



PA Burnout, Stress, and Coping: Recommendations for Organizational Success

UW Medicine

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UW Medicine
MEDEX NORTHWEST
PHYSICIAN ASSISTANT PROGRAM

Objectives

- Discuss the relationship between stress, coping, and burnout.
- Differentiate between individual- and organizational-level burnout interventions.
- Present best practices gleaned from the literature regarding burnout prevention health interventions.

Defining Burnout

- Burnout is a syndrome exacerbated by chronic occupational stress, and should be described within the context of one's occupation (Schaufeli et al., 2001; WHO, 2020)
- “Burnout is a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do ‘people-work’ of some kind. A key aspect [is] increased feelings of emotional exhaustion. As their emotional resources are depleted, workers feel they are no longer able to give of themselves at a psychological level” (Maslach & Jackson, 1981, p. 99).
- Three subscales: emotional exhaustion, depersonalization, personal accomplishment

Burnout

- **Contributors to Job Burnout:** workplace non-conducive to employee wellbeing; role conflict/ambiguity; mistreatment; lack of equity (Dandar et al., 2019; Grandey et al., 2012; Maslach et al., 2001; Maslach & Leiter, 2008).
- **Burnout in Clinical Providers:** Health providers (e.g. PAs) are consistently exposed to long-term stress, increasing the likelihood of experiencing burnout (Essary et al., 2018; Tetzlaff et al., 2020). A 2016 - 2017 national study measuring burnout and job satisfaction among clinically practicing PAs indicated that 40% reported burnout symptoms (Dyrbye et al., 2020).

Example: Maslach Burnout Inventory – Educators Survey

For use by Daytheon Sturges only. Received from Mind Garden, Inc. on May 15, 2020

Review Copy: MBI for Educators Survey

How often:	0	1	2	3	4	5	6
	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

How often 0-6	Statements:
1. _____	I feel emotionally drained from my work.
2. _____	I feel used up at the end of the workday.
3. _____	I feel fatigued when I get up in the morning and have to face another day on the job.
4. _____	I can easily understand how my students feel about things.
5. _____	I feel I treat some students as if they were impersonal objects.
6. _____	Working with people all day is really a strain for me.
7. _____	I deal very effectively with the problems of my students.
8. _____	I feel burned out from my work.
9. _____	I feel I'm positively influencing other people's lives through my work.
10. _____	I've become more callous toward people since I took this job.
11. _____	I worry that this job is hardening me emotionally.
12. _____	I feel very energetic.
13. _____	I feel frustrated by my job.
14. _____	I feel I'm working too hard on my job.
15. _____	I don't really care what happens to some students.
16. _____	Working with people directly puts too much stress on me.
17. _____	I can easily create a relaxed atmosphere with my students.
18. _____	I feel exhilarated after working closely with my students.
19. _____	I have accomplished many worthwhile things in this job.
20. _____	I feel like I'm at the end of my rope.
21. _____	In my work, I deal with emotional problems very calmly.
22. _____	I feel students blame me for some of their problems.

(Administrative use only)

EE Total score: _____ DP Total score: _____ PA Total score: _____
 EE Average score: _____ DP Average score: _____ PA Average score: _____

