

WELLNESS AND BURNOUT PREVENTION CURRICULUM

Graduate-Level Wellness and Burnout Prevention Curriculum Development

By

EDWARD A. BOS

A doctoral research project submitted in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

PACIFIC UNIVERSITY

School of Graduate Psychology

APRIL 2022

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To the Faculty of Pacific University:

The members of the Committee appointed to examine the dissertation of
EDWARD A. BOS find it satisfactory and recommend that it be accepted.

Asani H. Seawell, Ph.D., Chair

Halley Read, MOT, OTR/L

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Background

Occupational Burnout and Burnout Syndrome

Occupational burnout is the psychological reaction to unmanaged chronic stress related to the workplace. The World Health Organization (2018) defines this with three characteristics:

- feelings of energy depletion or exhaustion;
- increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and
- reduced professional efficacy.

Occupational burnout is recognized across industries, but in the case of the care-giving professions (e.g., physicians, nurses, etc.), the impact is far-reaching and consequential.

Physician burnout is a frequent subject of study and publication in the medical community. It appears in individuals in all manner of settings (private practice, hospital, etc.), across the duration of career-spans, and manifests with a spectrum of severity. With regard to medical professionals, there are considerations that the impact of burnout has on human capital (Shanafelt et al., 2016), patient outcomes (Rathert et al., 2018), the costs of healthcare (Berwick et al., 2008), and the personal experiences of everyone involved.

While physicians are a common population of study for occupational burnout, also known as Burnout Syndrome (BOS), they are by no means the only group of professionals that are impacted by BOS.

The Target Audience

With a high-minded mission statement, “Pacific University’s College of Health Professions is dedicated to preparing leaders in innovative healthcare for a diverse global community” (Pacific University, n.d.). Pursuing this missions likely means preparing the over

1,200 students studying in 8 categories of healthcare disciplines, as of Fall 2020 (Barr-Gillespie, 2021), with information on what BOS is, its causes, and strategies for identifying and diminishing its impact.

Contributors

This infancy of this project was incubated by two faculty members within the College of Health Professions. After more than a year of having the development of this course be delayed for competing priorities, an offer was made in the Summer 2020 term for a pair of students in the Doctor of Psychology program to join the team. A program development project such as this, supporting the development of a graduate level training for prospective healthcare professionals, is a unique and worthwhile contribution to the CHP community, in addition to fulfilling doctoral research program requirements. Work began in earnest in Fall of 2020.

As an aside, I was especially pleased to have the opportunity to dig deeper into the topics of resilience and burnout-prevention. As a member of the Civil Air Patrol, I have spent several hundred volunteer hours over the past five years developing curriculum and contributing alongside medical, pastoral, and youth-development specialists to build that organization's resiliency program. The opportunity to align my previous experience and interests with my doctoral research in this way has been deeply gratifying. I also believe that it has made a positive impact in the quality of the work I have done for this project.

Goals and Objectives

This course, titled CHP 535: Burnout Prevention for Healthcare Providers, will combine didactic training on topics such as health & wellness strategies, stress management skills, with competencies in interprofessional practice. In addition the facilitators will organize the practical application of tools and skills related to stress management, teamwork, conflict resolution, and

wellness promotion that will help students while they are undertaking their studies and once they join the ranks of their profession. The blending of these will address Burnout Syndrome and other common situations that can negatively impact students of higher education as well as early-career healthcare professionals

Initiation

Survey Stakeholders and Target Audience

As a first step, after reviewing the outline and ideas for this course already extant, we decided to survey College of Health Professions students in order to gauge where their interests in the wide variety of relevant topic lie. A survey (Appendix A) to gauge the appetite for such a course, and what potential students would find beneficial was prepared, approved, and sent out for feedback. An email signed by the overseeing faculty (Appendix B) was prepared to invite respondents to share their thoughts, and guide where we needed to focus our attention.

The results of the survey (Appendix C) were analyzed by the graduate students on the team, and presented to the supervising faculty. None of the responses were especially surprising. There were several excellent points of feedback (e.g., a request to offer a special panel discussing the unique challenges people of color experience that contribute to burnout). There was very little in the way of criticism, with a single comment referring to the Occupational Therapy program already seeming ripe for burnout. The biggest detraction from the way this survey was accomplished was outside the control of this team. It seems that not every department/program forwarded the survey to their students. There are eight schools within the College of Health Professions, however only four schools were represented within those responses that disclosed any information (i.e., an email address to be notified if/when the course is being offered).

Opportunity: Presenting on Pedagogy

The decision to get the temperature of the participants before developing the course appeared rather unique to the faculty supervising this project. We were encouraged to share how that process was carried out, and the impact on the course design at a professional conference. Because those course interest data were gathered as internal information gathering or “market research,” rather than related to academic pursuits or publication, we had not pursued Institutional Review Board (IRB) approval to conduct research. In order to ensure that our ethical and institutional obligations were met, the team developed and submitted an IRB application (Appendix D) prior to applying (Appendix E) to present a workshop at the 14th Annual Conference on Higher Education Pedagogy in Blacksburg, Virginia.

This collateral opportunity resulted in a predictably frustrating outcome. Aspects that were positive included an expeditious granting of exempt status for pursuing research or publication opportunities using the results of our survey, as well as acceptance to present at the conference. The frustration in this case was the incessant COVID-19 pandemic, and a decision to cancel the workshop amidst ongoing spikes of novel variants of coronavirus. With the uneventful stoppage of this aspect of the project, we once again focused more fully on preparing to offer the course in the upcoming academic year.

Setback: Course Implementation Delayed

The College of Health Professions approved the Course Proposal (Appendix F) and agreed to hold Burnout Prevention for Healthcare Providers. The team submitted a tentative syllabus that was approved by the supervising faculty (Appendix G), and worked diligently on providing course materials as next-steps. The team members, each with their own area of interest and expertise, developed an annotated bibliography (Appendix H) and a class handout (Appendix K) related to their chosen topic.

The feeling of continuous forward momentum was not to continue, however. Due to uncontrollable personal circumstances on the part of a faculty member, the course would not be offered in the upcoming academic year, and would not be available for the team to participate as lecturers, teaching assistants, or otherwise engage in the delivery of the course materials prior to their doctoral research deadline.

Piloting Materials

Demonstrating the resilience and creativity that this course aspires to instill in students, the research team pivoted. Under the direction of the remaining faculty supervisor, the team combined forces with two additional doctoral students who faced similarly-challenging circumstances with their previous doctoral research projects. This new group would offer organizations and groups in the community (Appendix L) a chance to share the materials each team member had been preparing under the banner of the Wellness Outreach Team (Appendix M). The aims of Wellness Outreach Team were to provide meaningful information to community organizations that would benefit from improving wellness, reducing burnout, and other similar outcomes. A coincidental goal was to refine the materials that were prepared and used by the Wellness Outreach Team, and share them back to be used for Burnout Prevention for Healthcare Providers.

Once again, a small adjustment was made. Because of reluctance to invite unknown people to talk to their members, several community organizations declined this offer. Luckily, presentations for groups like the Legacy Weight and Diabetes Institute (Appendix N, Appendix O, Appendix P, & Appendix R), and the Quest Center for Integrative Health (Appendix Q) were still able to be conducted.

Reflection & Outcome

The opportunity to work on this project has been an excellent exercise in collaboration, scholarship, creative problem solving, and (appropriately) resilience. The notion of developing a program that aims to develop and support resilience in healthcare students and the leaders they will become was important in the Fall of 2019 when we were invited to join. Now, after the damage across all manner of healthcare professions that COVID-19 has wrought, it is vital, and I'm grateful to have worked on this, and unsatisfied because I must turn over the responsibility of completing the work to others.

Appendices I, J, and K are the work products that I have prepared specifically for Burnout Prevention in Healthcare Providers. Appendix I is a PowerPoint presentation introducing the constructs we know as burnout and resilience. Appendix J is the previously mentioned one-page handout on burnout that students can use as a quick reference with key points, tips, and references for further reading. Appendix K is a template for the class activity, a self-reflection journal. This can be used both in-class, and repeatedly outside of the class as a mechanism for improving individual resilience in the students taking the course.

I look forward to hearing about the successful implementation of CHP 353, and hope my contribution was beneficial to the faculty providing the course, as well as the students taking it.

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Appendix A

Course Interest Qualtrics Survey & Administration Approval

2/28/2021

Qualtrics Survey Software

Question Block 1

Imagine there was a course offered by the College of Health Professions that was designed to educate students about the following topics:

- 1. Wellness
- 2. Burnout Prevention

Please describe what lessons you would expect/desire were included in such a course.

Please rank the topics listed below (by dragging selections up and down the list) to indicate which topics you would like included in a course on wellness and burnout prevention. The topic you would like to learn about the most should be #1, and the topic you would like to learn about the least should be #20.

- Burnout and Compassion Fatigue
- Stress and Stress Management
- Cultivating a Healthy Lifestyle (nutrition, exercise, sleep)
- Reducing Anxiety
- Everyday Mental Health
- Benefits of & Managing Workplace Relationships
- Exploring Assumptions & Attitudes About Mental Health
- Managing/Prioritizing Wellness
- Time Management
- Balancing Priorities
- Managing Emotions
- Alternative and Complimentary Medicine
- Mindfulness
- Substance Use and Wellbeing
- Relaxation, Restoration
- Effective Communication
- Healthy Relationships and Social Engagement
- First Hand Experience: Practitioner Panel
- Self-Care for Academic and Professional Success and Wellbeing
- Other (Please describe below)

2/28/2021

Qualtrics Survey Software

Other topic area (if any)

Please share any other thoughts you have about a course on wellness and burnout prevention, including questions, concerns, and recommendations.

Please share your email if you would like to be notified about if/when this course is offered

3/2/2021

Re: CHP Elective on Wellness and Burnout; Proposed survey ... - Read, Halley E

Re: CHP Elective on Wellness and Burnout; Proposed survey to CHP students

Barr-Gillespie, Ann E.

