



HIV MEDICAL ALERT

FOR PRIMARY HEALTH CARE PROVIDERS AND HEALTH PROFESSIONALS

May 2006

Vol. 10, Issue No. 1

HIV Medical Alert

provides clinicians with comprehensive and up-to-date information about diagnosis, treatment, and prevention of HIV.

HIV Medical Alert

is published by Upper Hudson Primary Care Consortium, Glens Falls, N.Y., as part of the HIV Clinical Education Initiative. The Initiative is funded by the AIDS Institute of The New York State Department of Health (NYSDOH).

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Clinical Advisor:

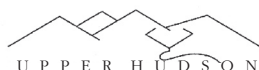
Joseph A. Mc Kay, LCSW, D.Min.

Contact

For subscriptions or additional information
Mary Anne Brown, RN,BSN, MA
Administrative Editor
518/761-0300
or
Lyn Stevens, NP
315/464-5593

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WELCOME to the *HIV Medical Alert* Newsletter Continuing Medical Education (CME) format. This activity has been planned and implemented in accordance with the Essentials and Standards of the Medical Society of the State of New York through the joint sponsorship of Glens Falls Hospital and Upper Hudson Primary Care Consortium. The Glens Falls Hospital is accredited by the Medical Society of the State of New York (MSSNY) to sponsor continuing medical education for physicians.

The Glens Falls Hospital designates this educational activity for a maximum of one (1) hour AMA PRA Category I Credit.TM Physicians should only claim credit commensurate with the extent of their participation in the activity.

Preventing Professional Burnout in HIV/AIDS Care

by Mary Anne Brown, RN, BSN, MA

Indeed, the professional demands of a healthcare career are numerous and challenging. HIV care can bring added pressure and worry when one considers the challenges inherent in modern healthcare delivery. Is Burnout in the medical or nursing professions inevitable or is there a sensible approach that one can take to prevent such a blow to one's professional career? Are healthcare professionals who provide HIV/AIDS care more prone to Burnout than their colleagues who work with other chronically/terminally ill populations such as oncology? This article will allow the healthcare professional caring for the general or specific patient population an opportunity to:

- List the demands of professional practice that contribute to a stressful career and potentially lead to burnout.
- Identify individual stressors of one's profession and assess the appropriateness of current personal coping strategies.
- Design a personal approach that will more effectively manage stress and prevent professional burnout.
- Name resources that will offer sound strategies of secondary stress management and burnout prevention.

Professional Stress

Throughout the continuum of healthcare, each physician, nurse, therapist, pharmacist, or other healthcare provider, confronts growing multiple demands of professional practice. The rapid and constant changes in healthcare delivery systems are fraught with high regulatory demands. The healthcare team

is obliged to make clinical decisions and provide compassionate, quality care within an environment of perpetual hurry and mounting resource constraints:

- ⇒ Though HIV research offers great promise for the HIV population, evidence and outcomes from studies result in frequently modified clinical guidelines, which necessitate a change in practice.
- ⇒ The half-life/turnover of medical information can be overwhelming as providers scurry to keep pace with the latest in HIV care and treatment of associated chronic conditions.
- ⇒ The technological advances swiftly bring lab results, radiology images and other clinical indicators to the clinician who is pressured to speed up the response cycle time.
- ⇒ The arrival of the Electronic Medical Record means ease of access, but first the provider must receive sufficient training before becoming proficient in using the new tools.
- ⇒ Providers can now access the Internet for clinical information using PDA's, but not before they master the features of a handheld computer.
- ⇒ Providers need to be skilled and informed communicators as they work collaboratively with patients living with HIV/AIDS who are often knowledgeable consumers and strong advocates in their own care.
- ⇒ The financial costs and insurance reimbursement procedures continually challenge the providers who seek to document and code precisely so that they not only meet corporate compliance criteria but are reimbursed adequately and promptly.
- ⇒ Organizational dynamics can fuel the level of stress within a work environment and can negatively or positively influence the effectiveness and spirit of compassion among healthcare professionals.
- ⇒ The care must be delivered with an assurance of high quality and competence in an environment where medical malpractice allegations are prevalent and,
- ⇒ Always, always the clock is ticking.