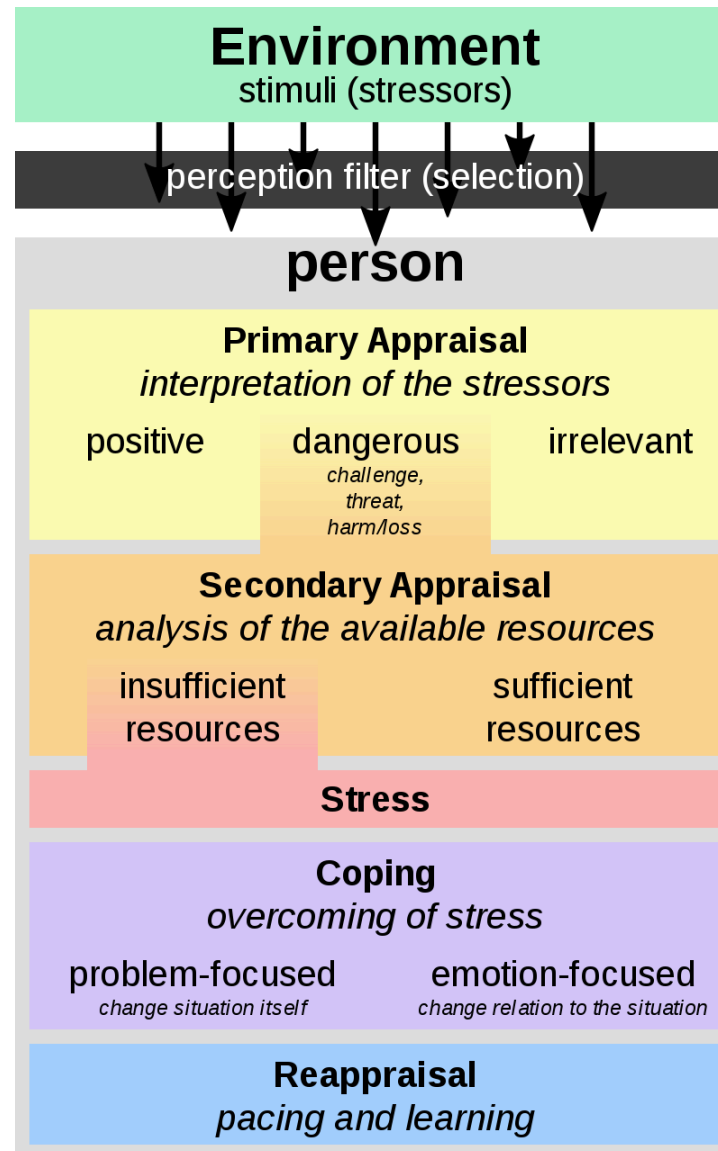
Stress and Coping

- **Primary appraisal** – “. . . a person’s judgement about the significance of an event as stressful, positive, controllable, challenging, benign, and/or irrelevant” (Wethington et al., 2015, p. 226).
- **Secondary appraisal** – “. . . an assessment of coping resources and options in a situation” (Wethington et al., 2015, p. 228).

Stress and Coping

- General: The processes of stress and coping are informed by appraisal of the perceived threat. Prolonged stress and being ill-equipped to employ proper coping mechanisms are contributors to burnout (Awa et al., 2010; Lazarus, 1990).
- Health Impact:
 - The accumulation of stressors over one's life can lead to an increased allostatic load resulting in unfavorable health outcomes (Gomez-Gascon et al., 2013; Wethington et al., 2015).
 - The emotional exhaustion subscale informs stress-associated health outcomes more than the other two subscales (Grayson & Alvarez, 2008; Maslach et al., 2001; Maslach & Leiter, 2008).
 - The burden of emotional exhaustion often results in fatigue, illness, social problems, and psychosomatic disease (Grayson & Alvarez, 2008; Maslach, 1978).

Transactional Model of Stress and Coping



Lazarus & Folkman (1984)

Burnout Contributors

- A workplace culture that is non-conducive to employee wellbeing adversely affects occupational stress levels (Dandar et al., 2019).
- There is a moderate to high correlation relating role conflict and role ambiguity and burnout (Maslach et al., 2001).
- Burnout can also be influenced by mistreatment from superiors, customers, and patients resulting in emotional exhaustion (Grandey et al., 2012).
- The absence of equity and fairness exacerbates burnout symptomatology (Maslach et al., 2001; Maslach & Leiter, 2008).

Burnout in Clinical Providers

- Health providers (MDs, nurses, PAs, dentists, pharmacists) are consistently exposed to long-term stress and associated risk factors, increasing the likelihood of experiencing burnout (Essary et al., 2018; Tetzlaff et al., 2020).
- Advanced practice providers may perceive decreased internal motivation regarding their jobs, exhibit frustration secondary to feelings of disempowerment, report reduced job satisfaction, and elevated burnout symptoms (Hoff et al., 2019).
- A 2016 - 2017 national study measuring burnout and job satisfaction among clinically practicing PAs indicates that 40% reported burnout symptoms (Dyrbye et al., 2020).

Six Domains of the Work Environment

- Workload
- Control
- Reward
- Community
- Fairness
- Values (Leiter & Maslach, 2005; Maslach & Leiter, 2008)



Six Domains of the Work Environment

- Overworking is a leading source of burnout especially when the duties exceed the employee's limits.
- Elevated **workload** is directly related to the EE component of burnout.
- EE results from the depletion of personal capacity associated with completing job duties.
- The key contributor is when employees are unable to fully recover from their demanding **workloads**. By providing a tenable workload as a goal of the health intervention, the employee is able to develop new skills as well as use existing skills leading to better occupational effectiveness (Leiter & Maslach, 2005; Maslach & Leiter, 2008).
- **Control** occurs secondary to role conflict and is also strongly associated with EE. Burnout is also increased when there is a lack of reward for peoples' work, be it financial, social, or organizational incentives.