Tue 10/27/2020 12:34 PM

To: Read, Halley E. <readh@pacificu.edu>;

Cc: Seawell, Asani H. <seawella@pacificu.edu>; Davis-Risen, Saje <sajedavisrisen@pacificu.edu>; Arnold, Pamela J. <pjarnold@pacificu.edu>;

Halley and Asani,

Thanks for sharing the Survey ahead of time. I am fine with you distributing this to our students. When you are ready to send it, Pam Arnold will assist with its distribution.

Thank you,

Ann

Ann E. Barr-Gillespie, DPT, PhD

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The faculty and staff of the College of Health Professions strive to inspire our students to think, care, create and pursue justice in our world.

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From: "Read, Halley E." <readh@pacificu.edu>
Date: Monday, October 26, 2020 at 9:10 AM
To: "Barr-Gillespie, Ann E." <barr-gillespie@pacificu.edu>
Cc: "Seawell, Asani H." <seawella@pacificu.edu>, "Davis-Risen, Saje" <sajedavisrisen@pacificu.edu>
Subject: CHP Elective on Wellness and Burnout; Proposed survey to CHP students

Hello Dr. Barr-Gillespie,

Myself and Dr. Asani Seawell from SGP are working with her doctoral students to build an elective course for CHP that is about wellness and burnout prevention. We have compiled a survey we would like to send out to CHP students in hopes that they can inform the topics discussed in the course. When we approached Dr. Davis-Risen about this course and the survey, specifically, she suggested we email you the survey for review. Here is the link for that survey:

https://pacificu.co1.qualtrics.com/jfe/form/SV_d5vaKzHSe7xbTQp

<https://webmail.pacificu.edu/owa/#viewmodel=ReadMessageItem&ItemID=AAMKADU2MGM2MmVmlWJmMzUitMTE0OC1hYjVkJlTjhmMDBjMjY3ZDJI...> 1/2

3/2/2021

Re: CHP Elective on Wellness and Burnout; Proposed survey ... - Read, Halley E

We plan to propose this course in December in hopes to start it next academic year. Thank you so much for your time.

Have a nice Monday!

Halley Read, MOT, OTR/L (she, her, hers)

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I am proud to be part of a community inspiring students to think, care, create, and pursue justice in our world.

Our voice of hope is clearest, most harmonious and melodius, when we work together to tear down walls of fear and build foundations of hope – not against, with

WELLNESS AND BURNOUT PREVENTION CURRICULUM

Appendix B

CHP Wellness & Burnout Prevention Course Interest Survey Email

Subject: CHP Elective on Wellness and Burnout: Survey to gather student input.

Hello CHP Students,

I am Professor Halley Read, faculty in the School of Occupational Therapy. My colleague, Dr. Asani Seawell, from School of Graduate Psychology, and I are working on building an elective course that would teach about wellness concepts and how to prevent burnout for health care teams. We have created a survey we are hoping you would all take the time to complete. This survey aims to gather your input on what topics, ideas and concepts would be most important and/or interesting for you all to learn about regarding wellness and burn out prevention.

This survey is fully anonymous, and in no way will impact your standing as a student in CHP, nor will results be shared with anyone besides those creating the elective course. The purpose is to get input from those who will take the course to ensure it meets student goals and needs.

We expect the survey to take approximately 7-10 minutes to complete.

If you are so willing, please go to this link

https://pacificu.co1.qualtrics.com/jfe/form/SV_d5vaKzHSe7xbTQp

Thank you so much for your time and willingness to participate.

Yours in wellness,

Halley Read & Asani Seawell

Appendix C

CHP Wellness and Burnout Prevention Course Interest Survey Results Presentation

Survey Results

Prepared by Beth Thom & Ed Bos

First Question:

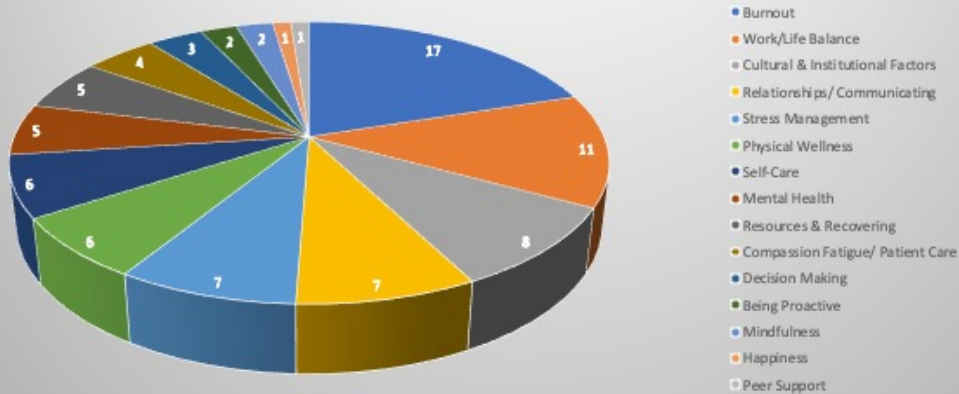
- Imagine there was a course offered by the College of Health Professions that was designed to educate students about the following topics:
 - Wellness
 - Burnout Prevention
- Please describe what lessons you would expect/desire were included in such a course.

Expectations/Desires

MAIN THEMES	SUB-THEMES
What is burnout	Impacts of burnout (health, productivity, patient outcomes)
	Signs of burnout
What is wellness	Eating, Exercise
	Psychology of happiness
	How burnout and wellness are related
	"Wellness toolbox"
Why burnout happens	Workplace supports re: policies about burnout - How institution can protect employees from burnout - preventing burnout from a systemic/institutional level
	Self-Care strategies to feel rejuvenated
#3 - Solutions to prevent burnout	#1 - Work/Life balance
	Boundaries/Limits
	Stress management/coping skills
	Talking to supervisors/professors about burnout - advocating for self by setting boundaries/limit
	Decision Making
	Monitoring Emotions/Anxiety, Depression
	Time Management Skills
	Mindfulness
	Personal stories/examples of how current health professionals prevent burnout (successes & failures)
	Strategies to navigate negative emotions related to clinical work/detaching from clinical work
	Methods to successfully undertake high level classes
	Effective study strategies
	How to prioritize school work - knowing what needs to be done and what can fall to side
#1 - How to address signs of burnout	How to help peers who may be showing signs of burnout
How to address and recover from burnout	Pacific University resources that can help

Green = Top 3 Responses
 Red = Top 4-10 Responses
 Blue = Specific to school

Unstructured Responses: # of Mentions by Topic



Second Question

- Please rank the topics listed below (by dragging selections up and down the list) to indicate which topics you would like included in a course on wellness and burnout prevention. The topic you would like to learn about the most should be #1, and the topic you would like to learn about the least should be #20.

Structured Responses: Topic Preferences

Ranking	Topic
# 1	Burnout and Compassion Fatigue
# 2	Stress and Stress Management
# 3	Reducing Anxiety
# 4	Everyday Mental Health
# 5	Cultivating a Healthy Lifestyle (nutrition, exercise, sleep)
# 6	Managing/ Prioritizing Wellness
# 7	Balancing Priorities
# 8	First Hand Experience: Practitioner Panel
# 9	Managing Emotions
# 10	Effective Communication

Ranking	Topic
# 11	Benefits of & Managing Workplace Relationships
# 12	Mindfulness
# 13	Self-Care for Academic and Professional Success and Wellbeing
# 14	Exploring Assumptions & Attitudes About Mental Health
# 15	Time Management
# 16	Alternative and Complimentary Medicine
# 17	Relaxation, Restoration
# 18	Healthy Relationships and Social Engagement
# 19	Substance Use and Wellbeing
#20	Other (Please describe below)

Follow-Up to Second Question

- Other topic area (if any)
 - “Institutional policy change to prevent burnout. Self and collective advocacy to protect workers rights and wellbeing.”
 - “Productivity standards”
 - “How to approach management when feeling burnout/how to negotiate”

Third Question

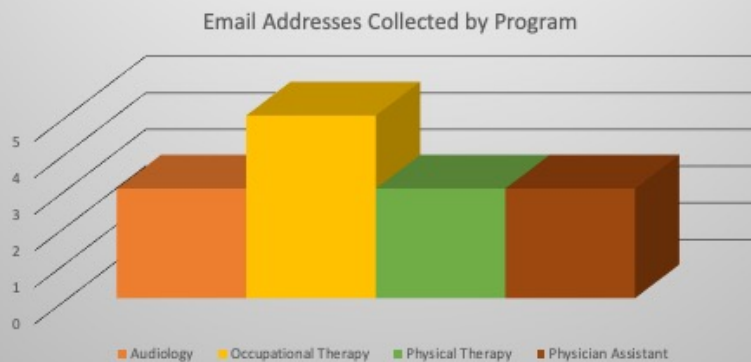
- Please share any other thoughts you have about a course on wellness and burnout prevention, including questions, concerns, and recommendations.

Third Question Responses

- "I think it would be great to have this as a seminar style rather than lecture or adding to Zoom fatigue. Socratic seminar style would help with engagement and decrease fears of added stress in taking an additional class."
- "It would be great if there were really clear resources for students in the course who genuinely may need help. I was struggling at a point in this semester and getting on Pacific's site for therapy was so confusing and not transparent about price. Offering students resources both on and off campus with clear instructions for how to navigate them would be compassionate and extremely helpful."
- "I really like the top 9!"
- "Sounds like a great resource for us students"
- "All of these topics are fascinating"
- "There may be some cynicism when the OT program itself is so intense that it doesn't allow the time for self-care or actually practicing burnout prevention."
- "I'd be interested in content that is specific to people who are LGBTQ or POC, who might have additional stressors at work, or people on a panel who can speak to those experiences (ie, stress from clients who are racist or homophobic towards you)"
- "If this would be a class with graded homework, etc, I think it would contribute to stress as it is one more thing that students have to do and worry about. I would only take the class if it is not graded."