The Story of Burnout

The portrait of unmanaged stress resulting in burnout is distinctive and individual for each person. A well-respected physician is stopped and issued a DWI. A skilled surgeon loses hospital privileges for failing to respond to an emergency call, which results in an untoward outcome in her patient's condition. A dedicated nurse is disciplined and his license to practice is revoked for diverting narcotics in a nursing home. A lab director seeks a medical leave of absence in order to recover from an undisclosed mental health disability. A young physician noted for his high academic achievements commits suicide shortly after beginning practice. Embarrassed colleagues may quietly discuss the vague details of these cases in private corners of the health setting, but what is underrated in each of these circumstances is the untold effect and insidious nature of personal and professional stress.

Contrary to the concerns of peers, these professional breakdowns are not individual failures that emerge because of personal weakness or incompetence. There is a growing body of knowledge that unmanaged secondary stress in medical and nursing professions can debilitate anyone at any point in their career. Dr. Oscar London (pseudonym), an internist from California, who writes regularly for the *San Francisco Chronicle*, notes, "Managing one's own stresses is the toughest part of practicing medicine." Yet, secondary stress, compassion fatigue, depression, burnout, alcoholism, substance abuse and suicide are terms that are often underrated in the career path of healthcare professionals. All too often, the professional refrains from reflecting upon wellness and healthy balance and sacrifices their everyday living by maintaining a career pathway that celebrates overwork, a relentless schedule, and a pager/cell phone that is never still.

Many providers who constantly flirt with burnout may deny the need for stress management; some may consider self-care approaches to be unrealistic or unnecessary; others may completely ignore how stressors influence the physical, emotional, spiritual, social and professional sense of well-being. Individuals who continue to disregard the effect of such turmoil are apt to overstep personal, financial, sexual and other boundaries. Eventually, burnout emerges following this pattern of harmful health habits; the consequences of poor professional performance and deteriorating relationships are professionally and personally devastating.

Psychosocial Factors in the Medical and Nursing Professions

Research on physician health is limited, often contradictory and dated, making interpretations difficult. Depression is common among medical students and rates of clinical depression among interns reportedly range between 27%¹ and 30%.² Though rates vary widely, the prevalence of alcoholism and substance abuse in physicians is thought to be higher than that of the general population.³ Physicians have a 3½ times greater death rate from cirrhosis than the general population.⁴ In 2003, 45.7% of physicians responding to a Physician Resource Survey published by the Canadian Medical Association reported symptoms that indicated advanced stages of burnout.⁵ Divorce rates among physicians are reported to be 10% to 20% above those in the general population⁶ and many “medical marriages” are strained because of professional demands and work schedules.⁷ Most studies indicate the physician suicide rate is between 28 and 40 per 100,000, compared with the rate of the general population of 12.3 per 100,000. It is a striking fact that 26% of young physician deaths are due to suicide.⁸

In a recent American Nurses Association/NursingWorld.org survey, more than 70% of 4,826 nurse respondents named acute and chronic effects of stress and overwork as priority health and safety concerns. Still nurses continue to be “pushed harder—with more than two-thirds reporting that they work some type of mandatory or unplanned overtime every month. Nearly 10 percent reported working overtime as much as eight times a month.”⁹ Frequently, nurses experience the stress and overwork directly through injury, illness and danger. In the ANA/NursingWorld.org survey, 60% reported a disabling back injury. 45% had contracted HIV or hepatitis from a needlestick injury, 37% were infected with tuberculosis or another disease, 25% had been assaulted on-the-job, 21% developed a latex allergy and 18.8% had been in a fatigue-related car accident after a shift.¹⁰ Statistics of alcohol abuse among nurses are sparse, but alcoholism or alcohol-related problems are estimated to include 6% to 20% of all practicing nurses; cases of drug dependency may involve 3% to 5% of practicing nurses.¹¹

Healthcare Culture

From the early days of medical and nursing school preparation, students are expected to hit the ground running and keep current, keep competent and keep changing with the clinical, regulatory and system demands. As typical high achievers, healthcare professionals work conscientiously to become caring, competent and confident providers. It is increasingly evident that medical and nursing professionals are at risk of stress “fractures”

or burnout because

of the characteristics (listed in Table 1) they bring into the caring professions as a group.

Regrettably, the topic of burnout in medical and nursing academic settings is simply not discussed. For many, burnout actually begins in school where the pace and demands of professional training begin a stressful life of fatigue and emotional exhaustion. The individual who founds a career upon heavy professional commitment, overload and high demand while caring for ill patients disregards the need for self-care or self-protection. As the pace and demands overtake the life of the nurse or physician, the signs and symptoms of burnout begin and become an expected way of life.

