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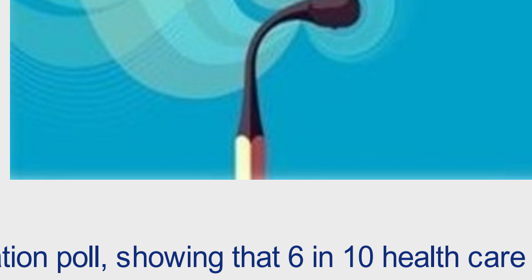
Faculty Burnout During the Pandemic



A recent article in the Washington Post discusses findings from a recent Washington Post Kaiser Family Foundation poll, showing that 6 in 10 health care professionals indicated stress from the pandemic has harmed their mental health.[1] More than 50% also reported feeling burned out and 3 out of 10 health care professionals have weighed leaving their field this year alone.[1]

Burnout, a byproduct of chronic stress, can result in feeling physically and emotionally exhausted, detached, and/or ineffective.[2] There is increased concern that if these rising reports of burnout are left unaddressed, it may lead to higher incidents of post-traumatic stress disorder (PTSD), anxiety, depression, substance abuse, and suicide for healthcare professionals.[1] PTSD is the result of a traumatic event or set of events, like the stress and changes encountered by health professionals during the pandemic. PTSD may result in any, or a combination of, the following:

- Intrusive memories related to the traumatic event
- Avoidance of thoughts or discussions related to the traumatic event
- Negative changes in thinking and mood
- Changes in physical and emotional reactions[3]

It is critical that faculty are vigilant in looking for these changes in themselves and colleagues as we continue to navigate the changes brought on by the pandemic. While each of these changes are normal reactions to traumatic events, early intervention and support can play a role in preventing these normal reactions from worsening over time.

In an effort to better support healthcare professionals, Sen. Tim Kaine (D-Va.) introduced the *Dr. Lorna Breen (an emergency room doctor in New York who died by suicide in 2020) Health Care Provider Protection Act* in March 2021 "to reduce the stigma of seeking mental health help and prevent burnout and suicide among health care professionals."[4] A number of provisions within the Act designed to "train healthcare professionals on strategies to reduce burnout, reduce the stigma associated with seeking mental healthcare, and provide support to the employers of frontline providers so they can better care for the mental health needs of their workforce" were incorporated into the American Rescue Plan Act signed by President Biden in mid-March.[4]

What to do if you are experiencing symptoms of burnout or PTSD

It is crucial for faculty to seek mental health support from mental health professionals if any, or a combination of, the above symptoms of burnout or PTSD resonate with you. Caring for others requires caring for yourself first.

If you, a colleague, or learner you know needs help, call the National Suicide Prevention Lifeline at 800-273-TALK (8255). You can also text a crisis counselor by messaging the Crisis Text Line at 741741. For doctors struggling with burnout or other mental health issues, volunteer psychiatrists are offering free peer support at the Physician Support Line at 888-409-0141, seven days a week from 8 a.m. to 1 a.m. EST.

Additionally, Carilion's Employee Assistance Program (EAP) provides local support. EAP is a confidential service providing professional counseling and referral services. You can access the service independently and confidentially by calling 1-800-992-1931 or 540-981-8950.

A number of resources exist for VTC students in both Roanoke and Blacksburg. Cook Counseling Services in Roanoke at Riverside 1, 2nd floor, offers confidential appointments from 8:00 a.m. – 5:00 p.m. Monday through Friday. After-hours on-call support is available at 540-231-6557. In addition to on-campus counseling services in Roanoke, VTC students are able to receive counseling support through Cook Counseling Telehealth by calling the Blacksburg campus. Cost is covered by fees (no cost for appointments). Appointments do not require proof of insurance. Additional mental health resources can be found **here**.

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3. Mayo Clinic. Post-traumatic stress disorder (PTSD). Retrieved April 26, 2021 from: https://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/symptoms-causes/syc-20355967
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"Most of us have far more courage than we ever dreamed we possessed."

- Dale Carnegie

Dean's Corner

Last year, the Dean's Corner focused on the principles of Health Systems Science. The focus for the remainder of this year will be Diversity, Equity, and Inclusion and will be authored by Azziza 'Kemi' Bankole, MBBS, Carilion Clinic psychiatrist and VTCSOM associate professor of psychiatry and behavioral medicine and chief diversity officer. Dr. Bankole devotes this month to issues surrounding ageism.

"Who is it that can tell me who I am?"

This question can be read as an affirmation of one's individual identity, as uncertainty regarding self-knowledge, or perhaps as a query from an aging mind. Our concept of the average lifespan has shifted over the past 200 years or so. Life expectancy in 16th to 19th century Europe was estimated at 30-40 years of age. There were always outliers who lived longer than this but also so many more who did not survive to this age. Scientific knowledge was growing, and people learned more about the biological world around them and how it affected people. We developed treatments for the diseases that would have killed us decades earlier, and in this past century, we also made discoveries that advanced our understanding of chronic diseases and developed fairly successful treatment options for them.

This means that the average life expectancy in the United States has mostly increased over time, and according to the CDC for the first half of 2020 was 77.8 years. Even though this is a decline from the previous year, it remains almost double what it had been just 200 years ago. In short, as a nation, not only are we living longer but we expect to live longer as well. According to Erik Erikson's Stages of Psychosocial Development, this later stage of life is described as one of Integrity vs. Despair in response to the question "Did I live a meaningful life?" I believe the question we should really be asking ourselves is, "Am I living a meaningful life?" and not wait until we are 65 years old, which is, after all, an arbitrary age proposed almost 150 years ago.

I remember as a fourth-year psychiatry resident having a conversation about the response from one of our noted psychoanalysts in his mid-80s who wanted a five-year rather than a one-year contract extension. This was someone who in his decades of practice as a psychoanalyst had developed and nurtured his love of teaching and continued to do so very well. As a society, we often place limits on what people can do because of who they are and not because of what their capabilities are. So as a society, we continue to lose out on all the benefits that people have to offer. Because we are also part of society, we can also place those limits on ourselves. I have had patients tell me that depression was a natural part of aging because this is the message we have received. My answer to this is always a resounding "No". Aging comes with its challenges and is often difficult. That, however, is not a reason to do nothing. Quality of life should be a foundation for the decisions we make in clinical care. This approach is obviously more demanding and requires more effort likely needing consultations with the individual, their family and loved ones, and other clinicians. Whether that 75-year-old person you are treating lives for another six months or another 15 years, developing a treatment plan that prioritizes their quality of life is key.

As I set out to write this, my focus, unsurprisingly, was on older adults. However, as I refreshed my understanding of what the essence of ageism was, I realized that I had exhibited a cognitive bias, specifically what Kahneman and Tversky describe as availability heuristic. This is a mental shortcut for making frequency or probability judgments based on "the ease with which instances or occurrences can be brought to mind." As a geriatric psychiatrist, I feel the term ageism, i.e. discriminating against someone based solely on that person's age, naturally brings up bias against older adults while the term itself makes no such judgment. Younger people are also subject to ageism, again based on our societal assumptions. Remember, we are part of society. Hopefully, the changes we make today when faced with uncertainty will make these predictable and systemic errors in our judgment less common.

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