

Battling Burnout and Building Resilience: A Framework

Michael Wiederman, PhD

From the Department of Biomedical Sciences, University of South Carolina School of Medicine Greenville, Greenville, SC (M.W.)

Burnout as a pervasive problem among healthcare providers has been well documented and described in myriad sources. As such, the primary objective of this article is to share a framework I use to organize various interventions shown to prevent burnout and build resilience for the individual healthcare provider.

The potential value of a framework is to organize pieces of information into a coherent package, allowing the various pieces to be more readily understood, remembered, and applied. In working with individuals and groups around burnout remediation and prevention, that is precisely how I have used the framework myself—as a means to organize the various strategies and practices from numerous sources in a way that facilitates remembering and communicating them. As a context for using the framework, it is important to first clarify the primary terms.

What Are Burnout and Resilience?

Burnout is typically used to refer to a defined constellation of signs and symptoms of a state of personal and professional impairment believed to result from prolonged periods of stress. The first important distinction is between job stress and burnout, the former being a necessary but not sufficient ingredient for the latter. That is, discrete episodes of stress are, well, stressful, but as long as those episodes are the exception rather than the norm—and we have the environmental and internal resources to cope with the stress—burnout is unlikely. It is when the stressful episodes are subjectively experienced as the norm, and we lack the support and resources to effectively cope, that the cumulative effect may be burnout.

The most widely used measure of healthcare provider burnout is the Maslach Burnout Inventory,¹ a self-report scale by which the respondent rates how often he or she experiences problems in 3 areas: emotional exhaustion, depersonalization, and personal achievement. Emotional exhaustion

includes feeling overwhelmed, drained, and frustrated. Depersonalization refers to a relatively uncaring or calloused attitude toward patients or those served. The personal achievement dimension to burnout reflects feeling relatively effective and relaxed in providing care. Burnout is characterized by relatively high levels of exhaustion and depersonalization and a relatively low level of achievement.

The description of burnout may sound similar to depression; indeed, the overlap may make distinguishing between them difficult, especially at the more extreme levels of burnout. At that point, labeling the experience one or the other may not matter, as treatment is a priority over diagnostic terminology. Shy of that more extreme point, however, a distinguishing factor may be the extent to which the negative feelings, attitudes, and perceptions are associated specifically with work. Although burnout can negatively impact aspects of life away from work, to the extent that work is experienced as “the problem,” it is more likely the individual is experiencing burnout rather than more generalized depression.

Whereas *burnout* is used to encapsulate the cumulative effects of chronic stress at work, the term *resilience* refers to the ability to effectively cope with stress, “bounce back” from adversity, and ward off the accumulation of toxic residue from frustrating experiences. In working with individuals and groups of healthcare providers, I tend to use the pair of terms to refer to ends of a single continuum, as the goal is to build resilience as a means of avoiding the opposite end of the continuum.

Fortunately, in support of the continuum metaphor, the strategies and practices shown to address burnout are the same or very similar to those shown to bolster resilience. Accordingly, consider the words “battling burnout” and “building resilience” as interchangeable throughout the rest of this article.

A Framework for Organizing Strategies and Practices for Battling Burnout and Building Resilience

Those who research and write about the prevention and remediation of burnout frequently emphasize that the phenomenon is multi-factorial. That is, there is no sole cause or remedy. Instead, a set of conditions seems to make burnout more likely, and those conditions involve both environmental factors and individual or personal factors. Effectively addressing burnout, then, involves a multi-pronged approach in both domains (the setting and the individual).

Much of the published literature has focused on strategies and practices for the individual healthcare provider. Although this focus was undoubtedly meant to be helpful, especially because the individual reader has the most control over his or her own behavior and daily practices, a risk is the implication that burnout results from the failure of the individual to be able to “cut it” at work.

