnout.
 - Scores 50 – 74 indicated mild burnout
 - Scores 75 – 99 indicated moderate burnout
 - Scores = 100 indicated severe burnout

Safety, Communication, Operational Reliability, and Engagement (SCORE) a 5-item emotional exhaustion derivative...demonstrated to be responsive to interventions, along with 2 questions about missing work due to illness or missing work for any reason.

Leadership Scores

Score = ([the mean of the 5 items] – 1) 25

- Scale: strongly agree, 5; agree, 4; neutral/undecided, 3; disagree, 2; and strongly disagree, 1.
- Leadership score ≥ 50 indicated a positive view of leadership.
 - Score divided into quartiles 25 – 49, 50 – 74, and ≥ 75
- Median leadership score was significantly lower in the respondents with burnout. (55 vs 75; $P < .001$)
- Fewer had a leadership score ≥ 50 (61% vs 86%; $P < .001$)
- Significant differences for leadership score quartiles ($P < .001$)

Positive leadership behaviors

My department director/manager:

- Is available at predictable times (64% vs 84%; $P < .001$)
- Makes time to provide positive feedback (38% vs 67%; $P < .001$)
- Provides frequent feedback (36% vs 63%; $P < .001$)
- Provides useful feedback (38% vs 67%; $P < .001$)
- Communicates expectations (50% vs 74%; $P < .001$)

Logistical Regression Model

Increased risk of burnout associated with the following:

- Adequate RT staffing < .001
- Staff members who reported burnout also reported missing work in the past month for any reason (OR 1.96; $P = .007$)
- Unable to complete all their work, 2.14 for < 25% of shifts, 5.57 for 50%–74%, 3.35 for 75%–99%

A positive leadership score was protective against burnout (OR 0.55; $P = .02$).

Summary

Strongest predictors of burnout:

- Burnout climate (perceived prevalence of burnout in co-workers)
- RT staffing
- Inability to complete all their work.

Protective against burnout:

- Positive perceptions of leadership
- Not providing direct patient care

What this paper contributes to our knowledge

This study demonstrated a 79% prevalence of burnout among RTs. All centers reported a burnout rate of at least 53%. Significant associations were noted between burnout and the likelihood of missing work due to illness or missing work for any reason. The strongest predictors of burnout were burnout climate, RT staffing, and the inability to complete all work. Positive perceptions of leadership and not providing direct patient care were protective against burnout.

Forthcoming Papers

Strickland SL, Roberts KJ, Smith BJ, Hoerr CA, Katlyn L Burr KL, Hinkson CR, Rehder KJ, Miller AG. Burnout Among Respiratory Therapists Amid the COVID-19 Pandemic: A Qualitative Analysis.

Burr KL, Carl R Hinkson CR, Smith BJ, Roberts KJ, Strickland SL, Hoerr CA, Rehder KJ, Miller AG. Factors Associated with a Positive View of Respiratory Care Leadership.

