

UFC Chair's Reflection - October 2021

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Feeling burned out? You are not alone.

First it was the burnout.

Burnout is generally described as a state of emotional and/or physical exhaustion, brought on by prolonged periods of stress. The World Health Organization (WHO) characterized it in 2019 as "a syndrome resulting from chronic workplace stress that has not been successfully managed." A 2018 Gallup survey on 7500 full-time employees suggested that burnout was present in approximately two-thirds of them. In some areas, the burnout rates were even higher.

Mentally, burnout is defined as a feeling of overwhelming exhaustion, cynicism or detachment toward one's job; and a feeling of ineffectiveness or a lack of accomplishment. Physical symptoms include non-specific body aches, headaches, gastrointestinal symptoms, appetite changes, increased susceptibility to common infections and sleep disruption. It affects preferentially individuals in helping professions, with intense social interaction (e.g., healthcare, education). In the workplace, common causes of burnout include lack of control (e.g., over schedules, workload and assignments); unclear job expectations; dysfunctional workplace dynamics; extremes of activity (such as job monotony or chaos); lack of social support (either at work or in one's personal life); and work-life imbalance. Individuals working in certain professions, such as health care or education, are particularly prone to burnout.

Then COVID-19 hit.

When COVID-19 pandemic settled all around us, shattering businesses, moving work to homes, imposing lockdowns, closing schools, leading to a new breed of mis-behaving 'cabin fever children', parents becoming *de facto* teaching assistants 24/7, employee wellbeing plummeted to lows not seen since the great recession of 2008. As of April 2020, only 46% of Americans described their lives as 'thriving', a whopping 15% decline from pre-pandemic levels. By December 2020, this rate rebounded only slightly (to 48%) – clearly, the fear, the anxiety and the continued worry of 2020 became a chronic condition.

Unfortunately, according to a February 2021 study, two-thirds of workers say that burnout increased due to the pandemic. In our own survey in July 2020, we found that 78% of the respondents said that either agreed or strongly agreed with the statement "COVID-19 increased the level of burnout I feel". Burnout in our own field varied between 25% and 50% by various functional areas.

In the beginning, most people were fearful and anxious, but vigilant, careful and prudent. But slowly, more than one year and a half later, that's given way to more exhaustion and fatigue. While

it's not an official or diagnosable condition, the World Health Organization (WHO) estimates that half of the globe's population is experiencing what's been called "pandemic fatigue".

As COVID-19 marches through the rest of 2021 and in 2022, its unpredictability continues to keep everyone on their toes. According to an author: "the response to COVID-19 is a marathon, not a sprint." In my own view, COVID-19 made us all "professional graph readers".

Psychiatrists, psychologists, counselors, coaches, sleep practitioners and other health professionals can play a critical role in these discussions, both in helping us adjust to the new normal and in advising various units on how to provide support. The irony, however, is that medical professionals tend to experience high workplace burnout rates themselves. As we work to heal burnout in the workplace, it is important to heed our own advice and avoid the same pitfalls as our patients or clients.

Talking about and treating burnout is the responsibility of all of us. Employers set the tone by openly discussing burnout and by training their workforce to identify early signs. This is also very true for mental health or other healthcare professionals. Clinicians need to acknowledge that the very nature of their job puts them at high risk for burnout. Most professional societies and medical organizations have resources for recognizing and treating burnout among practitioners.

If we are to facilitate open conversations about workplace burnout, we must lead by example. Speaking up and creating outlets to be diagnosed and to get treatment makes us true advocates in the lives of our families, for our friends, colleagues, patients, as well as for ourselves.

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