More recently, leaders in the domain of healthcare provider burnout have emphasized that, if we are collectively serious about addressing the burnout crisis, environmental factors must be a focus. These factors involve healthcare burdens at the national and systems levels, including incentive structures, governmental and other regulations, as well as burdens at the institutional level, such as amount of administrative support, scheduling, and workplace wellness initiatives.²

The remainder of this article is focused on the strategies and practices for individual healthcare providers that have supporting evidence for their efficacy in battling burnout and building resilience. In gathering these strategies and practices from the published literature on burnout and resilience, as well as standard practices in clinical and counseling psychology, they seemed to fall into 5 general domains: Mindfulness Practices, Self-Awareness, Self-Management and Lifestyle, Purpose and Perspective, and Interpersonal Relationship Management.

Mindfulness Practices

A classic definition of *mindfulness* is “the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experiences moment by moment.”³ Each component of this definition is important for a full understanding of mindfulness as a practice. For example, note an 1) intentional focus of one’s attention on the present experience and 2) awareness that is open to

the experience rather than allowing it to be the stimulus for a runaway train of thoughts that distances us from the immediate experience.

Sometimes, the basic components of mindfulness are referred to as intention, attention, and attitude. Here, the intention applies not only to one’s focus of attention but also to one’s attitude. Rather than running each moment of experience through a cognitive filter to assign a label such as “good/bad,” “right/wrong,” or even “plant/animal,” the intentional attitude is acceptance. That’s not to say that all experiences are equally desirable or that we should be passive, yielding to what happens and not trying diligently to change it. Instead, it’s an acceptance of the reality of the experience, without layering on unnecessary meaning or distraction. It’s a full appreciation for what is happening, seeing it clearly for what it is and is not.

The intentional practice of mindfulness is a skill; like any skill, it is difficult at first but becomes easier as we continue to practice and become more skillful. Why would anyone decide to invest the effort to become more skilled at mindfulness? The most obvious answer is because the benefits are numerous, including decreased stress, improved concentration and memory, and more satisfying interpersonal relationships.

The connection between mindfulness and stress may not be obvious. Consider the sources of stress: Many assume that they are environmental; things happen to us that are inherently stressful. If that is the entire story, how is it that people can have virtually identical experiences with regard to the objective conditions they face, yet experience markedly different degrees of stress? Similarly, why is it that we may experience very similar “happenings” at 2 points in time rather differently with regard to the levels of stress they seem to induce?

Most often, the stress we experience results from the meaning(s) we ascribe to the situation, including the things we say to ourselves, consciously or barely so. For example, if I have a difficult task to complete under a challenging deadline, a way to heighten my stress would be to focus on all the consequences of failing. I could blend in thoughts about how unfair the situation is and mix in a bit of focus on times in the past that I have been similarly stressed and/or failed. Those additional thoughts and their meanings do not objectively alter the current circumstances, but they likely induce more stress and distract from productively focusing on the task at hand (which

then creates a new source of stress). Mindfulness means focusing on unfolding reality, rather than thoughts about the past, present, or future.

How do we practice mindfulness? A useful analogy is to building muscle. There is no one way, but the myriad ways share the requirement that the muscle is used and even challenged to work a bit harder than the norm. With mindfulness, the possible moments for practice begin upon awakening and end upon falling asleep. The trick is to select some of those moments for intentionally working the muscle that is mindfulness.

Some people designate particular moments to engage in a formal meditation practice, and many possibilities exist as described in numerous written sources, instructional videos, and audio-guided activities. Another set of options involves selecting particular recurring activities as ones in which you will simultaneously practice mindfulness. For example, brushing your teeth, commuting, and walking between rooms or buildings can all be set times for focusing only on your immediate experience. Within seconds, a thought will pop up. Practice letting it go and returning to simply observing your sensory experience. You might focus on what you see, or your bodily sensations, or even switch back and forth, but simply observe without thought.

Note that living more mindfully is not synonymous with having no thoughts and passively observing life. The point is to become stronger in our control over our own focus, thereby turning off the intrusive thoughts that distract us from the task or experience at hand that can cause stress. Remember, situations are not stressful; they just “are.” Stress results from what the situation means to us—what we tell ourselves about it and while experiencing it.

