Healthcare

VANTAGE POINT®

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Provider Burnout: A Root Cause Approach to Reducing Stress

Clinical burnout is a work-related syndrome experienced by an increasing number of physicians, nurses, physician assistants (PAs) and nurse practitioners (NPs). Characterized by the federal Agency for Healthcare Research and Quality as a long-term stress reaction marked by emotional exhaustion, a sense of diminished personal accomplishment and chronic depersonalization (which manifests as a cynical or indifferent attitude toward patients, colleagues and work in general), clinical burnout may result in severely impaired provider performance. The syndrome can thus potentially affect patients and organizations, as well as the individuals entrusted to care for patients.

The concept of professional burnout is not new to the healthcare industry. (See "A Brief History of Clinical Burnout" on page 3). Even before the COVID-19 pandemic, it was estimated that as many as 50 percent of physicians, 41 percent of nurses, and 59 percent of PAs and NPs had experienced symptoms of burnout.[1] The coronavirus crisis has significantly increased pressure on healthcare professionals, producing stress in the form of greater personal risk, longer hours, continuously heavy workloads, recurrent safety equipment shortages and painful patient care decisions. This added strain has led to record depression, substance abuse and suicide rates among clinicians of all types. (See sidebar on page 2.)

In this issue…

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1 "Physician Burnout." Agency for Healthcare Research and Quality. See also Brusie, C. "Study Reveals Alarming Statistics on Nurse Burnout," *Nurse.org*, posted April 7, 2019 and Batcheldor, M. "Study Explores Burnout Among APRNs, Physician Assistants," *Vanderbilt University Medical Reporter*, December 12, 2019.

Widely viewed as a public health crisis of epidemic proportions, clinical burnout has a significant financial impact on hospitals and other healthcare organizations. Consider the following statistics:

- **Burnout-related absenteeism, turnover and recruitment expenses for physicians total $4.6 billion per year,** according to a recent study in the *Annals of Internal Medicine*, costing healthcare organizations about $500,000 to $1 million per employed physician per year.
- **Nurse burnout is estimated to cost hospitals alone about $9 billion per year,** with a total national annual cost of $14 billion when all healthcare segments are factored in.
- **Burnout of PAs resulting in turnover can cost employers $100,000 to $250,000 per assistant,** while replacement costs for burnout-induced turnover of advanced practice nurses range from $250,000 to $300,000 per NP.

Burnout also has a significant impact on quality of care. According to a study by the Stanford University School of Medicine, physicians are more than twice as likely to make medical errors when they show signs of burnout and are 38 percent more prone to commit lapses in care when they report being fatigued.

By increasing error rates and staff turnover, burnout tends to augment liability exposure, reduce patient satisfaction levels and heighten reputational risk. In view of the syndrome's deleterious effect on physicians, nurses, PAs and NPs, as well as patients and organizations, it is incumbent upon leaders to develop and implement an effective burnout reduction program.

This edition of *Vantage Point*® first examines the underlying causes of clinical burnout for physicians, nurses, PAs and NPs (collectively referred to as "providers" hereafter), as well as its signs and symptoms, which can be identified and tracked through an ongoing screening regimen. It then presents 13 proactive measures that healthcare organizations can take to counter the workplace problems that contribute to professional burnout and help providers restore balance to their personal and professional lives. In addition, a checklist of litigation survival tactics for providers is included on page 9, as being named a defendant in a malpractice lawsuit is a potentially anxiety-laden experience that may lead to acute stress, depression and eventual burnout.

The Toll of Chronic Stress on Providers: A Statistical Look at Some of Its Effects

- According to a meta-analysis of 54 studies involving 17,560 medical trainees, between 20.9 and 43.2 percent of physicians in training screened positive for depression or depressive symptoms during residency, in comparison to a 9 percent rate for the general population.
- Depression affects a third of nurses, contributing to patient care errors, according to a 2018 study of 1,790 nurses practicing in 19 healthcare systems across the U.S. The study also showed that nurses who work 12-hour shifts had worse health outcomes and made more errors than their peers who worked eight- or 10-hour shifts.
- Approximately 13 percent of male physicians and 22 percent of female physicians abuse alcohol, as compared with 6.2 percent of the general adult population.
- One in 10 nurses is impaired or is in recovery from alcohol or drug addiction.
- Approximately 12 female and 40 male nurses per 100,000 commit suicide annually, compared with a yearly suicide rate within the general population of 7.6 per 100,000 for women and 28.2 per 100,000 for men.
- On average, about 400 physicians commit suicide every year, roughly equal to one medical school graduating class.