Professional Well-being

Drivers of Critical Care Healthcare Professional Well-Being

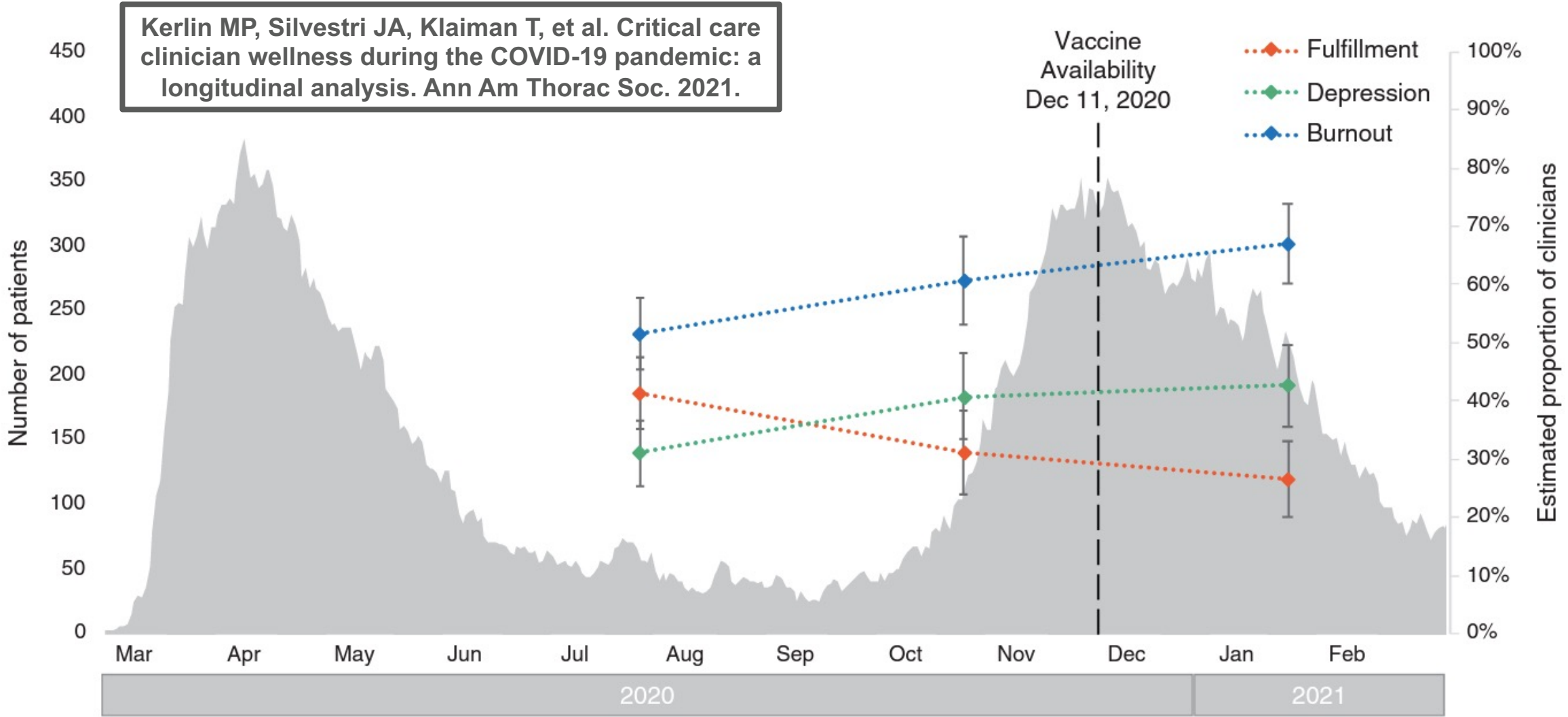
Risk Factor	Median Score in Those With Burnout (IQR)	Median Score in Those Without Burnout (IQR)	<i>p</i>
Workload and job demands	27 (16–38)	50 (29–72)	< 0.001
Efficiency and resources	50 (27–68)	61 (41–79)	< 0.001
Meaning in work	70 (50–80)	77 (66–90)	< 0.001
Culture and values of my work community	50 (33–73)	73 (56–84)	< 0.001
Control and flexibility	50 (30–74)	71 (50–86)	< 0.001
Social support and community at work	64 (50–78)	75 (59–90)	< 0.001
Work-life integration	50 (27–68)	66 (50–80)	< 0.001

IQR = interquartile range.

0 (“this is driving my sense of burnout”) to 100 (“this is a source of my well-being”).