Self-Awareness

The heart of resilience is self-awareness. Why? Knowledge of our own strengths and weaknesses, habitual tendencies, and psychological sore spots better enables us to adapt accordingly. Unfortunately, such self-awareness is not an inevitable fruit of experience, but requires examination and reflection. Self-awareness may seem more natural, or at least more likely, for some people compared to others, but as with any skill, it can be cultivated.

There is no single or best method for growing in self-awareness, but being intentional seems important. Taking the necessary time to examine and reflect on our own behavior, reactions, and possible causes of both is a likely prerequisite

for growth. Being intentional can be performed alone—inside one’s own head or through writing—or with someone else, such as a friend, loved one, counselor, or coach. Friends and loved ones offer the benefit of a perspective from perhaps seeing aspects of you that may be unknown to yourself, whereas counselors and coaches offer the benefit of professional training and more objectivity.

One means for promoting self-awareness is to explore personality types as they apply to your sense of self. Of course, personality types are simply constructs—artificial labels and corresponding descriptions. The purpose of considering personality types is not to discover some previously unseen “truth,” but rather for use as a structured prompt to engage in self-examination. Through a set of personality types or styles you can ask, “To what extent do I think each describes me? Why? How do my personality traits affect my experiences at work (therefore, my stress and risk for burnout)?”

Self-Management and Lifestyle

A traditional, common-sense approach to battling burnout is to promote self-care, such as healthy diet, adequate sleep, regular physical activity, and recreation. We all know these things to be important, if not vital, for our resilience to stress, so why don’t we live accordingly? One part of the answer is less-than-ideal self-management. These healthy lifestyle behaviors are not ones we are forced to perform, nor do they happen naturally or easily with busy schedules, so it is left up to us individually to carry them out.

Our caretakers had control over our rewards and punishments when we were children, so they influenced our behavior greatly. As adults, it is up to us to control our rewards and punishments. Technically, we already do—we decide whether to allow or deprive ourselves of things we want or make ourselves do things we do not want to do. The point here, however, is to wield the control we have over administering our own rewards and punishments to produce the outcomes we desire.

What does this process mean for managing your own health behaviors? You know best what is reinforcing (rewarding) and punishing for you, so an honest assessment provides a menu of possible levers prompting you to engage in health behaviors you would not perform otherwise. Of course, rewards and punishments only work when applied consistently; because adults are charged with self-administration, that’s where the process typically breaks down.

BATTLING BURNOUT & BUILDING RESILIENCE

The first step is to select a specific, measurable behavior to reinforce, being realistic and realizing that the desired behavior can/should be shaped over time toward the ultimate goals. For example, if you currently do not engage in intentional exercise, making an agreement with yourself to engage in vigorous exercise at a gym for at least 1 hour 3 times weekly seems unrealistic. That goal may be an ultimate desire, but perhaps at first the behavior to perform to earn the specified reward is to walk for at least 20 minutes a week. After this behavior is well established, the criterion for reward may be bumped up to the next realistic level.

Note that the behaviors mentioned above are fairly concrete (although they could be specified further). It's not good practice to set goals such as "exercise" or "exercise more," as both of these are too ambiguous to indicate whether the reward has been earned. Similarly, "eating healthy" or "losing weight" are not appropriately specified (the first being too ambiguous, the second an outcome rather than a behavior).

With regard to rewards and punishments, it is important to ensure that each is realistic, sufficiently strong to motivate your behavior, and upheld rigorously. When people first think of rewards and punishments for a new behavior plan, they frequently imagine options that are new or "extra" to their current lives (eg, "get to buy new clothes" or "have to donate cash to a despised organization"). These options may work fine, but we already have numerous alternatives for rewards built into our everyday routines. Think of those things you experience on a regular basis that you enjoy or look forward to: a favorite television program, reading or being on the internet, dining out, an evening snack. These options are all viable, as long as you only allow yourself the reward when you completed that day's desirable behavior.

In addition to explicit rewards and punishments for specific behaviors, you can frequently alter the environment to make particular behaviors more likely. For example, having workout clothes present on the front seat of your vehicle makes it more difficult to "forget" that the daily goal was a session at the gym. Not having unhealthy foods in the house makes it more likely that you'll eat a healthier diet.