Though providers will often identify signs and symptoms of unmanaged stress in a patient, they likely ignore those same

Table 1

Characteristics that Increase the Risk for Burnout

- ⇨ Perfectionism
- ⇨ Need for Control
- ⇨ Exaggerated sense of responsibility
- ⇨ Difficulty asking for help
- ⇨ Excessive, unrealistic guilt
- ⇨ Suppression of feelings
- ⇨ Difficulty taking vacations and enjoying leisure time.

Texas Medical Association Knowledge Center <http://www.tex.med.org>

Table 2

Symptoms of Unmanaged Stress

- ⇨ Fatigue—exhaustion
- ⇨ Muscle tension, headaches, G.I. distress and other somatic symptoms
- ⇨ Loss of libido
- ⇨ Anger, mood swings, emotional irritability
- ⇨ Difficulty communicating with colleagues, patients and family
- ⇨ Poor coping abilities
- ⇨ Cynicism, critical attitudes toward others, suspiciousness
- ⇨ Poor performance
- ⇨ Isolation

symptoms in themselves and press on because of personal, professional or organizational expectations. The familiar facts of Psychology 101 in which many learn the “fight or flight” response to anxiety and the physical and emotional characteristics of poorly controlled stress are applied to the patient in the exam room, but rarely to the provider. The negative stress gradually manifests itself in signs and symptoms listed in Table 2.

It would be rare for a healthcare professional not to experience some common signs of secondary stress, which author and psychologist, Robert Wicks describes as “the pressure that results from reaching out to others in need”¹². Those in the helping professions willingly and habitually dispense with the vital principles of self-care. In a recent study of graduates of the Johns Hopkins School of Medicine, it was determined that approximately one third of physicians do not have a doctor.¹³ Sacrificing one’s well-being for the sake of a professional role is risky business. Gradually after months and years of too much to do and too little time, chronic tension, unmanaged stress and exhaustion become a way of life. Ultimately, secondary stress leads to compassion fatigue, which gradually gives way to burnout.

Burnout is a term attributed to Herbert Freudenberger, a psychologist who compared the overstressed individual to a burned out building which was once a vibrant structure, but now houses only barren, wasted remains. He worked with volunteers in the free-clinics that served Vietnam Veterans and observed how devoted professionals would lose their idealism in the process and then seemed to mourn that loss.¹⁴ Burnout is characterized as a disorder that affects many individuals who are burdened by constant pressure. The demands of patient care can give way to the signs and symptoms of burnout listed here.

HIV/AIDS care has presented significant challenges to providers over the years. Several studies have looked at the rate of burnout for healthcare professionals in HIV/AIDS care and, clearly, the stress is somewhat less than in the pre-HAART period. It is noteworthy that AIDS healthcare workers are at less risk of burnout than their colleagues in oncology and geriatric care.¹⁶

Though the healthcare provider may be admired by many as committed, professional, competent and giving, the practice of giving oneself away eventually leaves an individual physically, emotionally, psychologically and spiritually empty. One observer speaks of this emptiness as the “silent anguish of the healers.”¹⁷

Signs & Symptoms of Burnout¹⁵

- ⇨ Emotional Exhaustion
- ⇨ Cynicism
- ⇨ Ineffectiveness
- ⇨ Depersonalized relationships
- ⇨ Deteriorating job performance
- ⇨ Headaches
- ⇨ Sleep disturbances
- ⇨ Irritability
- ⇨ Marital dysfunction
- ⇨ Fatigue
- ⇨ Hypertension
- ⇨ Anxiety, depression

Burnout Is Preventable

Is burnout a predictable end result if one is in service to others? While service to others can become quickly overwhelming, burnout can be avoided by maintaining a healthy balance. Increasingly, professional associations, healthcare organizations and academic settings are recognizing that medicine, nursing and other healthcare professions can be stressful careers. These professional bodies have begun to address the issue of professional burnout through policy statements, research studies, prevention programs and information sessions for colleagues, students and administrators. The American Medical Association has a series of publications that focus on physician health and include useful strategies of how the physician can respond to work-related stress, anxiety and depression. The American Academy of Family Physicians provides a series of articles and tools to reduce work-associated overload, stress and burnout.¹⁸

Even the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) has addressed physician health matters through a new Medical Staff Standard (MS 2.6) on Physician Health. The new standard requires a process for handling physician health and potential impairment separately from the disciplinary process. JCAHO endorses the utilization of a statewide system, which in New York State is MSSNY’s Committee for Physician Health (CPH). CPH is available to assist medical staff with JCAHO compliance and may be contacted by phone at (800) 338-1833.