Final Question

- Please share your email if you would like to be notified about if/when this course is offered



Appendix D

Institutional Research Board Proposal



Institutional Review Board
FWA: 00007392 | IRB: 0004173

IRB Number: 1722001-2
Approved: 04/05/2021
Post-Approval Request(s):
Approval Expires: 04/05/2026



Office of Scholarship & Sponsored Projects
 2043 College Way | UC Box A-133 | Forest Grove, OR 97116
 (P) 503.352.1478 | (F) 503.352.1447 | (E) irb@pacificu.edu
 (W) www.pacificu.edu/about-us/offices/research-office

Proposal to Conduct Research

Research Review Boards

- Institutional Review Board (IRB)

Study Title

Using a course interest survey to inform the development of a wellness and burnout prevention course for graduate healthcare professional students.

IRB Proposal and Review Type

If you are not sure if your research is considered human subjects research, please use the *Request for Determination of IRB Jurisdiction* checklist available on the IRB website (www.pacificu.edu/irb) before continuing with this form. If needed, submit the *Request for Determination of IRB Jurisdiction* to the IRB at irb@pacificu.edu.

- Request for Exemption
 - Complete the *Determination of Request for Exemption Status* to determine if a Request for Exemption is appropriate.
- Proposal to Conduct Human Subjects Research
 - Expedited Review
 - Full Board Review

Research Personnel and Contact Information

Personnel #1	
Name	Role
Asani Seawell, Ph.D.	Faculty Principal Investigator
Institution	Program
Pacific University	SCP - PsyD
Email	Telephone
seawella@pacificu.edu	503-352-2634
Scope	
<input checked="" type="checkbox"/> Recruitment <input type="checkbox"/> Consent Process <input checked="" type="checkbox"/> Data Collection <input checked="" type="checkbox"/> Data Analysis (with personally identifiable information)	
<input type="checkbox"/> Data Analysis (de-identified data) <input type="checkbox"/> Other:	
<input type="button" value="Delete this Personnel entry"/>	

Sponsor:

If this is a clinical investigation, list and describe who is sponsoring this study. Please provide addresses for all sponsors. If the sponsor and funding source are the same, please state as such. If you are conducting a clinical investigation, you are required to list and describe who is sponsoring this study. (If the study is not sponsored, then state Not Applicable.)

Not Applicable

Conflict of Interest:

Describe any potential or apparent conflict(s) of interest that may exist. (If the study is neither funded nor sponsored, then state *Not Applicable*.)

Not Applicable

Describe any other potential conflict(s) of interest that may exist.

Not Applicable

Payment of Research Participants

Will you be paying your research participants? YES NO N/A

Please refer to the Office of Research's website for current practices regarding payment of research participants. You may be required to submit additional documentation to the IRB depending on the source of funding."



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IRB Submission Guidance Document

Study Title

Using a course interest survey to inform the development of a wellness and burnout prevention course for graduate healthcare professional students.

Medical Device | Drug Study | Clinical Investigation

Medical Device Information

1. Are you using a medical device in your study that is not the subject of study? The device must be used in accordance with its approved indications, with no modifications (on-label use). YES NO

2. Are you studying a medical device in your proposal? If the medical device is the object of study, is not being used in accordance with its approved indications, or has not been cleared for marketing, please select YES. (If other medical devices are also being used in the study, please select both options, but provide only the information regarding the medical devices being studied on the *Medical Device Study* form). YES NO

Drug Study Information

Are you conducting a drug study? YES NO

Biologic Information

Are you studying a biologic or other food product for human consumption? YES NO

- Biologic
- Other food product for human consumption

Clinical Investigation

Is this project considered a clinical investigation? YES NO

Consent Forms

- I will be collecting signed Informed Consent.
- I will be submitting a Request to Alter or Waive Informed Consent.

Check all that apply:

- The documentation of signed informed consent will be waived.
- Alteration of informed consent documentation (modified consent documents, online *or* anonymous surveys, for instance).
- Request to waive Informed Consent.

Please complete the *Request to Alter* or *Waive Informed Consent* and provide the modified consent documentation, as appropriate.

Vulnerable and Non-Autonomous Populations

1. Will you be collecting data from (1) children/minors, people who (2) cannot provide their own consent or (3) have a disability or impairment?

YES NO

2. Will you be collecting data from pregnant women? YES NO

For non-autonomous individuals, researchers must first obtain permission from the parent or guardian, then informed assent from the potential participant. Please refer to Informed Consent information on the IRB website for additional information regarding the Consent Process, particularly as it applies to Permission and Assent. Based on the answers to these questions, the appropriate forms have been added to the proposal.

Prisoners

Does your research involve prisoners? YES NO

HIPAA and FERPA

HIPAA

Will your research be using data covered by the HIPAA Privacy Rule? YES NO N/A

FERPA

Will your research be using student education record data protected by FERPA? YES NO N/A

Release Documentation

Participant Contact Information

Will you be collecting participant's contact information? YES NO

Recording Release

Will your research include an Audio Recording? YES NO

Photograph and Video Recording Release

Will your research use photographs or video to collect data? YES NO

International Research and Translations

International Research

Will you be conducting research internationally? YES NO

Translation

Will any verbal or written communication with participants be conducted in a language other than English? YES NO

Recruitment and Data Collection

Recruitment

Will you be recruiting participants for your research? YES NO

Data Collection

1) Place all data collection materials in one document, when appropriate, and upload separately on IRBNet. PDFs of online surveys may be uploaded in a second document, as needed.

2) List all Data Collection materials. Data Collection materials include but are not limited to surveys, handouts, demographic forms, assessment tools, and interview questions.

- Assessment Tools
- Demographic Forms
- Interview Questions
- Handouts

Online Survey:

Please provide the survey's URL:

Please also provide a PDF of the survey as a separate upload.

- Surveys (paper) - Please upload as a separate document.
- Other (if other, please list all other forms of data collection below)



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Determination of Request for Exemption Status

Determination of Request for Exemption Status

To determine if your research qualifies for exempt review, please answer the screening questions below. If you answer **YES** to any of the following questions, your research is not exempt and the "Proposal to Conduct Human Subjects Research" form must be submitted for IRB review.

Only the IRB can certify that your research meets the exemption criteria requirements. You cannot make the final determination of exemption. These questions are intended to assist you in preparing a complete application.

Determination of Exemption Status

1. Will the research expose participants to discomfort or distress beyond levels encountered in daily life or during educational/psychological testing (i.e., does this study involve more than minimal risk)? YES NO
2. Will the collected data include identifiers and be potentially damaging to a subject's financial standing, employability, or reputation? YES NO
3. Does the research include prisoners? YES NO

Indicate Applicable Exemption Category (21 CFR 56.104, 45 CFR 46.101)

Category 1 includes research conducted in established or commonly accepted educational settings, involving normal educational practices, such as:

- (1) research on regular and special education instructional strategies; or
- (2) research on the effectiveness of or the comparison among instructional techniques, curricula or classroom management methods.

This applies only to normal educational research in regular educational settings.

Category 2 includes research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior, unless

- (1) the information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers YES NO N/A
- (2) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation. YES NO N/A

This exemption does not apply to observational research involving sensitive aspects of the subjects' behavior or in settings where subjects have a reasonable expectation of privacy.

Category 3 includes research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, or observation of public behavior that is not exempt under Category 2 if

- (1) the human subjects are elected or appointed public officials or candidates for public office; or
- (2) federal statutes require without exception that the confidentiality of the personally identifiable information will be maintained throughout the research thereafter.

This applies only to elected officials. It does not apply to officials appointed via a regular hiring process.

Category 4 includes research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that the participants cannot be identified, directly or through identifiers linked to them.

All data must exist when the application is submitted. (If data will be used that is collected or will be collected for research purposes, complete the "Proposal to Conduct Human Subjects Research" form.) Data protected by HIPAA or FERPA statutes require appropriate documentation of permission for use, in addition to this form.

Category 5 includes research and demonstration projects which are conducted by or participant to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine:

- (1) public benefit or service programs;
 - (2) procedures for obtaining benefits or services under those programs;
 - (3) possible changes in or alternatives to those programs or procedures; or
 - (4) possible changes in methods or levels of payment for benefits or services under those programs.
- be maintained throughout the research thereafter.

This exemption is reserved for Federal Government Research and is not available for local IRB review. It is rarely applied to research at Pacific. See OHRP Guidance on Category 5.

Category 6 includes taste and food quality evaluation and consumer acceptance studies, if

- (1) wholesome foods without additives are consumed; or
- (2) a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or an agricultural, chemical, or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the USDA.

Category 7 includes emergency use of a test article, provided that such emergency use is reported to the IRB within five (5) working days. Any subsequent use of the test article at the institution is subject to IRB review.

Emergency use means the use of a test article on a human subject in a life-threatening situation in which no standard acceptable treatment is available, and in which there is not sufficient time to obtain IRB approval.

Exemption Categories - Additional Questions

For research proposed under **Category 1 (see above)**, will the research be conducted outside of commonly accepted educational settings or deviate from normal educational practices? YES NO N/A

For research proposed under **Category 2 (see above)**, will the research involve surveys or interview procedures with children (minors under the age of 18)? YES NO N/A

For research proposed under **Category 2 (see above)**, will the research involve observations of the public behavior of children (minors under the age of 18), during which an investigator will participate in the activities being observed? YES NO N/A

For research proposed under **Category 4 (see above)**, will any of the information obtained from private sources of data, documents, records, or biological specimens be recorded by the investigator in such a manner that participants could be identified directly or through linking identifiers? YES NO N/A

If you answered **NO** to all questions in this section (and/or N/A, where applicable), please complete the *Request for Exemption*.



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Request for Exemption

Study Title

Using a course interest survey to inform the development of a wellness and burnout prevention course for graduate healthcare professional students.

Research Personnel

Investigator(s)

Elizabeth Thom, MA, Edward Bos

Faculty Investigator (required for student investigator research)

Asani Seawell, PhD, Halley Read, MOT, OTR/L, QMHP

Clinical Investigation

Clinical Investigation YES NO

Please provide all Clinical Investigation Information on the *IRB Proposal Guidance Document*.

Study Overview

1. Purpose of the Study?

Briefly describe the hypothesis to be tested or the research question to be addressed.

The purpose of this study is to use the data from a course-interest survey collected in November 2020 from the College of Health Professions. The intent is to share the data and data analysis with other educators, illustrating how the collection of interest data and the involvement of students can be used to develop a graduate-level course.

