



Organizational Vs Individual Efforts to Help Manage Stress and Burnout in Healthcare Professionals

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Citation: Rosenstein HA. Organizational vs individual efforts to help manage stress and burnout in healthcare professionals (2021) Nursing and Health Care 6: 11-13.

Received: July 25, 2021

Accepted: Sep 13, 2021

Published: Sep 20, 2021

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Abstract

Stress and burnout continue to impact the thoughts, behaviors, and careers of healthcare professionals. Solutions will require a multidimensional approach that focuses on both individual and organizational efforts geared to build resilience and help providers better adjust to the pressures of medical practice. Individual efforts can only go so far. Since most of the issues are system related, solutions will require an empathetic pro-active approach from the affiliated organizations in which staff practice to provide effective resources and support to help them succeed. The article outlines a series of suggested strategies designed to help staff better adjust to the pressures of medical practice.

Keywords: Stress and burnout, Resilience, Organizational culture.

Background

From the beginning the path to becoming a healthcare professional has always been a stressful situation. It was stressful getting into the right schools, stressful getting through all the training, and stressful going out into practice. We all considered it part of the cost of doing business. The rewards were worth it. Then several years ago things began to change. Growing bureaucratic intrusions, changing roles and responsibilities, an intensified focus on cost-efficiency, productivity, and metric accountability, and the introduction of a number of different non-clinical tasks including compliance with the electronic medical record documentation have left staff exhausted and frustrated with a sense of loss of autonomy and control, and questions about meaning, purpose, and fulfillment. In 2015 a landmark article published in the Mayo Clinical Proceedings documented that 50% of physicians reported working under high stress burnout conditions. This was just the tip of the iceberg. The condition has been intensified with the Covid-19 pandemic raising new concerns about practice mechanics. The latest Medscape Annual Survey on Physician Stress and Burnout continues to show the high degree of stress, burnout, and depression in physicians. It's not just physicians. Nurses, Pharmacists, and other paramedical staff report similar concerns [1-4].

Causes and Consequences

Most of the contributing factors come from system related issues. More bureaucratic tasks, fulfillment of non-clinical administrative responsibilities, changing roles, responsibilities, and priorities, excessive workloads, changes in process flow, greater focus on productivity, efficiency, and metric accountability, and compliance with electronic medical input and documentation have all taken their toll. Add on top of this Covid related issues as to protection, access, and resource availability have further intensified the problem. For nurses, many of the stresses are related to scheduling, interactions with their colleagues, and overall compassion fatigue. All staff can feel

overwhelmed, exhausted, dissatisfied, anxious, and stressed, leading to physical and emotional distress. Something needs to be done [5].

Barriers

Will anyone ask for help? One of the first barriers is recognition. Clinical staff have seen a lot and they develop very strong stoic personalities to deal with day-to-day events. They are willing to sacrifice their own mind and body for patient care and often don't recognize their own symptoms. If they do, the usual response is that they can handle it by themselves. After all, they've been under stress all their lives. If they do want some help, they may not know where to go. If they do consider asking for outside help, they may be concerned about confidentiality and the associated stigma of exposure and how others may view their health and competency. Diagnostic labeling may raise concerns about credentialing and licensure implications. Barriers are a significant issue that needs to be addressed [6,7].

Solutions

There is no one solution available to fix the problem. **Table 1** gives a list of suggested recommendations. None of these are mutually exclusive. The importance of each will depend upon work culture and other specifically identified issues. The first issue is raising awareness. This is a two-part process involving raising organizational awareness as to the seriousness of the issue and raising individual awareness as to the importance of self-recognition, acceptance, and willingness to change. In regard to assessing the status of the current environment, some insight may come from listening to hallway gossip, but a more in-depth organizational survey (examples: Maslach, Mini Z, ProQOL, Well-being Index) will help identify and quantify specific issues. Next is the importance of culture and work environment. Those organizations that express concern, empathy, and willingness to



provide resource support to enhance staff well- being have greater success in managing the attitudes and performance of staff members [8].