When it comes to sleep, special considerations come to mind. First, the importance of quality sleep for mental health cannot be overstated. Indeed, one scientific review of the research literature was titled "Overnight Therapy? The Role

of Sleep in Emotional Brain Processing" because of the conclusion that adequate sleep is necessary for brain functioning required to modulate emotions.⁴ There is much easy-to-find information regarding good "sleep hygiene" to ensure healthy sleep quality (rather than simply quantity).

Purpose and Perspective

As a whole, humans have the need for purpose and meaning in our lives and our work. That is, inherent in the experience of satisfying and sustainable work is a sense that what we do is purposeful, necessary, and efficacious. To the extent that we perceive our work as entailing lots of unnecessary "busy work" (typically administrative procedures or paperwork), we are more vulnerable to burnout. Similarly, the degree to which we feel ineffective or thwarted in our work means the paycheck alone cannot insulate us from burnout.

Beyond a need for purpose and meaning, human nature offers a wonderfully adaptive tendency that has the unfortunate side effect of facilitating burnout when we experience periods of stress. This adaptive tendency is habituation, or the tendency to grow accustomed to conditions that become the status quo. Habituation allows us to not be distracted by minor nuisances such as constant sounds, sights, or sensations, such as the stimulation of our clothing touching our skin. Without habituation, we would be constantly distracted by sensory experiences that would be more productive to ignore. That's all good, but habituation applies to pleasant experiences as well, so the little pleasantries of life that are fairly consistent tend to fade into the background of our daily existence.

Returning to the example of our clothing, when do we notice the sensation against our skin? When something is annoying, such as a tight binding or a pricking from a tag. Our perceptual systems are primed to be sensitive to negative changes in our experience, while neutral and pleasant aspects pale in their ability to capture our attention. What does this point have to do with burnout and resilience? Under periods of stress, when there are numerous negative aspects of our experience, and new ones of various degrees sprouting up, it feels as though the ratio of negative to positive aspects of life is even worse than it is.

Intellectual knowledge of habituation and its potential role in burnout does little to prevent the problem. Instead, we need to consciously drag our attention toward positive facets of life, consistently and repeatedly, and especially during periods of stress. Because doing so does not come

Correspondence

Address to:
 Michael Wiederman,
 PhD, 701 Grove
 Rd, Greenville, SC
 29605 (wiederma@
 greenvillemed.sc.edu)

naturally, no matter how appreciative we consider ourselves to be in general, it is important to develop some sort of regular gratitude or appreciation practice as part of our normal routine.

Interpersonal Relationship Management

It is the extremely rare job that does not involve working with and/or for people. So, the people with and for whom we work can be a tremendous source of stress as well as a great source of support. Given our human nature, we likely view the effect of other people on our stress level and job satisfaction as something determined by other peoples' behavior (and whether they are "nice" people). This pillar of resilience, however, is predicated on the assumption that the ability to manage interpersonal relationships is a skill that can be developed, and doing so results in numerous benefits.

Of course, numerous aspects of interpersonal relationships are implicated in our experience of burnout versus resilience, such as the ability to establish and sustain supportive connections with others, request and receive assistance, and minimize interpersonal conflict (or at least

unproductive effects of conflict). Each of these more general abilities consists of sets of more specific skills, including the ability to empathize, express appreciation and disappointment, provide and receive feedback, and address sensitive issues in healthy and productive ways.

As with each of the other domains, there is no single or best way to develop skills in this arena. However, a synergistic nature exists between them. That is, becoming more skillful at mindfulness, self-awareness, and so forth, facilitates development of skills in managing relationships with others.

Conclusion

Both burnout and resilience are multi-factorial phenomena, with numerous strategies to address them. The purpose of this article was to provide a 5-domain model for considering what individual healthcare providers might consider for personal practices to battle burnout and build resilience. Each domain is broad and entails numerous possible skills that can be developed along the continua from relatively "less" to "more."

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