2. What is the basis of this undertaking?

Briefly describe the nature of the project. Is this a program evaluation, action research, or a classroom activity, for example.

An online Qualtrics survey consisting of four open and closed-end questions to identify interest areas, expectations, desires and level of interest in a course on wellness and burnout prevention. None of the questions required a response. The final question was an opportunity to provide an email address if the student was interested in being notified if and when the course was being offered.

3. What do you plan to do with the results of this study?

Enter information here about how the results will be used, either by you or other parties. How will the results be shared or disseminated?

The results of the survey are primarily to inform the developers of a graduate-level course on wellness and burnout prevention about the interests and expectations of prospective students of the course. The responses will be analyzed and considered as the curriculum for the course is developed. Secondly, the investigators and faculty investigators would like to share the process of developing this course, including the results of the survey, with educators and other interested professionals (e.g., at professional conferences).

Authorizations

Describe if permission is required from a study location (i.e., to conduct your study at that location, etc.) and, if so, how that permission will be obtained. Provide documentation (letters of supports, etc.) of any authorizations as a separately uploaded document on IRBNet.

Permission to distribute the survey was secured from Vice Provost and Executive Dean, College of Health Professions, Ann E. Barr-Gillespie, DPT, PhD on October 27, 2020. This permission is attached to the PDF of the survey submitted with this proposal.

Data Collection

Answer the following questions to help determine the nature of the data that will be used in your study. If your study will include both types of data listed below, answer YES to both questions.

Will you be gathering new data for your study? YES NO

Will you be using data that already exists (archival data)? YES NO

How will the data and study materials be treated after the study is complete?

Provide a detailed explanation of data storage, location of data storage, data security, and length of time for which data will be kept, etc.

All data and study materials are stored within secure electronic systems (i.e., Box and Qualtrics) that only the study investigators have access to.

Request for Exemption - Pre-existing Data

1. Does any data that will be used in this study already exist? (Was is created by someone else for an unrelated purpose?)

The survey results were collected in November 2020 as part of a course-interest survey for the College of Health Professions. Permission is now being sought to use these data to share information with other educators about how the collection of interest data and the involvement of students can be used to develop a graduate-level course.

2. Is the data set, as it exists, expected to remain private, by law?

No, there is no legal requirement to keep this information private.

3. Do you have ready access to the identities of the individuals from whom the information was obtained (through the agency with which you are working)?

No, this was an anonymous survey. However, a select few respondents included their email addresses. In these instances, the email addresses were removed from the data output and are housed in a separate file for the purpose of providing future communication about if and when the course will be offered. All IP addresses were removed from the data output.

4. If all personal identifiers have been removed from the data source, could you re-identify the data?

There are some responses that include optional contact information (i.e., email addresses), and IP addresses were collected by Qualtrics. Any email addresses were removed from their associated response are housed in a separate file. All IP addresses have been removed from the Qualtrics output and data analysis documents.

5. Explain in precise detail the nature of the data you will be using. Note where it is housed, how you will gain or be permitted access, and how participant privacy will be protected.

A number of steps will be taken to safeguard against possible breach of confidentiality. There is no personally identifiable information associated with informed consent documents as these were not collected from respondents. Only research staff will have access to the results of the survey that are stored in Qualtrics, the output from Qualtrics, the separate spreadsheet containing the data analysis, and the separate spreadsheet containing interested students' email addresses. The Qualtrics output and data analysis document are stored in the Pacific University Box storage system. Permission for access to the Qualtrics survey and the Box folder are controlled by Pacific University's faculty and administrators. Any potential future use of the data will not include any identifying information. Furthermore, the results of this study will be written and presented in a manner that does not include any specific information that would make it possible to identify a participant.

6. State the timeline for analysis and dissemination.

Analysis will begin once IRB approval has been obtained.

Analysis will begin once IRB approval has been obtained. Dissemination will occur when analysis is complete.



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Request to Alter or Waive Informed Consent

Informed consent is a process. Federal regulations ([45 CFR 46.116](#) and [21 CFR 50.20](#)) require that no investigator may involve a human being as a subject in research unless legally effective informed consent has been obtained. Researchers are required to inform participants in written or verbal form of the primary purpose of the research project and of any procedures which they will undergo. Additionally, participants are to be informed of their rights regarding the study (i.e., voluntary participation, protecting anonymity or confidentiality, privacy, etc.) and any risks or benefits associated with the project.

Occasionally, there are reasons to request IRB approval to waive obtaining written consent or to alter the requirements of consent. The IRB will determine and approve which type of consent applies to your research.

Study Title

Using a course interest survey to inform the development of a wellness and burnout prevention course for graduate healthcare professional students.

Research Personnel

Investigator(s)

Elizabeth Thom, MA, Edward Bos

Faculty Investigator (required for student investigator research)

Asani Seawell, PhD, Halley Read, MOT, OTR/L, QMHP

Type of Waiver Request

- I am requesting to waive the required documentation of signed informed consent.
 - I will be conducting an anonymous online survey.
Please include the required elements of Informed Consent at the beginning of your electronic survey. Refer to the IRB's recommendations for online surveys.
- I am requesting to waive or alter the required elements of the informed consent process.

Request for Waiver of Documentation of Signed Informed Consent

If you are requesting IRB approval to waive the required documentation of signed informed consent (e.g., for telephone or mailed surveys, internet research, etc.), indicate the condition that best fits your research study. Explain how your research study meets this condition and answer the question that follows. **Note: For research involving a clinical investigation governed by 21 CFR 50 and 21 CFR 56, only Condition 2 applies.**

Condition 1

The informed consent document would be the only record linking the subject and the research. The principal risk in collecting informed consent would be the potential harm resulting from a breach of confidentiality. Each subject will be asked whether s/he wants documentation linking her/him with the research, and the subject's wishes will govern.

[Redacted]

■ **Condition 2**

The research presents no more than minimal risk to the subject and does not involve procedures for which written consent is normally required outside of the research context (i.e., questions are not being asked that could result in potential embarrassment, personally or professionally).

The survey was an anonymous, brief topic interest survey to inform the development of a graduate level course and posed minimal risk to the students who filled out the survey.

■ **Condition 3**

The requirements in 21 CFR 50.24 are met. These pertain to exceptions in gathering informed consent due to emergency research situations.

[Redacted]

If you are requesting to waive signed informed consent, you must submit a verbal script or cover letter to the IRB that addresses the required elements of consent as stated in 21 CFR 50.25 and 45 CFR 46.116.

How will you explain and review the informed consent process with the participants?

N/A

In cases in which the documentation requirement is waived, the IRB may require the investigator to provide subjects with a written statement regarding the research (21 CFR 56.109, [45 CFR 46.117 \(c\)](#)).

WELLNESS AND BURNOUT PREVENTION CURRICULUM

Appendix E

Conference Proposal: 14th Annual Conference on Higher Education Pedagogy, Blacksburg, Virginia

Type: Research Session

Category: Instructional Strategies/Design

Title: Eliciting and Incorporating Student Input into an Interdisciplinary Course Design

Brief Description for Conference Program

A multidisciplinary team of instructors from Pacific University's College of Health Professions (CHP) developed a course designed to raise and promote awareness of wellness and build resilience to burnout in graduate healthcare professional students. A survey was developed to promote transparency, collaboration, and target knowledge-gaps in wellness strategies and burnout prevention. This survey was designed to elicit student input on desired topics for the course, and provide an opportunity for students to provide additional feedback or questions. The survey included both qualitative and quantitative response options to identify course expectations and topics of interest.

Conference Proposal

An interdisciplinary team from Pacific University's College of Health Professions (CHP) developed a course designed to raise and promote awareness of wellness and build resilience to burnout for graduate healthcare professional students. Combining wellness strategies, stress management skills, and knowledge with competencies in interprofessional practice, students will learn and practice self-management skills in stress management, teamwork, conflict resolution, and wellness promotion. Student involvement was prioritized while developing this course through both a survey and partnership in curriculum development.

Studies have shown positive impacts for students and faculty when student input is included in course design (Bovill, et. al., 2011). Bovill and colleagues (2011) found when students are co-creators of teaching approaches, course design, and curricula, they gain deeper understanding and responsibility for their own learning, with increased engagement, motivation, and enthusiasm. Faculty experience greater clarity and rationale for pedagogy, a reinvigoration of engagement in teaching, and experience a different student-teacher relationship that exemplifies a shared commitment and collaboration in learning (Bovill, et. al., 2011). In summary, when students actively contribute to course design and planning, they enhance their learning processes and other outcomes (e.g. employment) for themselves and the faculty teaching them (Bovill, et. al., 2011; Garrison & Borgia, 1999; McCuddy, et. al., 2008).

In the current study, an interdisciplinary team of faculty and students surveyed actively-enrolled students of Pacific University's CHP for topics of interest and course expectations. The conceptual model proposed by Bovill & Bully (2011) as described in Cook-Sather, et. al. (2014) guided our approach to conceptualizing the spectrum of student-faculty partnership (i.e., from faculty controlled at one end, to student-controlled at the other). The partnership in the current study was near the top of the conceptual model (i.e., students control some choices) with students having substantial influence on curriculum design. The faculty, an occupational therapist and a clinical health psychologist, began with eight topics related to wellness and burnout identified through their professional clinical experience. Two clinical psychology doctoral students expanded this list to 19 topics using the relevant literature. A four-question survey was developed to assess course expectations. Questions included one ranked-choice item for the 19 previously identified topics, and two open-ended items for recommendations of additional topics and course expectations. The final item was an optional request for notification when the course

is offered. The team sorted the ranked-choice results and identified which were most relevant to students. Emergent themes from the open-ended questions were independently coded, then compared. These emergent themes were then integrated with the ranked-choice results to form a singular list of topics. We used student input to select the most relevant topics (e.g., burnout & compassion fatigue, stress & stress management, reducing anxiety) to support students' wellness and resiliency in their current work and as early-career professionals. Developing curriculum using a course interest survey is an effective way to engage student participation in course design. The impact of cultivating transparency, collaboration and developing targeted materials will be analyzed using student feedback via mid-term and end-of-term course evaluations and self-report measures.