1. Awareness and recognition	Internal assessment
2. Organizational Culture/ Work environment	Leadership commitment/ Empathy
	Workload responsibilities
3. Education	Awareness/ Accountability/ responsibility
4. Relationship training	Communication/ Team collaboration/ Customer service/ Emotional intelligence
	Sensitivity/Diversity/ Conflict/ Anger management/ leadership development
	Stress management/ Resiliency/ Mindfulness
5. Administrative/ logistical/ system support	Scheduling/ Productivity
	On- call/ committee obligations
	Electronic Medical Record
6. clinical support	Clerical support
	Practice support
7. Behavioral support	Education/ training programs
	Wellness Committees/ Wellness Officer
	Informal conversations
	Formal interventions/ Coaching/ Counseling/ Sanctions
8. Staff Well- being/ Work- life Balance	Comforts/ Connectivity
9. Staff Joy, satisfaction, and engagement	Input and involvement
	Joy and satisfaction
10. Respect and recognition	Feeling valued

Table 1: Recommendations.

Education plays a key role. One focus is to discuss all the nuances of the current health care environment in a general session. More comprehensive educational and training programs on a variety of topics that may include enhancing communication and team collaboration skills, diversity management, conflict management, anger management, stress management, mindfulness, and resiliency, will help staff become better equipped to deal with all the relationship interactions that impact patient care. The next step is to provide resource support. There are three areas that need to be addressed. The first is administrative/ logistical support. As mentioned previously most of the factors influencing stress and burnout come from a system related focus. Staff are overworked and spending too much of their time completing non-clinical tasks. Adjusting work schedules, on- call responsibilities, and committee assignments will help alleviate some of these pressures. Providing additional training or dedicated staff support (scribes) will help with concerns about the electronic medical record. Capacity control and task management are key issues that need to be addressed [9-11].

From a clinical perspective using PAs, NPs, LVNs, or NAs to handle more routine day to day matters will free up time for physicians and nurses to focus on more complex patient care matters. More effective use of designated care coordinators, care navigators, or medical assistants to help manage logistics of patient care scheduling and follow up care will also free up time for the clinicians to concentrate on face-to-face patient activities. The next area is emotional/ behavioral support. Provide opportunities for discussion. Being able to meet with clinicians, listen to their concerns, and provide empathetic support goes a long way in improving their feelings. Some of the training programs discussed earlier can help in this regard. Some organizations have reinvigorated their Employee Assistance programs or Wellness Committee to provide skilled personnel to help assist clinical staff. The use of mentors or coaching programs have been particularly successful. In rare cases more intense behavioral issues may require professional

counseling and/ or referral to outside services that may impact staff privileges [12,13].

Maintaining staff well- being is the number one priority. Always be aware of barriers related to reluctance to act and provide structure and resources to enhance a positive work life balance. Provide on- call services such as food, childcare, break rooms, meditation rooms, and exercise facilities. Encourage opportunities for social interactions and staff connectivity. Returning the joy and pride to clinical practice has become a pivotal focus. Giving staff an opportunity to express their concerns will increase staff involvement and engagement. Reminding staff about all the good things that only they can do will help them battle compassion fatigue and increase their levels of joy and satisfaction. Recognizing their efforts, thanking them for all that they do, and rewarding them for their efforts will put a smile on their faces [14].

Conclusion

We need to look at all of our clinical staff as a precious overworked limited resource and do what we can to help them better adjust to the stress and pressures of today's healthcare environment. We can't leave it up to them to do it on their own. Awareness, stigma, time, self-sacrifice and dedication to patient care all get in the way. Stress reduction, relaxation, mindfulness, and resiliency may help but most of the problems arise from system issues that need to be addressed. Therefore, we need the organizations to take a more proactive role in helping out. Showing you care, and implementing services to enhance workplace dynamics are the key to promoting satisfaction and engagement [15].

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