Gomez S, Anderson BJ, Yu H, Gutsche J, Jablonski J, Martin N, *et al.* Benchmarking critical care well-being: before and after the coronavirus disease 2019 pandemic. *Crit Care Explor* 2020;2:e0233

Well-being Among Critical Care Professionals



Well-being Among Respiratory Therapists

Variable	Burnout		Depression		Fulfillment	
	OR (95% CI)	P Value	OR (95% CI)	P Value	OR (95% CI)	P Value
Professional role						
Attending physician	Reference	Reference	Reference	Reference	Reference	Reference
APP	0.64 (0.21–1.97)	0.43	1.06 (0.29–3.85)	0.93	0.92 (0.31–2.70)	0.88
Clinical pharmacist	0.79 (0.14–4.52)	0.79	2.05 (0.28–14.8)	0.48	0.53 (0.09–3.07)	0.48
Respiratory therapist	3.70 (1.21–11.3)	0.02	8.13 (2.17–30.5)	0.002	0.28 (0.10–0.82)	0.02
Survey quarter						
Quarter 1	Reference	Reference	Reference	Reference	Reference	Reference
Quarter 2	2.04 (1.05–3.98)	0.04	2.45 (1.18–5.09)	0.02	0.45 (0.23–0.88)	0.02
Quarter 3	3.50 (1.75–7.02)	<0.001	2.87 (1.40–5.87)	0.004	0.30 (0.15–0.59)	0.001

Kerlin MP, Silvestri JA, Klaiman T, et al. Critical care clinician wellness during the COVID-19 pandemic: a longitudinal analysis. Ann Am Thorac Soc. 2021.

Well-being Among Respiratory Therapists

“...wellness among [critical care clinicians] has declined further during the pandemic, with RTs faring the worst among all groups studied.”

Kerlin MP, Silvestri JA, Klaiman T, et al. Critical care clinician wellness during the COVID-19 pandemic: a longitudinal analysis. Ann Am Thorac Soc. 2021.

Forthcoming

A mixed methods study comprised of a survey administered quarterly from July 2020-May 2021; followed by semi-structured in-depth interviews from April – May 2021 with Respiratory Therapists staffing ICUs

Exemplar Quotes

Domain	Theme	Quote
BURNOUT	SCHEDULING ISSUES AND LACK OF STAFF	Being <u>short-staffed is probably the number one complaint</u> or reason of burnout on our side. It's being on your feet all day and not having enough help, and it's very demanding. Every assignment can be demanding no matter what unit or what floors you work on. That's the way I've always felt. (RT03)
	EMOTIONAL TOLL OF CARING FOR PATIENTS	Yeah, for sure, just <u>having a patient that doesn't make it or a patient that's doing poorly</u> or a patient that reminds you of someone in your personal life... And when you're, say you have like a super <u>heavy assignment and you just don't feel like you had enough time or availability</u> to take care of everyone good, sometimes you go home not feeling like you did your best. (RT02)
	CONFLICT WITH COWORKERS	I mean, besides everybody kind of being frustrated here and there, like nurses and doctors. And we're trying to do our best for these patients, but <u>sometimes people come into work and let that outside world affect how they work. And then they snap at you</u> or something. So that can contribute to burnout a little bit. (RT01)
	ISSUES WITH EQUIPMENT AND PPE	Sometimes equipment, I feel like Indiana Jones looking for the Grail. Like, it's like adventures, like, okay, it could be here could be there sometimes. Because I mean, like I said, not just being in ICU but being in ICU in such a large facility..... <u>You might have to set up three pieces of equipment for different patients. And it's like, we need it like five minutes ago.</u> (RT04)

Roberts KJ, Klaiman, Silvestri JA, Pierce M, Mikkelsen ME, and Kerlin MP. Burnout, Wellness, and Fulfillment Among Respiratory Therapists During the COVID-19 Pandemic. *Respir Care* 2021;66(Suppl 10) 3604225