References

- Bovill, C., Cook-Sather, A., & Felten, P. (2011). Students as co-creators of teaching approaches, course design, and curricula: implications for academic developers. *The International Journal for Academic Development*, 16(2), 133-145.
<https://doi.org/10.1080/1360144X.2011.568690>
- Cook-Sather, A., Bovill, C., & Felten, P. (2014). *Engaging students as partners in learning and teaching : A guide for faculty*. ProQuest Ebook Central <https://ebookcentral.proquest.com>
- Garrison, S. H., & Borgia, D. (1999). Responding to stakeholders in the educational process and the impact on course design. *Journal of Financial and Strategic Decisions Special Issue*.
- McCuddy, M.K., Pinar, M., & Gingerich, E.F.R. (2008), Using student feedback in designing student-focused curricula. *International Journal of Educational Management*, 22(7), 611-637. <https://doi.org/10.1108/09513540810908548>

Appendix F

College of Health Professions Course Proposal Form

**Course Proposal Form
Graduate/Professional Programs**



1. Proposer Information

Proposer: Halley Read and Asani Seawell
Program: Interprofessional Education
Email Address: readh@pacificu.edu and seawella@pacificu.edu
Phone Number: Halley: 5033527329.
Date: 12/1/2020

2. New Course Information

Course Prefix: CHP
Course Number:
Credits: 1
Prerequisites: None
Corequisites: None
Enrollment Limit: 25
Grading Designation (select one): Pass/No Pass

Title for the Schedule (29 characters/space limit): Burnout Prevention for Healthcare Providers

Title for the Catalog (39 characters/space limit): Burnout Prevention for Healthcare Providers

3. Catalog Description

Catalog Description (100 word limit): This course is designed to prioritize student well-being during their academic careers in a way that prevents burnout, compassion fatigue and other well-being challenges now and in their future careers. This course combines wellness strategies, stress management skills, and knowledge with competencies in interprofessional practice. Students will learn and practice self-management skills for coping with stress, addressing conflict on the interprofessional team, and wellness promotion in order to a) manage academic stress, b) promote holistic wellness, and c) practice and plan for using these strategies in their professional practice.

4. Resource Needs

Classroom/Space Needs: One classroom space on CHP campus
Equipment/Supply Needs:
Frequency of Offering: Both Fall and Spring semesters as schedules permit and based on student interest

5. Instruction Methods (check all that apply)

Lecture Laboratory Seminar Clinic Fieldwork Research Online
 Other (explain) Outside of COVID-19, this course would be taught on campus with online option for students at a distance

6. Approval

This form should be submitted electronically to the Registrar's Office only after appropriate approvals have been received. Because approval sources vary by College and Program, please indicate the name of the approver of this proposal and the date this proposal was approved.

Approved by: _____

Date:

Changes typically are implemented with the next year's catalog.

Appendix G

CHP Wellness & Burnout Prevention Course Syllabus



Section I. Course Description & Goals	
Course Coordinator & Contact Information:	<p>Faculty instructors:</p> <p>Halley Read, MOT, OTR/L, School of Occupational Therapy Office: HPC 2, Rm. 369 Phone: 503-352-7329 Office Hours: available by appointment Email: readh@pacificu.edu</p> <p>Asani Seawell, PhD, School of Graduate Psychology Office: HPC 2, Rm 290 Phone: 503-352-2634 Office Hours: available by appointment Email: seawella@pacificu.edu</p> <p>Teaching assistants:</p> <p>Ed Bos, School of Graduate Psychology Email: bos4255@g.pacificu.edu</p> <p>Beth Thom, School of Graduate Psychology Email: thom4378@g.pacificu.edu</p>
Other Contact Information:	N/A
Credit(s), Term:	1 credit, Spring Semester
Hours/Time:	5-7pm
Day of Week:	Every other Monday
Location:	HPC and online for those students at a distance
Prerequisites:	None
Total Contact Hours (Lecture and Lab):	16 contact hours
Course Catalogue Description:	



2

This course is designed to prioritize student well-being during their academic careers in a way that prevents burnout, compassion fatigue and other well-being challenges now and in their future careers. This course combines wellness strategies, stress management skills, and knowledge with competencies in interprofessional practice. Students will learn and practice self-management skills for coping with stress, addressing conflict on the interprofessional team, and wellness promotion in order to: a) manage academic stress, b) promote holistic wellness, and c) practice and plan for using these strategies in their professional practice.

Detailed Course Description:

This course is designed to prioritize student well-being during their academic careers in a way that prevents burnout, compassion fatigue and other well-being challenges now and in their future careers. The course will promote learning wellness strategies and stress management techniques for promoting resiliency and preventing burnout during and after graduate school and in interprofessional settings. Class format may consist of lecture, case studies, discussion, two short reflection papers, and skill practice outside of class.

Course Goals/Objectives/Outcomes:

Students must demonstrate comprehension of the subjects described in the following Course Goals.

- Describe key topics related to resilience, wellness, and burnout prevention
- Understand how giving timely, respectful, and sensitive feedback to teammates fosters personal wellness (IPEC competency 1)
- Evaluate personal stressors and how to best communicate your needs within a healthcare team (IPEC competency 3)
- Create personal stress management plan that upholds your ability to provide the best and most ethical care (IPEC competency 1)
- Apply and analyze personal wellness improvement as a means to upholding your role and responsibilities on a healthcare team (IPEC competency 2)

Course Attendance Requirements:

- Attendance is expected for all classes.
- If you will be unable to attend a class due to an emergency or unforeseen event, you should do your best to inform the instructor(s) in advance.

Policies:

- All Pacific University policies apply to all students enrolled in this course.
 - Pacific University Student Codes of Conduct Overview: <http://www.pacificu.edu/studentlife/conduct/codes/overview.cfm>
 - Pacific University Policies: <http://www.pacificu.edu/policies/>
 - Pacific University Academic Catalog: <http://www.pacificu.edu/catalog/documents/2013-14Catalog.pdf>
- Oregon Mandatory Reporting: In accordance with Oregon's Mandatory Reporting law (ORS 419B.005), as an employee of a Higher Educational Institution, I am obligated to report any abuse of a minor (individual under 18 years of age), which I witness or which may be disclosed to me.

Learning Support Services:

Pacific University is committed to providing an educational environment that is accessible to all students. Services and accommodations are available to students covered under the Americans with Disabilities Act. Any student who feels they may need an accommodation based on the impact of a permanent or temporary condition should contact Office of Accessibility and Accommodation Services at learningsupportservices@pacificu.edu or by phone at 503-352-2194 to discuss specific needs. The director or



her assistant will schedule a meeting with you, review the documentation of your disability, and discuss services Pacific offers and any accommodations you require for specific courses. It is extremely important that you begin this process at the beginning of the semester. Please do not wait until the first assignments or test.

Academic Integrity and Academic Dishonesty:

The policies and standards concerning academic integrity and academic dishonesty are described in the university's Student Code of Conduct and may also be described in an individual program's student handbook. The policies and standards described in these documents help ensure the proper handling of academic, professional, and experiential issues faced by students. All students are required to abide by these policies and standards. For further details, please refer to the University's Student Code of Conduct (above under Policies) and to the individual programs' websites for links to program-specific student handbooks.

It is especially important to be aware of the definition of, and risks associated with, plagiarism. Electronic technology has made it easier than ever to commit plagiarism, even unwittingly. It is imperative to be informed of these risks and the steps one can take to guard against them so that one can submit work that one can be confident is one's own while fully crediting the work of others.

Matters involving a student's academic progress or inappropriate professional or personal behavior in the didactic or experiential component of the course will be brought to the attention of the course coordinator and program-specific faculty advisor.

Requirements to Pass This Course/Evaluation Methods:

Grading Procedures	<ul style="list-style-type: none"> ● This course is based on pass/no pass and uses a grading system based on 100 points. ● A final score of 80 points or higher is required to pass the course. ● A final score of less than 80 points constitutes failure of the course. See your program's student handbook for implications of course failure. ● The points for the various course components are as follows: <ul style="list-style-type: none"> ○ Discussion forums: 15pt ○ Participation: 20pt ○ Weekly Assignments: 20pt ○ Reflection Paper 1: 20pt ○ Reflection Paper 2: 20pt ○ Wellness Goal Log: 5pt
Assignments	<ul style="list-style-type: none"> ● Discussion forums: Weekly responses to prompts and weekly responses to 2 other classmates. ● Participation: Regular attendance in class and participation in group discussions. ● Weekly Assignments: Assignments in support the topic of the week. This will change each week based on the topic. Please check Moodle for weekly assignment specifics ● Reflection Paper 1: A 2-page paper on a wellness goal you would like to pursue over the course of the semester. Please describe experiences you already have with this goal, resources you may use to achieve your wellness goal, how you will incorporate interprofessional practices to maintain your own and the teams' wellness, and what you hope to gain from this experience.



	<ul style="list-style-type: none"> ● Reflection Paper 2: A 1-page update to the initial reflection paper. Describe what outcome(s) you achieved related to your wellness goal, what you learned, and how you will apply this knowledge to cultivate personal wellness in the future. Please attach the data collected/tracked over the course of the semester to this paper. ● Wellness Goal Log: Regular updates to tracking progress on your semester-long wellness project.
Other Requirements	<ul style="list-style-type: none"> ● Professional communication and behavior; respecting others ● Completion of pre- and post-course questionnaires ● Completion of a course evaluation and instructor feedback form ● Timely notification to the course coordinator for any absence or request to attend class asynchronously
<p>Required Textbook, Materials, and Electronic Resources:</p> <ul style="list-style-type: none"> ● No course text is required. Required readings and resources are posted within each module on Moodle. ● Students are required to regularly check the online Moodle system to access the class materials, discussion forums, announcements, evaluations, and other instructional information. ● Students are responsible to keep their own calendar of assignments and due dates. ● Other resources as assigned: Refer to assignments posted on Moodle for specific readings and resources. 	
<p>Course Changes:</p> <ul style="list-style-type: none"> ● The provisions of this Syllabus may be added to, deleted from, or changed, if, in the opinion of the Course Coordinator, it becomes necessary to do so to achieve Course outcomes. 	