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A Brief History of Clinical Burnout

Since the term was introduced in the mid-1970s, "clinical burnout" has been linked to a variety of causal factors, ranging from relentless technological change to the bureaucratization of medicine to the increasing threat of malpractice claims and licensure actions. The following list highlights some of the landmark moments in the history of this serious and growing problem:

- **1973 – An American Medical Association report examines the incidence of physician impairment** and emphasizes the importance of physician health programs.
- **1974 – The concept of "clinical burnout" is developed** by psychologist Herbert Freudenberger, based upon his observations of physicians working with drug-addicted patients.
- **1981 – The Maslach Burnout Inventory is published.** Designed to measure stress in providers, it remains the most widely used instrument of its kind.
- **1990s – The rapid expansion of HMOs and other types of managed healthcare plans** – with their increased reliance on clinical guidelines, utilization review, formulary restrictions and other cost-containment measures – creates a sense of reduced autonomy among providers, affecting job satisfaction.
- **2009 – The Health Information Technology for Economic and Clinical Health (HITECH) Act includes incentives for the use of electronic health records,** which subsequently have been linked to health IT-related stress and burnout among providers, due to ever-growing reporting demands.
- **2013 – An industry report examines incidence of burnout by physician specialty,** finding the highest rate among emergency medicine and critical care physicians.
- **2015 – More than half of physicians report at least one symptom of burnout,** according to a Mayo Clinic study.
- **2019 – Leading healthcare organizations and CEOs assert that clinical burnout is a public health crisis.** A report in the *Annals of Internal Medicine* estimates the annual cost of physician burnout to be $4.6 billion.

Sources: "The Sick Physician: Impairment by Psychiatric Disorders, Including Alcoholism and Drug Dependence." *Journal of the American Medical Association*, February 5, 1973, volume 223:6, pages 684-687. Cornwell, K. "Physician Burnout: A History of the Not-So-Recent Phenomenon Plaguing Clinicians." Posted on *Spok.com*, August 5, 2019. Han, S. et al. "Estimating the Attributable Cost of Physician Burnout." *Annals of Internal Medicine*, June 4, 2019, volume 170:11, pages 784-790. (Login required for full access.) Brody, D. and Brody P. "Managed Care and Physician Burnout." *AMA Journal of Ethics*, September 2003, volume 5:9, pages 276-279.

Since the term was introduced in the mid-1970s, **"clinical burnout"** has been **linked to** a variety of causal factors, ranging from **relentless technological change** to the **bureaucratization of medicine** to the increasing threat of **malpractice claims and licensure actions**.

Understanding the Root Causes of Burnout

A certain degree of stress is inherent to the medical and nursing professions, due to the emotional, intellectual and physical demands of patient care. What has changed and increased over time is the level of *external* stress experienced by providers. This form of distress – brought on by the mounting pressures and complexities of the tightly monitored, digitized, highly regulated modern healthcare system – may seem beyond the control of the individual provider, potentially creating a sense of powerlessness and impaired morale.

These external stressors are numerous and are experienced by most providers at some point in their career. The following table lists common causes of burnout for physicians, nurses, PAs and NPs. (It should be kept in mind that these workplace issues, while sometimes affecting one type of healthcare professional more than others, may apply to a lesser extent across the spectrum of providers.)