As we look at approaches to preventing professional burnout, we can consider this paraphrase of a quote by the wise Earl of Derby from the 17th century, “Those who do not find time for *rest, self-awareness, health*, exercise will *sooner or later* have to find time for illness.”¹⁹ If healthcare professionals are to model health, wellness and balance to their patients and if they are to remain healthy and sound in their professional practice, an individualized Plan of Self-care is a must.

Commitment to Well-Being

An everyday remedy for preventing professional burnout begins with healthcare professionals who promote their own well-being and healthcare organizations which foster a healthy work environment. Listed below are several practical strategies that will help healthcare professionals regain and remain in a healthy balance. In addition, healthcare organizations that foster healthy work settings may consider these suggested complementary supportive approaches.

Personal Stress Management Strategies	Organizational Burnout Prevention Strategies
Devise and begin a personal healthcare plan that will prioritize objectives and will lead to a balanced life.	Determine what healthcare colleagues value most in their professional roles.
Commit to getting sufficient rest, balanced nutrition, adequate exercise; interact regularly with caring friends; include daily meditation (i.e. Relaxation Response.) ²⁰	Consider the usefulness of a Health Committee that will examine the impact of corporate policy and philosophy on the wellness of the employee population.
Reframe the work responsibilities by honoring a true team approach, improving communication skills and supporting others in the healthcare setting.	Establish a mentor program that encourages experienced clinicians to support junior professionals in career development and workload balance efforts.
Become more mindful by being more fully engaged in the moment with that patient, that procedure, that activity. This will offset the energy lost in frequent interruptions and constant demands.	Offer group support facilitated by an in-house psychotherapist who will lead staff to consider their work and interaction more deeply as a mutually supportive healthcare team.
Connect with a personal primary care provider; maintain routine healthcare (physical, oral, mental health).	Integrate questions that relate to personal health and well-being in the re-credential process.
Review stress level when major life changes occur and adjust expectations and schedule as needed.	Offer an annual well-being retreat on business time. Link a sabbatical program to productivity incentives.

Conclusion

No career or profession is without its stressful challenges. Working, caring professionals are, by nature, devoted to a life of serving others. However, a life of personal needs, concealed by the needs of the patient population, eventually takes a toll and is manifested in poor judgment, poor behavior and poor health. It is essential for healthcare professionals to maintain a personal balance. Healthcare facilities which implement organizational changes in an effort to protect providers from constant, unrelieved stress, will build organizational and personal resiliency to undue pressure. A mission of service and quality care that includes the providers and support staff will address turnover, shortages, and patient safety issues in a manner that will honor the health of the provider and the patient population. While there is no Burnout Insurance, the “ounce of prevention” principle applied to the healthcare providers and settings, will assure a healthy professional workforce.

Author

Mary Anne Brown, RN, BSN, MA is a grant writer/administrator and education specialist and serves as the HIV Program Director of the Upper Hudson Primary Care Consortium in Glens Falls, New York. Mary Anne has a special interest in primary care, wellness and mental health and offers group sessions and counseling to individuals in the community and the workplace.

Clinical Advisor

Joseph A. McKay, LCSW, D.Min. is a Clinical Social Worker who serves as a therapist with Hudson Headwaters Health Network, a regional health network in northeastern New York. He provides psychotherapy to persons living with HIV/AIDS and the general community and is a Board Member of Voices of the Heart, a Mental Health agency funded by the NYS Office of Mental Health.