INSTRUCTIONAL STRATEGIES: Schedule and details of instructional activities planned

Outcomes/Goals	Competencies or Objectives	Instructional Activities	Assessment
Describe key topics related to resilience, wellness and burnout prevention	Consider the variety of burnout prevention strategies that are promoted within and without your profession	Assigned readings, lecture, discussion forum posts, self-directed wellness goal	Class participation Forum participation Wellness goal log Reflection papers
	Identify which burnout prevention strategies would work best for you, and which you would recommend to others	Assigned readings, lecture, discussion forum posts, self-directed wellness goal	Class participation Forum participation Wellness goal log Reflection papers
Understand how giving timely, respectful, and sensitive feedback to teammates fosters personal wellness	Use respectful language appropriate for a given difficult situation, crucial conversation, or interprofessional conflict	Assigned readings, lecture, discussion forum posts, self-directed wellness goal, and role-play activity	Class participation Forum participation
	Identify which burnout prevention strategies you would recommend to others in interprofessional settings	Assigned readings, lecture, discussion forum posts, self-directed wellness goal	Class participation Forum participation
Understand personal stressors	Consider the variety of stressors that can lead to burnout and compassion fatigue	Assigned readings, lecture, discussion forum posts, self-directed wellness goal	Class participation Forum participation Wellness goal log Reflection papers
Create personal stress management plan	Develop personal wellness plan	Assigned readings, lecture, discussion forum posts, self-directed wellness goal	Class participation Forum participation Wellness goal log

Last updated 11/13/2020 by: BT & EB



Section II. Course Schedule

Before First Day of Course: Review syllabus & articles posted on Moodle.

Course Day	Day / Date	Topics Covered	Faculty
1	1/24/22	Burnout & compassion fatigue Resilience & wellness	Prof. Read and/or TA
2	2/14/22	Stress a& stress management Managing anxiety	Prof. Read and/or TA
3	2/28/22	Everyday mental health Mindfulness	Prof. Read and/or TA
4	3/14/22	First-hand experience: Practitioner panel	Prof. Read and/or TA
5	3/28/22	Cultivating a healthy lifestyle (e.g., nutrition, exercise, sleep)	Prof. Read and/or TA
6	4/11/22	Managing emotions Effective communication	Prof. Read and/or TA
7	4/25/22	Time Management & Balancing Priorities Wrap-Up & Reflection	Prof. Read and/or TA

WELLNESS AND BURNOUT PREVENTION CURRICULUM

Appendix H

Annotated Bibliography on Burnout Research and Resources for the Wellness and Burnout Prevention Curriculum

Allen, H. K., Barrall, A. L., Vincent, K. B., & Arria, A. M. (2020). Stress and burnout among graduate students: Moderation by sleep duration and quality. *International Society of Behavioral Medicine*. <https://doi.org/10.1007/s12529-020-09867-8>

The authors of this article surveyed 2,683 graduate students to compare their sleep behavior to their levels of burnout and stress. Stress was shown to have a significant, positive correlation to exhaustion, cynicism, and inefficacy. Sleep duration was a moderating factor, with increased sleep duration lessening the amount of stress and exhaustion reported. Higher quality (as opposed to longer duration) of sleep was correlated to stress and exhaustion, but not as strongly as duration of sleep was. Finally, the duration and quality of sleep were both not found to have a correlation to stress and cynicism or stress and inefficacy. Because this is an empirical study examining sleep and its association with stress and burnout, specifically among graduate students, it is especially relevant to the topic our course.

Berkland, B. E., Werneburg, B. L., Jenkins, S. L., Friend, J., L., Clark, M. M., Rosedahl, J. K., Limburg, P. J., Riley, B. A., Lecy, D. R., & Sood, A. (2017). A worksite wellness intervention: Improving happiness, life satisfaction, and gratitude in health care workers. *Mayo Clinic Proceedings: Innovations, Quality & Outcomes*, 1(3), 203-310.

The authors of this article conducted and analyzed a 12-week Stress Management and Resiliency Training (SMART) program with health care workers. This study looked at increasing happiness in participants, rather than focusing on stress decreasing stress, in

order to reduce burnout and show improvement on the battery of measures used. Each cohort of 12-to-18 participants received the 3-month intervention and 3 months of follow-up. Eighty-five of the 110 participants completed the complete 6 month period, and the authors found that these health care workers improved in their happiness, satisfaction with life, gratitude, mindfulness, spirituality, and stress. The focus on happiness in this study was based on literature, and included an increased intentionality aspect which was shown account for 40% of a person's level of happiness. As a worksite wellness intervention, this appears to have worked well, and intentionality might be a good factor to include as other burnout prevention courses are developed.

Bullock, G., Kraft, L., Amsden, K., Gore, W., Wimsatt, J., Prengle, R., Ledbetter, L., Covington, K., & Goode, A. (2017). The prevalence and effect of burnout on graduate healthcare students. *Canadian Medical Education Journal*, 8(3), e90-108.
<https://doi.org/10.36834/cmej.36890>

The authors of this literature review examined the prevalence of burnout among graduate students, and the impact burnout has on the areas of their lives such as: psyche, professionalism, empathy, and academic performance. In reviewing English-language academic papers from the previous 10 years, 27 articles out of an initial 8,214 that were included showed graduate-level healthcare students had higher rates of burnout than their age-matched peers and the general population. This higher rate of burnout was associated with negative impacts on the areas described above, and the authors ended with a call to action for instructors and administrators to teach their pupils about burnout, its impacts, and help develop interventions for prevention. There was limited discussion of potential

interventions, such as physical activity, peer support, professional counseling, and extracurricular activities, with an observation that these are available but underutilized.

Carter, L. A., & Barnett, J. E. (2014). *Self-care for clinicians in training: A guide to psychological wellness for graduate students in psychology*. Oxford University Press, Incorporated.

The authors of this 12-chapter book developed a guide to specifically reduce distress in graduate psychology students. It begins with information about identifying distress and the variety of sources that typically generate it. There are worksheets and self-assessments for readers to complete to help develop their own picture. The authors then discuss professional competence to demonstrate how distress can impact their work performance. Chapter three is a discussion and self-analysis for burnout risk. This chapter might be particularly relevant for teaching the burnout section of the course being developed, because it has a useful worksheet and reflection activity that students can be provided. The authors go on to discuss secondary trauma to round out the first section of this book. The second section is about techniques for building resilience and wellness, including work/life balance, time management, mentoring, and planning/executing self-care. The final section discusses networking, looking out for colleagues, and expanding the previous lessons into a culture of self-care throughout one's program of study.

Halbesleben, J. R. B. (Ed.) (2008). *Handbook of Stress and Burnout in Health Care*. Nova Science Publishers, Inc., New York, NY.

This textbook examines the scope, scale, and impact of burnout on healthcare professionals and patients. The editor of this this work has compiled a series of chapters that intended to show the big-picture as it applies to stress in burnout in healthcare,

including across a variety of healthcare disciplines, and across the globe. Sources of stress and causes of burnout are examined. Topics like workload, scheduling, secondary trauma, and work/life balance are all discussed. The textbook ends with a chapter of potential interventions from a variety of approaches, and a chapter with recommendations for further research. There are a few interesting measures that could be beneficial to incorporate into a class on burnout and stress, in addition to the variety of sources of information to support the broader curriculum.

Kovach Clark, H., Murdock, N. L., & Koetting, K. (2009). Predicting burnout and career choice satisfaction in counseling psychology graduate students. *The Counseling Psychologist*, 37(4), 580–606. <https://doi.org/10.1177/0011000008319985>

This article examined the results of an anonymous survey of 284 counseling psychology doctoral students from across the United States to measure their levels of burnout, career choice satisfaction, global stress, role conflict, social support, and psychological sense of community (SOC) in the doctoral program. The authors believed that social support would have a negative correlation with stress and burnout, and also correlate with career choice satisfaction. Social support and sense of community did not were not associated with burnout. Global stress, advisor support, and sense of community were significant predictors of stress and burnout. For career choice satisfaction, sense of community was a significant single predictor, and moderated the impact of the factor referred to as global stress. Career choice satisfaction increased as sense of community increased, when stress was low. When stress was high this was no longer observed. The main concept that should be taken away from this article may be that sense of community is an important factor to include in a course on managing stress and burnout.

Lafreniere, J. P., Rios, R., Packer, H., Ghazarian, S., Wright, S. M., & Levine, R. B. (2016).

Burned out at the bedside: Patient perceptions of physician burnout in an internal medicine resident continuity clinic. *Journal of General Internal Medicine*, 31(2), 203-208.

<https://doi.org/10.1007/s11606-015-3503-3>

The authors of this study investigated the relationship between patient perceptions of empathy and enablement and physician burnout in internal medicine residents. A study was conducted between December 2012 and March 2013 in a Baltimore resident continuity clinic. 244 participants rated their resident physicians on empathy and patient-enablement, the residents rated their impression of burnout, and the authors tested for associations between those data. The authors found significant positive associations between physician depersonalization scores and both patient ratings of empathy and enablement. Residents' emotional exhaustion scores were not significantly related to either patient outcome. Patients perceived residents who reported higher levels of depersonalization as more empathic and enabling during their patient care encounters. These findings are important to consider how care providers' burnout impacts patient perceptions of their care. The counter-intuitive nature of increased distress in residents and an increased perception of desirable outcomes indicated the importance of understanding the relationship of interventions designed to alleviate stress in providers and patient outcomes, to avoid unintended negative impacts to care.

Matigbay, D. L., Coughlin, K., Chesak, S. S., & Sood, A. (2017). Decreasing stress and burnout in nurses: Efficacy of blended learning with stress management and resilience training program. *The Journal of Nursing Administration*, 47(7), 391-395. DOI: 10.1097/NNA.0000000000000501

This study looked at the outcomes of an eight week long Stress Management and Resiliency Training (SMART) program delivered to 50 nurses. This training program was based on The Mayo Clinic Guide to Stress-Free Living. The program included 12 modules that incorporated pre-module and post-module self-assessment, training videos, readings assignments, and exercises so participants could practice the skills in the lessons. There were also interactive discussions with the authors of the study to problem solve and answer participants' questions. The authors found improvement in the Subjective Happiness Scale, Perceived Stress Scale, Generalized Anxiety Scale, Connor-Davidson Resilience Scale, and Copenhagen Burnout Inventory. The blended learning structure that this research examined was concluded to be a sufficiently effective modality for delivering Stress Management and Resiliency Training, as opposed to on-site workshops that would normally require working professionals to take significantly more time away from their duties.