Physicians:

- **Time-consuming administrative tasks,** such as completing insurance authorization forms and resolving claim conflicts.
- **Inefficient practice environments,** marked by poorly designed workflow, frequent interruptions and technical glitches.
- **Excessive documentation demands**, which, coupled with IT interoperability issues, may result in practitioners spending more time entering data than engaging with patients.
- **Perceived growth in "cookbook medicine,"** as practice shifts from individualized care to reliance on standardized protocols, algorithms and evidence-based clinical recommendations.
- **Overemphasis on abstract metrics and rigid productivity quotas,** creating unrelenting time pressures and leading to a perceived de-professionalization of medical practice and consequent loss of self-esteem.
- **Clashing values,** resulting from a numbers-driven, cost-cutting culture that may conflict with professional ethics and the human dynamics of the doctor-patient relationship.

Nurses:

- **Excessive workloads,** characterized by frequent understaffing, chronically high acuity levels and workweeks that consistently exceed 40 hours.
- **Stressful clinical environments,** characterized by high rates of chronic disease and patient mortality, as well as the emotional strain of caring for noncompliant and/or combative patients.
- **Scheduling issues,** including last-minute changes, mandatory overtime and general inflexibility.
- **Poor teamwork,** marked by recurrent personality conflicts, lack of cooperation, sub-par communication and bullying.
- **Underappreciation,** felt when compensation, benefits and respect accorded by physicians and others do not seem to correspond to time and effort expended.
- **"Alert fatigue,"** a desensitization caused by constant sounding of clinical alarms, anti-elopement sensors and other devices.
- **Career stagnation,** tied to lack of opportunity for professional development and advancement.

Physician Assistants:

- **Electronic health record (EHR)-related inefficiencies,** leading to excessive data entry demands, task repetition and general frustration.
- **Non-integrated, ever-changing IT systems,** including automated medication prescribing platforms and computerized provider order entry applications.
- **Circumscribed decision-making capacity** and limited interaction with patients and other professionals.
- **Lack of career flexibility,** including difficulty in changing specialties or practice settings.
- **Role ambiguity,** leading to interpersonal conflict with supervising physicians and recurrent questions about scope of responsibility and practice limitations.
- **Belief that contributions are not fully appreciated** and that compensation does not correspond to skills, training and assigned duties.

Nurse Practitioners:

- **Poor communication** with primary care and specialty physicians.
- **"E-stressors,"** reflecting the ever-growing computerization of healthcare delivery.
- **High-level responsibilities,** coupled with a sometimes poorly defined scope of practice.
- **Dearth of learning opportunities** with supervising physicians (where applicable), leading to feelings of career frustration and underappreciation.
- **Workloads incommensurate with salary,** leading to fatigue, reduced job satisfaction and a sense of being exploited by the organization.
- **Absence of a collaborative workplace culture,** resulting in professional isolation and a lack of leadership opportunities.
- **Concern about regulatory and liability implications** of independent practice.

Identifying Affected Providers

In order to effectively identify at-risk individuals, organizations should screen physicians, nurses, PAs and NPs on an annual basis using a standardized tool designed to measure stress levels and detect possibly related errors in professional judgment and patient care. While clinical burnout may present somewhat differently among various types of providers, most cases include some combination of the following signs and symptoms:

- **Decreased concentration** and noticeable forgetfulness.
- **Constant distraction** and abbreviated attention span.
- **Frequent errors** or persistently inferior job performance.
- **Chronic impatience with colleagues,** together with carping criticism.
- **Harried manner** and other signs of pressure and strain.
- **Increasing detachment** from patients and their ailments.
- **Ongoing sadness,** combined with irritability.
- **Avoidance of interaction with others,** professionally and socially.
- **Communication breakdowns** with patients and others.
- **Emotional flatness,** reflecting loss of interest, joy and meaning in work.
- **Recurrent health problems** due to a weakened immune system.

One commonly used self-assessment tool for burnout is the Maslach Burnout Inventory. Other available instruments include the following:

- Mini-Z Burnout Survey from the American Medical Association's STEPS Forward™ Modules.
- Nurse Well-Being Index from the Mayo Clinic health system. (Also available: Physician, Medical Student, Resident/Fellow, Advanced Practice Provider and Employee Well-Being Indices.)