Notes

- 1 Clark, DC, Salazar-Grueso E, Grabler P, et al: Predictions of depression during the first six months of internship. *Am J Psychiatry* 1984; 141:1095-1098.
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- 12 Wicks, R., *Overcoming Secondary Stress in Medical and Nursing Practice*. New York: Oxford University Press. (2006).
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- 16 Denner, Craig, EdD. "Burnout: The Healthcare Worker as Survivor," *AIDS Reader* 14: 522-537,.
- 17 Neuwirth, ZE. "The Silent Anguish of the Healers," *Newsweek* (September 1999) 99.
- 18 <http://www.aafp.org/fpm/20020400/35eigh.html>
- 19 Italicized words added by feature author.
- 20 Benson, Herbert MD. Harvard Medical School "Relaxation response eliminates distractions and effects caused by the fight-or-flight response. This response shuts off all hormones and behaviors contributing to the anxiety. Dr. Benson 's suggested technique includes these steps: Select a focus word or phrase («peace,» for example) that is grounded in your personal belief system. Sit quietly, close your eyes, and relax. Begin repeating your focus word in time with your breathing, each time you exhale. Continue for 10 to 20 minutes.

Continuing Education Test

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To earn credit:

1. Read the CME article.
2. Review the objectives
3. Study and apply the content to the objectives and to your practice.
4. Complete the Post-Test.
5. **Return the answer sheet as directed at the bottom of the evaluation page.**

Objectives: At the conclusion of this activity, the learner will be able to:

1. List the demands of professional practice that contribute to a stressful career and potentially lead to burnout.
2. Identify individual stressors of one's profession and assess the appropriateness of current personal coping strategies.
3. Design a personal approach that will more effectively manage stress and prevent professional burnout.
4. Name resources that will offer sound strategies of secondary stress management and burnout prevention.

Note: This CME activity and quiz is designated for 1 credit. CME credit expires June 1, 2008

Select the best answer for each of the following.

1. Healthcare Professionals who work in HIV/AIDS care are more prone to burnout than other colleagues engaged in oncology or pediatrics:
 a. True
 b. False
2. Physicians, nurses and other healthcare workers who ignore the stressors of providing care to patients living with chronic disease:
 a. have a healthy approach to maintaining balance.
 b. may experience untoward effects of secondary stress.
 c. may exhibit poor performance in their professional practice
 d. may lapse into harmful health habits that lead to compassion fatigue and burnout
 e. All but a.
3. A physician communicates poorly with colleagues, patients and family, displays a critical attitude and is unreliable in maintaining his assigned schedule. An effective approach by this physician's supervising medical director would include: [Check all that apply.]
 a. overlooking the physician's behavior.
 b. offering the physician a reduced schedule without confronting the other behaviors
 c. meeting with the physician to discuss his overall performance
 d. determining with the physician a plan of improvement
4. The Relaxation Response is:
 a. a proven method that eliminates signs and symptoms of anxiety.
 b. impractical for physicians and nurses to use in their own personal plan of self care.
 c. a nice-to-do relaxation exercise but unnecessary for healthcare professionals
5. Individuals who seek to prevent professional burnout should include the following components: [Check all that apply.]
 a. Rely on alcohol and other substances to reduce tension caused by stress.
 b. Frequent the vending machine for meals and snacks during the workday.
 c. Commit to getting sufficient rest, nutrition and exercise.
 d. Contribute to a healthy work environment by communicating supportively with the healthcare team.

Evaluation of CME Activity

HIV Medical Alert June 2006 Vol. 10 Issue No. 1: Preventing Professional Burnout

	Excellent	Good	Fair	Needs Improvement
Overall Activity				
1. Was the subject matter well balanced in fact and theory?	1	2	3	4
2. Was the format clear and easy to read?	1	2	3	4
3. Did subject matter have sufficient detail?	1	2	3	4
4. Was subject matter valuable for practical application?	1	2	3	4
5. Were objectives listed on test page met?	1	2	3	4
6. Was the writer clear in content, sequence and style?	1	2	3	4
7. Overall program was? _____				

Comments/Topic Suggestions:

PLEASE PRINT CLEARLY TO ASSURE ACCURATE DOCUMENTATION OF CME CREDIT

Profession: Physician PA NP CNM RN LPN Other _____

Name: _____ **County:** _____

Organization: _____

Address: _____
Street City/Town State/Zip

Signature: _____
(please sign legibly for CME records)

Return the completed test and evaluation form to:

Catherine D. Cushing, RN, BSN
Coordinator, HIV Clinical Education
Upper Hudson Primary Care Consortium
One Broad Street Plaza, P.O. Box 3253
Glens Falls, NY 12801
(518) 761-0300 Fax (518)792-4384