Nagy, G. A., Fang, C. M., Hish, A. J., Kelly, L., Nicchitta, C. V., Dzirasa, K., & Rosenthal, M. Z. (2019). Burnout and mental health problems in biomedical doctoral students. *CBE Life Sciences Education*, 18(2), ar27. <https://doi.org/10.1187/cbe.18-09-0198>

This article begins with a surprising observation, perhaps based on a highly segmented population of study, that burnout and mental health in biomedical doctoral students has only recently been identified as a challenge and has only been researched a very little. With that, the authors identified high levels of burnout, anxiety, and depression in their 69 participants from a body of biomedical doctoral students. This was related to considering dropping out of school, perception of future employment, and functional impairment related to a current psychiatric diagnosis. It is unclear why the

authors consider biomedical doctoral students such a unique population, and they do indicate that future research should examine the larger population of graduate students in general. The authors also recommend developing and testing interventions without examining any previous interventions aimed at any population, let alone specifically those to support biomedical doctoral students. This study appears to have very strong statistical analysis, but a very poor review of prior literature on this topic.

National Academies of Sciences, Engineering, and Medicine. (2019). Taking action against clinician burnout: A systems approach to professional well-being. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25521>

This 10-chapter report includes some excellent information about Student and Trainee Burnout and Professional Well-Being in Chapter 8, and Conclusions and Recommendations in Chapter 10. Chapter 8 opens by observing that the systems and institutions in which the US trains healthcare professionals may cause distress and burnout among learners. The chapter looks at students in medical (i.e., allopathic and osteopathic), nursing, dental, and pharmacy programs. A discussion of consequences examines patient outcomes, outcomes on the professionalism and empathy of burnt-out students, and the impact on those students and society at-large. A discussion of contributing factors looks at the time and intensity of students' workload, the benefits of pass-fail grading, the stress of being a student in the clinical environment, institutional considerations, and workplace-culture. Some recommendations to reduce burnout for the field include creating positive work environments by optimizing workload, increasing access to resources including psychological support, monitoring burnout among

professionals, simplifying policies and standards to make them easier to follow, and identify and implement supportive technologies.

Oglesby, L. W., Gallucci, A. R., & Wynveen, C. J. (2020). Athletic Trainer Burnout: A Systematic Review of the Literature. *Journal of Athletic Training*, 55(4), 416-430. <https://doi.org/10.4085/1062-6050-43-19>

The authors of this literature review examined 51 articles related to burnout in athletic training. These articles were analyzed to identify prevalence of, causes of, effects from, and relief for burnout. In addition, the authors examined whether the population studied in each article was athletic training students, graduate assistants, working athletic trainers, or academic faculty in graduate programs for athletic training. All populations were shown to have burnout, from sources like work/live balance, low pay, long hours, and workplace culture. The impact of this burnout was shown to have a significant impact on longevity in athletic training careers, and potentially a correlation with substance abuse. There appeared to be a sex difference in burnout, with female athletic trainers leaving the field earlier than male athletic trainers. Interventions like avoiding high athletic trainer workload, social support networks, encouraging positive work-life balance, and religious and spiritual coping mechanisms were mentioned briefly. This article is relevant to show the scope of burnout and its impact on one of the specific fields expected to participate in our course on burnout prevention.

Rathert, C ., Williams, E. S., & Linhart, H. (2018). Evidence for the quadruple aim: A systematic review of the literature on physician burnout and patient outcomes. *Medical Care*, 56(12), 976-984. DOI: 10.1097/MLR.0000000000000999

This literature review adds a fourth aim of improved working conditions to the Triple Aim of reduced healthcare costs, improved patient experiences, and better population health. Twenty-eight out of 1,201 articles were included after using the Systematic Reviews and Meta-analysis (PRISMA) guidelines and verifying that the studies empirically compared physician burnout and patient outcome measures. Studies that used subjective measures like self-report found that physicians higher in burnout consistently reported worse quality; studies that used objective clinical outcomes found no relationship to burnout. Burnout was also related to lower patient ratings of care, but when specific behaviors were rated there was no relationship. There are interesting insights in this article, but the authors end with a call for further research on causal models and increased rigor of measures.

Shanafelt, T. D., Dyrbye, L. N., West, C., & Sinsky, C. A. (2016). Potential impact of burnout on the US physician workforce. *Mayo Clinic Proceedings*, 91(11), 1667-1668.

In this letter to the editor the authors provide statistics on the rate of burnout in US physicians between 2011 and 2015, and put those numbers into striking context. The effect of burnout on the physician sector of the healthcare industry will result in an incredibly diminished capacity of the healthcare system in the US, and the authors cited Mayo Clinic Surveys that indicate a level of increased burnout that leads to a reduction in professional effort that equates to the loss of the entire graduating class of 7 US medical schools. These data are a useful point for describing the overall effect of burnout and the importance of addressing it as a way to increase patient safety and ability of our healthcare system to deliver care.

Shetty, A., Shetty, A., Hegde, M. N., Narasimhan, D., & Shetty, S. (2015). Stress and burnout assessment among post graduate dental students. *Nitte University Journal of Health Science*, 5(1), 31–36.

In this article published in India, the authors look at stress and burnout in 82 graduate students. While male students were found to have some stress, especially related to their workload and uncertain career outlook, female students reported stress at significantly higher rates. Uniquely, this article appeared to qualify different “types of burnout” (not the words used by the article’s authors), instead of burnout attributable to different sources. This is an interesting way to consider the construct of burnout, and should be considered more closely as the curriculum for a burnout prevention lesson is prepared.

The domains for burnout listed in this article include emotional exhaustion, depersonalization, and personal accomplishment. Each of these domains is also described in other resources in this bibliography, but framing burnout in each of these domains as unique is remarkably different from other sources. As with similar articles, this article ends with a call for well-developed interventions for preventing and addressing burnout.

Wiederhold, B. K., Cipresso, P., Pizzioli, D., Wiederhold, M., & Riva, G. (2018). Intervention for physician burnout: A systematic review. *Open Medicine (Warsaw, Poland)*, 13, 253–263. doi:10.1515/med-2018-0039

The authors of this article used the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines to systematically review studies about interventions on physician burnout. With two individuals independently searching scientific databases to analyze full papers that met the inclusion criteria. Thirteen of the 11,029 articles in the initial search met full criteria and were included in this review. Only four of these were

randomized controlled trials, therefore the results should be interpreted with caution.

Future interventions should focus on a more holistic approach using a wider range of techniques. Successful burnout interventions have a variety of therapeutic tools to address the variety of causes that contribute to burnout. These include stress reduction, coping strategies, increasing social support, improving communication, relaxation techniques, and coaching on how to approach profession-specific high-stress situations. Interventions at individual and institutional levels are both important, and training should begin early in physicians' careers to get ahead of the development of burnout.

Appendix I

Lesson Slides for Module 1 – Burnout & Resilience




Burnout & Resilience

CHP 535: Burnout Prevention for Healthcare Providers
Spring 2023



Learning Objectives

- **Burnout**
 - Definition
 - Burnout's Impact
 - Predictors of Burnout
 - Interventions for Burnout
 - Warning Signs of Burnout
- **Resilience**
 - Definition
 - Factors of Resilience
 - Cultivating Resilience
 - Resilience Activity



Burnout



Burnout Syndrome (BOS)

- Occupational burnout is the psychological reaction to unmanaged chronic stress related to the workplace.
- Three characteristics:
 - feelings of energy depletion or exhaustion;
 - increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and
 - reduced professional efficacy.
- It's situational, and organizational factors seem to play a greater role than individual differences in coping.

(The World Health Organization, 2018; Wiederhold et al., 2017)



Burnout's Impact

- Burnout syndrome is prevalent among healthcare professionals
- Burnout syndrome has tremendous financial, ethical, and systemic costs.
 - Absenteeism, resignations, lower quality and rates of job performance, damaged workplace culture, and patient safety concerns.

(Halbesleben, 2008; Garcia et al., 2019; Wiederhold et al., 2018)



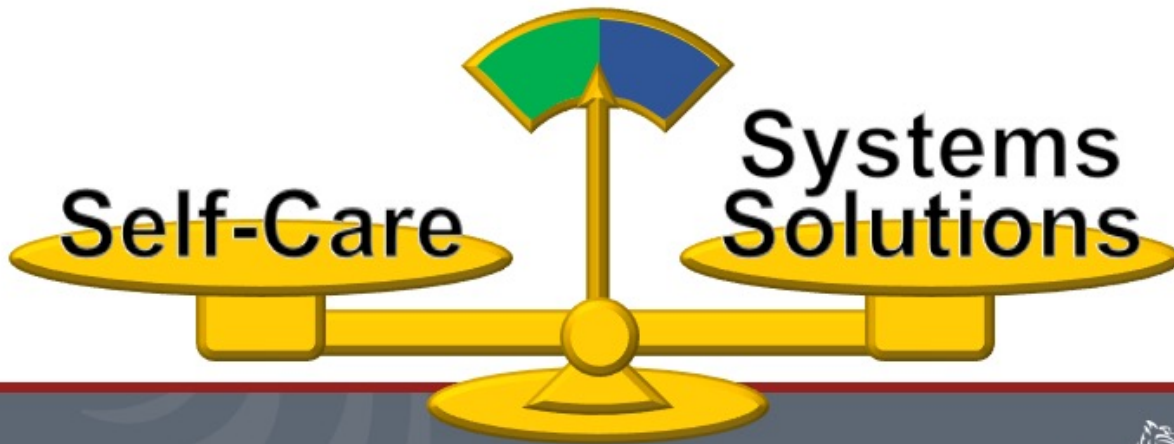
Predictors of Burnout

- Workload
 - Demands beyond limits
- Control
 - Role conflict arising from a lack of control
- Reward
 - Money, social, & intrinsic
- Community
 - High quality social support
- Fairness
 - Equitable decisions from leadership
- Values
 - Motivations beyond compensation

(Maslach & Leiter, 2017)



Interventions for Burnout



(Wiederhold et al., 2018)

Interventions for Burnout

- **Adjust the Workload:**
 - Planning & prioritizing,
 - Additional resources & support,
 - Delegation,
 - Match demands to role expectations.
- **Increase Control:**
 - Unity of leadership (only 1 boss),
 - Well defined & unambiguous goals,
 - Increase autonomy to the greatest effective extent.