Human resources and employee assistance program staff play an essential role in training providers to spot the signs of burnout in themselves and their colleagues. The organization should sponsor regular educational sessions on this topic, focusing on the following indicators and effects of clinical burnout:

- **Physical symptoms,** e.g., nausea, chronic exhaustion, weight gain/loss, heart palpitations and poor sleep.
- **Emotional changes,** e.g., chronic anxiety, mood swings, agitation, noticeable defensiveness, increased isolation, flattened or depressive affect, diminished enthusiasm, and difficulty in listening and concentrating.
- **Performance indicators,** e.g., unexplained absences and disappearances, excessive time spent on breaks and charting, uncooperative attitude, overreaction to criticism, abusive language and behavior, and general deterioration from previous levels of competency.

All providers should be encouraged to participate in wellness programs that teach strategies for minimizing and dealing with chronic stress. (See "Coping With Compassion Fatigue: Six Essential Tips" on page 10.)

Physician Burnout: Four Significant Variables

When assessing physicians' susceptibility to stress, exhaustion and burnout, consider the following factors, as noted in the "Medscape National Physician Burnout & Suicide Report 2020: The Generational Divide":

- **Specialty:** Critical care, emergency medicine, OB/GYN, internal medicine, neurology and urology are among the specialties with the highest rates of physician burnout.
- **Generational cohort:** Forty-eight percent of Generation X physicians (i.e., those born between approximately 1965 and 1980) report professional burnout, as compared with 38 percent of Millennials (born 1981-1996) and 39 percent of Baby Boomers (born 1946-1964).
- **Gender:** Forty-eight percent of female physicians experience symptoms of burnout, as compared with 37 percent of men.
- **Size of organization:** Forty-eight percent of physicians who practice in large healthcare organizations are subject to burnout, as compared with 45 percent in outpatient clinics, 44 percent in multi-specialty group practices and 42 percent in hospitals.

Preventing Burnout: Thirteen Proactive Measures to Combat Stress and Enhance Provider Wellness

Many healthcare industry observers believe that one of the root causes of clinical burnout and related lapses in care is the plethora of chaotic work environments. Research conducted by the Agency for Healthcare Quality and Research suggests it is the challenging working conditions that produce provider burnout, rather than burned-out clinicians themselves, which are the major impediment to high-quality patient care.

As the sources of provider burnout are largely systemic, so too are the solutions. In order to craft an effective response to this epidemic, healthcare leadership must assess the organization's culture and value system, closely examine working conditions, and identify the situations and interactions that tend to produce chronic stress. The following suggestions are intended to help healthcare leaders evaluate and strengthen their burnout prevention efforts:

1. **Demonstrate a top-down commitment to promoting a culture of wellness.** Leadership at every level – including top executives, administrators and frontline managers – must understand the gravity of the problem and drive the effort to identify and address the root causes of clinical burnout, screen all healthcare professionals on an ongoing basis, and cultivate a supportive and humane organizational culture.
2. **Appoint an executive-level wellness officer.** By appointing an administrator dedicated solely to provider well-being, hospitals and health systems can demonstrate their commitment to reducing clinical burnout. The chief wellness officer is typically responsible for collaborating with all hospital departments to identify and implement opportunities for change, especially in such key areas as health information technology, medical team management and patient care systems. (For a sample job description, see Kishore, S. et al. "Making the Case for the Chief Wellness Officer in America's Health Systems: A Call to Action." *Health Affairs Blog*, October 26, 2018.)
3. **Establish a dedicated wellness budget.** Even relatively nominal investments in such areas as provider education, workflow analysis and IT optimization assessment can reap valuable organizational dividends in the form of improved staff retention, as well as higher productivity, fewer errors and greater patient satisfaction.
4. **Convene a Wellness Committee.** The multidisciplinary Wellness Committee's general purpose is to compile information, generate ideas, communicate with executive leadership, and coordinate and evaluate stress-reduction efforts. The group should comprise the following members, among others:
   - **Healthcare providers,** representing a range of types and disciplines.
   - **High-level managers** and executive leaders.
   - **Risk managers** and workplace health and safety staff.
   - **Human resources executives,** including the employee assistance program director.
   - **Union stewards** and other workforce representatives.
   - **Information technology staff** and communications personnel.