Exemplar Quotes

Domain	Theme	Quote
FULFILLMENT	TEACHING, LEARNING, AND UTILIZING SKILLS	I feel like I learn something new every time I step foot in the ICU. So to me, that gives me fulfillment because I'm not just going in and it's the same old same old every time I have my shift. It's like <u>every time I go into the hospital, I'm learning about a different disease</u> . I'm learning about different protocols. I'm furthering my education in a sense that I'm getting to see something new every day... (RT01)
	CARING FOR PATIENTS	<u>It's a great feeling too when you use all the equipment within your arsenal to prevent somebody from being placed on the ventilator...</u> (RT05)
	FEELING APPRECIATED	I think coworkers giving you high-fives - it's that thing on the Internet that you can give each other, like <u>thanks for helping me last night, couldn't have done this without you</u> or something... Yeah, that always feel good... Sometimes you don't hear anything feedback at all unless it's negative and <u>it's good to hear positive feedback</u> . (RT02)
	COMMUNITY AT WORK	I think everybody there is very – they're very positive... We'd have a board meeting – called board rounds at 8 o'clock in the morning. And during COVID it just felt like – it was more almost like a pep talk, as well as what we were gonna do for the day. It was like let's get a pep talk. <u>And everybody was there was allowed to express any concerns, any interests without being judgmental... Nobody's neglected.</u> (RT05)

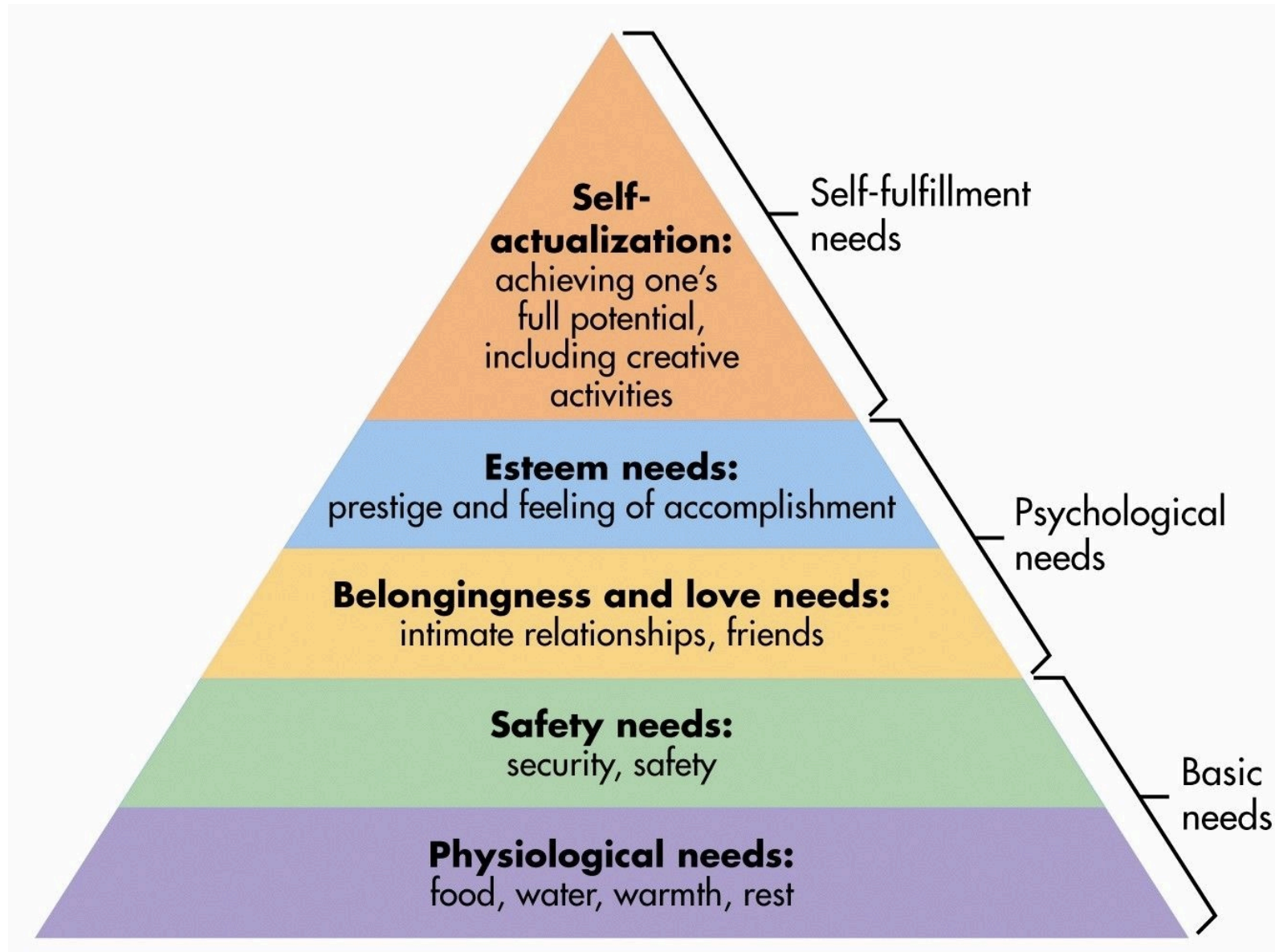
Roberts KJ, Klaiman, Silvestri JA, Pierce M, Mikkelsen ME, and Kerlin MP. Burnout, Wellness, and Fulfillment Among Respiratory Therapists During the COVID-19 Pandemic. *Respir Care* 2021;66(Suppl 10) 3604225

