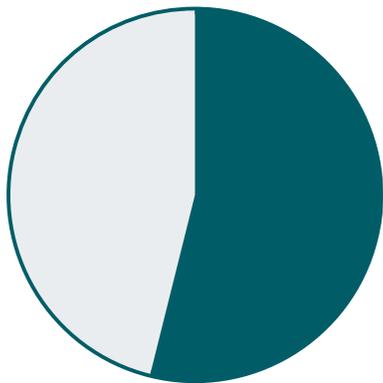


# Burnout at a Glance

Burnout is a “complex syndrome of emotional distress that can disproportionately affect individuals who work in healthcare” (Elmore et al.).

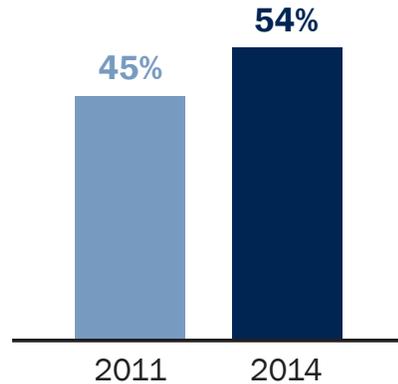
## IT IS COMMON



**54%** of surveyed physicians reported at least one symptom of burnout in 2014

Source: Shanafelt et al. “Changes”

## IT IS ON THE RISE



This increased from 45% of surveyed physicians who reported at least one symptom of burnout in 2011

Source: Shanafelt et al. “Changes”

## IT AFFECTS A VARIETY OF HEALTHCARE WORKERS



“I was in the bathroom crying in private between patients several times yesterday.”

(Wible)

Source: ECRI Institute PSO Database.  
Component of ECRI Institute, Plymouth Meeting (PA).

# IT IS ASSOCIATED WITH PATIENT SAFETY PROBLEMS

~~Z73.0~~ Diagnostic errors



Suicidal ideation in providers



Hospital-acquired infections

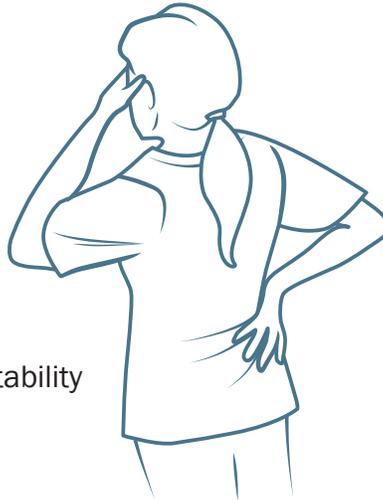


Low patient satisfaction

Sources: Shin et al., West et al., McHugh et al., Cimiotti et al.

## EARLY WARNING SIGNS OF BURNOUT

- Chronic fatigue, exhaustion, and tiredness
- Increased risk taking
- Anger, self-criticism
- Suspiciousness
- Feeling helpless
- Cynicism, negativity, and irritability
- Feeling besieged



“A lot of us do cry in the conference rooms.”  
(Lagnado)

Source: Guntupalli et al.

## BURNOUT DOS AND DON'TS

### DO

- 👍 Employ a systems approach to mitigating burnout
- 👍 Involve frontline staff in organizational changes from the planning stage
- 👍 Improve workflows for all providers and staff
- 👍 Provide time and space for participation in individual and group resilience interventions

### DON'T

- 👎 Approach burnout as the problem of a few vulnerable individuals
- 👎 Place sole responsibility for managing burnout on individuals
- 👎 Add “one more thing” to workers’ busy days without offering some relief

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