   Once assembled, the committee's first priority should be to launch an enterprise-wide effort to assess the extent of stress and clinical burnout (see point below), discern its causes, and develop and execute a preventive action plan. To assist members in this effort, see "The Physician Well-Being Playbook: A Guide for Hospital and Health System Leaders," developed by the American Hospital Association. Another useful resource is the National Academy of Medicine's "Clinician Well-Being Knowledge Hub."
5. **Measure the extent of burnout.** An organizational assessment, initiated by the Wellness Committee, can identify major workplace stress factors, which in turn can suggest effective means of preventing burnout and aiding affected providers. The assessment process should include the following actions, among others:
   - **Ask providers direct, open-ended questions** that foster further dialogue.
   - **Listen carefully to their responses** without interruption or defensiveness.
   - **Provide feedback to all levels of the organization** regarding systemic issues noted during provider discussions.
   - **Report periodically on actions taken to address identified problems,** as well as any measurable progress made in reducing clinical burnout.

6. **Empower supervisors to manage clinical burnout and hold them accountable for results.** By training managers to identify the signs and symptoms of burnout, and to respond effectively to them, organizations can help ensure that providers under stress receive needed support. And to enhance accountability, leadership should consider including "wellness scores" – which measure degree of compliance with burnout-reduction strategies and action plans – in management reviews.
7. **Monitor burnout metrics.** Commit to reviewing wellness data – such as overtime hours, workloads, absenteeism rates, time spent on EHR data input and provider satisfaction levels – on a regular basis, using a "performance dashboard" that tracks pertinent burnout-related indicators for physicians, nurses, PAs and NPs. The dashboard should be able to quantify the severity and frequency of burnout symptoms throughout the organization, as well as categorize incidence by provider type, specialty, location, age and gender.
8. **Ensure that workloads are balanced and safe.** Clinical burnout is more closely associated with chronic overwork than any other factor. The following staffing tactics and tools, among others, can help organizations reduce overload and consequent stress:
   - **Implementation of "float pools,"** consisting of nurses and auxiliary staff who can aid in relieving scheduling shortfalls during crisis events or peak demand times.
   - **Deployment of medical assistants,** freeing providers from time-consuming administrative activities, such as documenting patient history and physical findings. (Note that histories and physicals documented by assistants must be co-signed by the supervising physician or NP.)
   - **Utilization by supervisory personnel of advanced shift management software,** in order to capture and analyze work pattern data; detect staffing inefficiencies; and schedule weekend, holiday and on-call shifts in a fair and sustainable manner.
   - **Commitment to flexible scheduling,** taking into consideration intensity, length and consecutiveness of shifts, as well as weekends worked and other factors that can lead to exhaustion and eventual burnout.
   - **Adoption of interactive online scheduling systems,** permitting employees to submit their requests directly, as well as enabling supervisors to accommodate staff preferences and resolve conflicts more easily.
9. **Establish a team-based model of care.** Research shows that team-based care – in which patients are actively engaged and staff members are treated as full collaborators in achieving therapeutic goals – helps improve both patient outcomes and provider well-being. (See Welp, A. and Manser, T. "Integrating Teamwork, Clinician Occupational Well-being and Patient Safety: Development of a Conceptual Framework Based on a Systematic Review." *BMC Health Services Research*, July 19, 2016, volume 16:281.) To maximize the benefits of this approach to care delivery, team members should undergo regular training sessions and other team-building activities.

Quick Links

- "2018 Survey of America's Physicians: Practice Patterns & Perspectives." The Physicians Foundation, September 2018.
- "The Business Case for Humanity in Healthcare." A position paper from the Institute for Healthcare Excellence, April 2018.
- Kane, L. "Medscape National Physician Burnout & Suicide Report 2020: The Generational Divide." Medscape, January 15, 2020.
- "Patients Before Paperwork," an ongoing initiative of the American College of Physicians, designed to strengthen the physician-patient relationship by reducing unnecessary administrative chores.
- "Steps Forward Initiative," a set of educational modules from the American Medical Association designed to improve practice efficiency.
- "Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being." Consensus study report highlights from the National Academy of Medicine, October 2019.
- "Tips for Healthcare Professionals: Coping With Stress and Compassion Fatigue." A tip sheet from the Substance Abuse and Mental Health Services Administration, July 2020.