Exemplar Quotes

Domain	Theme	Quote
WELLNESS	POSITIVE RELATIONSHIPS WITH COLLEAGUES	I think <u>something that really helps at work currently... is the staff support that I have</u> . Like I'm a night shifter, so the staff friendliness and how well we work together – it has been one of the best things that has actually helped decrease my burnout rate, I guess ... <u>I don't know where I would be or what I would be doing if I didn't have such good support</u> . (RT01)
	WORKING ON COMMITTEES OR SPECIAL PROJECTS	I think it – yes, so <u>I'm on some committees and stuff like that and I think it makes you feel like a more valued member of the team</u> , you're not just a body clocking in, clocking out three days a week and that's it... I think it's good to have a little bit more ownership in what you do. (RT02)
	WORK/LIFE BALANCE	I think it's really important <u>that a person have hobbies outside, things they can go and do</u> . When they come home and they relax. I read, I listen to music, in the summertime I garden. And I feel that <u>it's so important for each of us to make time in your life to do something that you specifically get enjoyment out of</u> . (RT06)

Roberts KJ, Klaiman, Silvestri JA, Pierce M, Mikkelsen ME, and Kerlin MP. Burnout, Wellness, and Fulfillment Among Respiratory Therapists During the COVID-19 Pandemic. *Respir Care* 2021;66(Suppl 10) 3604225

Maslow's Hierarchy of Needs (1943)



Institutional Interventions



Acknowledge and assess the problem



Harness the power of leadership



Develop and implement targeted work unit interventions^a



Cultivate community at work



Use rewards and incentives wisely



Align values and strengthen culture



Promote flexibility and work-life integration



Provide resources to promote resilience and self-care



Facilitate and fund organizational science

Self-Compassion

- ▶ Self-kindness versus self-judgment
- ▶ Common humanity versus isolation
- ▶ Mindfulness versus over-identification
- ▶ Non-judgmental understanding

....encountering life difficulties is part of the shared human experience—something that we all go through....

Neff KD, Kirkpatrick KL, Rude SS. Self-compassion and adaptive psychological functioning. *Journal of Research in Personality* 2007;41, 139 - 154

Tips for Self-Care

1. Regular exercise and restorative activities.
2. Spending time with friends and family.
3. Identify things that you can't control.
4. Monitor your inner emotional energy.
5. Look for and recognize signs of burnout.
6. Protect your boundaries.

University of North Carolina School of Medicine, Dr. Nadia Charguia; healthtalk.unchealthcare.org

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Questions?

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