Six Domains of the Work Environment

- Lack of **reward** depreciates the value of the work and the employees. Community, or lack thereof, is important in the forms of social support, conflict management, togetherness, and team capacity.
- Lack of leadership support is related to emotional exhaustion and impacts workload.
- **Community** helps diminish feelings of occupational inequities, with social support being associated with larger job engagement.
- Available research supported diminished burnout in constructive, supportive work environments (Leiter & Maslach, 2005; Maslach & Leiter, 2008).
- **Fairness** is the perception of fair and equitable practices on the job. Employees are most concerned with the fairness of procedures and processes than the actual outcome.
- Work environments with **fair** and equitable supervisors have less burnout susceptibility and are more welcoming of organizational shifts.

Six Domains of the Work Environment

- **Values** represent psychological and emotional influence and expectations of the job.
- When there are disparities between employee and organizational **values**, employees usually find themselves with the dilemma of performing assigned tasks versus preferred tasks.
- **Value** conflicts are associated with all three subscales of burnout and are predictive of burnout and engagement levels.
- When both personal and organizational **values** prioritize shared knowledge, the result is increased professional efficacy (Leiter & Maslach, 2005; Maslach & Leiter, 2008).

Burnout Interventions

- Individual Level:

- Health interventions targeting the individual-level usually employ a cognitive behavioral approach.
- The aims of the intervention usually include elevating job competency, enhancing interpersonal skills, social support, individual coping skills, and relaxation methods (Awa et al., 2010; Maricutoiu et al., 2016).
- These interventions reap short-term benefits for symptom reduction and occupational mental health outcomes (Awa et al., 2010).

Burnout Interventions

- Organizational Level:

- Burnout is not an individual malady. Instead, it is a workplace issue due to the existing social environment and interactions between employees and employers (Grayson & Alvarez, 2008; Maslach & Leiter, 2005).
- Successful organizational-level interventions usually result in procedural changes, restructuring of job duties, shared decision-making, and expanding job control (Awa et al., 2010).

Burnout Interventions

- Desired Outcomes:

- Stress reduction is a desired outcome of burnout health interventions with approaches focusing on problem sources along with increasing self-efficacy and work performance (Breso et al., 2011; Innstrand et al., 2004) •
- Burnout health interventions' desired goal should be to increase job engagement, resulting in an increased perception of employee professional efficacy (Maslach & Leiter, 2008) •
- Recent studies have focused more on achieving job engagement (Maslach et al., 2001), which results in an increased perception of employee professional efficacy (Maslach & Leiter, 2008) •

Burnout Interventions

Best Practices

- Burnout health interventions should address the six domains of the work environment: workload, control, reward, community, fairness, and values (Maslach & Leiter, 2005; Maslach & Leiter, 2008).
- It is necessary for organizations to prioritize burnout interventions to change employee mindsets from broken to engaged and empowered in order to achieve a better future/occupational outlook (Shanafelt & Noseworthy, 2017).
- A combination of individual-level and organizational-level interventions is necessary to help positively change the six domains of the work environment, while also empowering and honing individual skills (Maslach et al., 2001).
- Combination and organizational interventions usually last approximately two to six months compared to individual-level interventions lasting two days to three months (Awa et al., 2010).

Recommendations Informing an Organizational Burnout Health Education Intervention

- Burnout prevention interventions for PAs can include:
 - reflection/open sharing/creating a brave space regarding experiences as a PA;
 - defining burnout in terms of decreased satisfaction, emotional toll, and exhaustion;
 - discussing burnout contributors e.g., institutional issues, work-related stressors, social isolation, and occupational pressures;
 - discussing common work-related stressors to address provider and social issues;

Recommendations Informing an Organizational Burnout Health Education Intervention

- acknowledging common responses to stress triggers and approaching discussion in terms of primary and secondary appraisal;
- offering coping strategies to include calming, cognitive/behavioral, and distancing techniques;
- and deploying possible organizational strategies aligning with the six domains of the work environment to address burnout among the priority population (e.g., workload distribution and/or offering targeted faculty resources).

Open Discussion Question/Answer



*Thank
you*



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