10. **Reduce paperwork burdens.** On average, providers spend two hours performing clerical duties for every hour of direct patient care, according to a 2016 study published in the *Annals of Internal Medicine*. In addition to improving and updating computerized tools (see point below), organizations should consider employing medical scribes, when clinically appropriate, as a means of alleviating excessive documentation demands and enabling providers to focus on patient care.
11. **Make IT applications more user-friendly.** As previously noted, much time is spent navigating EHRs and other digital applications in today's healthcare environment. Relatively simple improvements to IT systems – such as incorporation of voice recognition technology into EHRs, use of electronic patient portals, and adoption of diagnostic software applications and telehealth communication platforms – can significantly enhance efficiency, reduce time spent on documentation and ease pressure on providers. Ongoing training and ready access to IT staff are critical to ensuring that EHRs and other computerized systems function as timesaving conveniences rather than sources of stress.
12. **Recognize work well done.** Routinely acknowledging and rewarding loyalty, professional growth and exceptional performance under trying circumstances helps maintain a positive and productive atmosphere for clinicians. Provider recognition programs should highlight a wide range of accomplishments, including attaining attendance and longevity milestones, as well as meeting and exceeding expectations in such areas as patient safety, outcomes and satisfaction.
13. **Create quiet spaces for restful breaks.** Equipped with massage chairs, spa-like soft music and lighting, and facilities for aromatherapy, meditation, journaling and other calming self-care activities, dedicated "relaxation rooms" can help overstressed providers regain their equilibrium and avoid creeping burnout during demanding shifts.

For many reasons – including but not limited to the ongoing pandemic – the working environment for healthcare professionals is becoming ever more pressured and challenging. By taking action to reduce stress and consequent burnout, healthcare organizations can significantly bolster staff retention and productivity, while minimizing errors and liability exposure. In addition to helping healthcare leaders identify and assist at-risk providers, this publication is designed to spark constructive discussion about the external and systemic stressors – ranging from excessive workloads to mounting paperwork demands to IT inefficiencies – that can make healthcare facilities unhealthy places to work.

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Reducing Litigation-related Stress: A Checklist of Tactics for Providers

Being named in a professional liability (PL) lawsuit can be a highly stressful experience, sometimes leading to feelings of emotional exhaustion, career dissatisfaction, decreased self-esteem and other symptoms of depression. The following tips are designed to help providers prepare for litigation and work more smoothly with their legal team, thereby reducing the uncertainty, friction and anxiety that may contribute to clinical burnout.

Action	Notes
1. **Promptly inform your PL insurance company, hospital risk manager and/or legal counsel of receipt of the subpoena,** in order to expedite the filing of a proper response and development of a legal defense plan.	
2. **Meet with your defense attorney and/or PL insurance company representative soon after receipt of the subpoena** to learn more about the litigation process, including depositions, discovery, and the settlement or trial phase.	
3. **Immediately report to your PL insurer any communication received from the patient or patient's attorney,** or from any administrative, licensing or regulatory authority, including a summons for deposition.	
4. **Promptly return telephone calls, texts and emails from your attorney** and PL insurance company.	
5. **Do not respond to any calls or emails from other parties involved in the case** before first contacting your attorney or PL insurer.	
6. **Do not accept or sign any documents related to the claim from any party** without first obtaining approval from your PL insurer.	
7. **Do not admit to liability, consent to any arbitration or judgment, or agree to any settlement proposal** without first consulting your defense attorney.	
8. **Do not discuss judicial or administrative proceedings, or any other aspect of the case, with anyone** other than your defense attorney and PL insurer.	
9. **Prepare thoroughly for litigation by reviewing the patient healthcare information record** under the direction of defense counsel and becoming conversant with relevant patient history and details of treatment.	
10. **Participate in mock depositions with defense counsel,** in order to be better prepared for the process and to understand the following basic courtroom expectations and strategies, among others:	
• **Inform defense counsel about any concerns before the deposition starts,** especially aspects of testimony that may be embarrassing or difficult to explain.	
• **Be professional at all times** during the deposition.	
• **Listen carefully to each question before answering,** and if it is unclear, ask the opposing attorney to repeat, clarify or rephrase the query.	
• **Answer every question honestly,** keeping in mind that testimony is given under oath and knowingly false statements constitute perjury.	
• **Do not volunteer information except in direct response to a question,** and remember that most questions call for no more than a simple yes/no response or a brief one-sentence answer.	
• **Do not guess the answer to any questions,** as incorrect or speculative responses may create later problems for the defense.	

Action	Notes
11. **Consult with your PL insurer and employer about available stress management tools** to help cope with the pressures of litigation, and also consider utilizing available resources from specialized organizations, such as the Physician Litigation Stress Resource Center.	
12. **Make time for yourself and significant others,** and avoid lifestyle choices that could impair courtroom appearance and/or performance.	

This checklist serves as a reference for providers seeking to minimize the stress and uncertainty associated with malpractice litigation. The content is not intended to represent a comprehensive listing of all actions needed to address the subject matter, but rather is a means of initiating internal discussion and self-examination. Your clinical procedures and risks may be different from those addressed herein, and you may wish to modify the list to suit your individual practice and patient needs. The information contained herein is not intended to establish any standard of care, serve as professional advice or address the circumstances of any specific entity. These statements do not constitute a risk management directive from CNA. No organization or individual should act upon this information without appropriate professional advice, including advice of legal counsel, given after a thorough examination of the individual situation, encompassing a review of relevant facts, laws and regulations. CNA assumes no responsibility for the consequences of the use or nonuse of this information.

Coping With Compassion Fatigue: Six Essential Tips

For many physicians, nurses, physician assistants and nurse practitioners, the COVID-19 pandemic has exacerbated already taxing work environments, further disrupting the balance between patient care and self-care. Over time, excessive demands and pressure can pave the way for "compassion fatigue," defined as a combination of physical and/or emotional exhaustion and overexposure to the suffering of others, resulting in desensitization and loss of empathy and connection. The following tips can help providers avoid this debilitating condition and achieve the sustainable work-life equilibrium so essential for front-line healthcare personnel:

1. **Make personal wellness a priority.** Combating the effects of stress requires an ongoing commitment to a healthy diet, frequent hydration, regular daily breaks and vacations, and sufficient sleep, generally seven to nine hours per night. Also, limiting alcohol and nicotine intake helps maintain energy levels and mental focus.
2. **Manage stress proactively.** Participation in relaxing activities – such as sports, hiking, gardening, craft work, recreational reading and music making – can be helpful in reducing anxiety and frustration, as well as lowering blood pressure, heart rate and muscle tension. In addition, online workout videos, workplace quiet spaces (see page 8) and mindfulness activities – including meditation, yoga and prayer – can help neutralize environmental and interpersonal stress factors.
3. **Develop a support network.** Isolation intensifies feelings of anxiety, depression and emotional detachment. By reaching out to colleagues, healthcare professionals can share their concerns with sympathetic listeners, identify common issues and explore possible solutions. If social distancing requirements or long shifts make in-person interaction difficult, consider organizing regular discussion groups on online meeting platforms.
4. **Learn time management skills.** By taking classes in organizing time, setting priorities and enhancing efficiency, busy healthcare professionals can obtain more control over their schedule and reduce the feeling of being overwhelmed by urgent, complex and/or overlapping workplace demands.
5. **Seek professional counseling if necessary.** When stress reaches the crisis point, seek help promptly from mental health professionals through dedicated telephone support lines, teleconferencing tools and/or organizational crisis management counselors. Chronic and/or excessive anger, reckless behavior, increased substance use and feelings of hopelessness are among the indicators of a stress level or emotional state requiring immediate intervention.
6. **Advocate for a healthier work environment.** Consider organizing and participating in forums on the topic of workplace stress and clinical burnout. Ongoing two-way communication can lead to improved management-staff relations and help educate leaders about the need to periodically reassess staffing, scheduling and break policies, among other staff-related concerns.

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