(Maslach & Leiter, 2017)

Interventions for Burnout

- **Appropriate Rewards:**
 - Recognize others,
 - Take pride in your successes & achievements,
 - Encourage leaders & stakeholders to recognize others as well.
- **Build Community:**
 - Focus on areas to engage positively with colleagues,
 - Tend the family relationships that can sustain you,
 - Avoid workplace incivility.

(Maslach & Leiter, 2017)



Interventions for Burnout

- **Promote Equity:**
 - Treat others with fairness and respect,
 - Encourage colleagues and leaders to do the same.
- **Align Values:**
 - Reflect on what motivates you, and what your personal ideals are,
 - Incorporate those into your responsibilities,
 - Advocate to change work that does not align with your values.

(Maslach & Leiter, 2017)



Signs of Burnout

- Symptoms overlap with depression, but are job-related and situation specific.
- Symptoms may be difficult to observe, because some of them are valued in workplace culture.
- Ericson-Lidman and Strandberg (2007) found 5 themes and 12 sub-themes in a qualitative study of a primary care setting.

(Ericson-Lidman & Strandberg, 2007; Bianchi et al., 2015; Maslach & Leiter, 2017)



Table 1 Sub-themes and themes in the thematic analysis

Sub-themes	Themes
Stretching to do things well, preferably by themselves	Struggling to manage alone
Stretching themselves to be in control of the situation	
Pushing themselves more than can be expected or demanded	Showing self-sacrifice
Placing themselves last in the queue	
Appearing weighed down by heavy demands	Struggling to achieve unattainable goals
Appearing weighed down by insufficiency	
Suffering from troubled conscience	
Withdrawing from patients	Becoming distances and isolated
Withdrawing from co-workers	
Withdrawing from work	
Showing deteriorating bodily signs and sleep disturbances	Showing signs of falling apart
Showing themselves at the breaking point	

(Ericson-Lidman & Strandberg, 2007)



Resilience



Resilience

- The ability to “stay the course” or “bounce back” in the face of adversity.
- It’s a capacity that has several factors that can be built and reinforced.



Personal Factors of Resilience

- Traits like openness, internal locus of control, optimism, hope, self-efficacy, self-esteem.
- Research has found intellectual functioning, cognitive flexibility, social attachment, positive self-concepts, emotional regulation, positive emotions, spirituality, active coping, hardiness, optimism, hope, resourcefulness, and adaptability are associated with resilience.

(Herrman et al., 2011)



Biological Factors of Resilience

- Studies have shown some genetic predisposition to moderating factors.
 - Neurotransmitters, enzymes, and stress hormones all have a role.
- This is also impacted by experiences like adverse childhood experiences, however.

(Herrman et al., 2011)



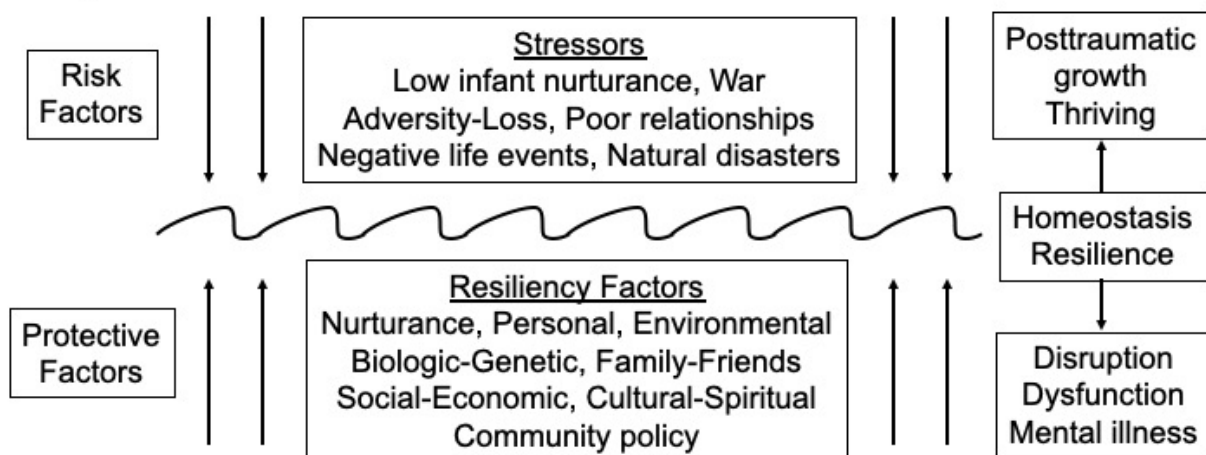
Environmental-Systemic Factors of Resilience

- Social support, especially skilled parents, supportive families, and good peer relationships.
- Community factors like good schools, engagement in extracurriculars like sports or the arts, grounding in culture, group engagement (e.g., spirituality & religion), and lack of violence in childhood all increase resilience.

(Herrman et al., 2011)



Figure 1 Factors that enhance or reduce homeostasis or resilience



(Herrman et al., 2011)



Cultivating Resilience

- **Personal Factors**
 - Have curiosity
 - Deepen your knowledge
 - Assume positive intent
 - Focus on strengths
 - Maintain health
 - Explore your values
- **Environmental Factors**
 - Develop friendships
 - Support/be supported by family
 - Engage in your culture & community
 - Promote these things for others

(Herrman et al., 2011)



Activity



Self-Reflection

- Daily self-reflection can build resilience
- Some of the personal factors mentioned that can benefit from this include:
 - Self-efficacy, openness, optimism, resourcefulness, adaptability, & cognitive flexibility.



(Janisko, 2022; Rolfe, 2002)

Self-Reflection

- This can be done to match preferred learning styles:
 - Journaling for reading/writing,
 - Mind-mapping for visual learning,
 - Internal monologuing for auditory learning,
 - Experiential reflection has been suggested for kinesthetic learning,
 - This may have high overlap with internal monologuing.

(Janisko, 2022; Rolfe, 2002)

Self-Reflection

- For the purposes of our activity, a Self-Reflection Journal template is on Moodle
- Try it out, then reflect on whether or not it was useful for you.

Self-Reflection Journal Date: ____/____/____

(Spend 2-5 minutes self-reflecting on your day. Doing it at the same time each day works well.)

WHAT? Describe the situation you want to reflect on.

- What happened today?
- What was successful (if at all) or unsuccessful?
- What was my role today?
- What actions did I take?
- What were the consequences?
- What were the feelings I experienced?

SO WHAT? Jot down the key take-away ideas.

- What did this mean, teach me, or inspire?
- What was going through my mind?
- What other knowledge could I have used?
- Should I have done anything differently?
- What could others have done differently?
- Can I summarize what this means & what I learned?

WHAT NEXT? Identify plans, goals, next-steps related to this.

- How can I create change?
- How do I want to improve the problem or concern?
- How do I want to improve or handle myself?

(Janisko, 2022; Rolfe, 2002)



Questions & Comments?



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Appendix J

Lesson 1 Self Reflection Journal Template

Self-Reflection Journal

Date: ____ / ____ / ____

Spent 2-5 minutes self-reflecting on your day. Doing it at the same time each day works well.

WHAT? Describe the situation you want to reflect on.

- What happened today?
- What was successful or unsuccessful?
- What was my role today?
- What actions did I take?
- What were the consequences?
- What were the feelings I experienced?

SO WHAT? Jot down the key take-away ideas.

- What did this mean, teach me, or imply?
- What was going through my mind?
- What other knowledge could I have used?
- Should I have done anything differently?
- What could others have done differently?
- Can I summarize what this means, & what I learned?

WHAT NEXT? Identify plans, goals, next-steps related to this.

- How can I create change?
- How do I want to improve the problem or concern?
- How do I want to improve or sustain myself?

Adapted from the work of: Janisko, T. J. (2022). Self reflection training [Unpublished doctoral dissertation]. The Chicago School of Professional Psychology.; Rolfe, G. (2002). Reflective practice: Where now? Nurse Education in Practice, 2(1), 21-29.

WELLNESS AND BURNOUT PREVENTION CURRICULUM

Appendix K

Lesson 1 Burnout Reference Handout

What is Burnout?

Burnout (or burnout syndrome; BOS) is a common problem with physiological, psychological, and performance ramifications for those in the caring professions or roles with significant interactions with others. It has been a, "growing epidemic among healthcare professional students," since the early part of this century (Bullock et al., 2017). Primarily, we think of the dimensions of burnout as feelings of exhaustion (can be both physical, but especially emotional), depersonalization (i.e., becoming callous to other people), and a loss of a sense of purpose and satisfaction in one's work (Maslach & Jackson, 1981). In students, burnout can look more like academic fatigue, academic apathy, and academic inefficiency (Jenaabadi et al., 2017). Below are some ways to think about burnout in general, and how you can address burnout in your own life.

Contributors to Burnout

Contributing factors to burnout include:

- The ICD-11 describes burnout as, "characterized by three dimensions: 1) feelings of energy depletion or exhaustion; 2) increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and 3) a sense of ineffectiveness and lack of accomplishment" (World Health Organization, 2018).
- Overwork of the individual, including excessive workload, demanding schedules, poor technology integration, constant interruptions, and other demands without sufficient explanation of why they are important or what their impact is (National Academies of Sciences, Engineering, and Medicine., 2019).
- Feelings of having contributed to unethical or morally repugnant outcomes as a part of one's duties (National Academies of Sciences, Engineering, and Medicine., 2019).

Impact of Burnout

The consequences of burnout can include:

- Increased risk for heart disease, high cholesterol, diabetes, pain, and other physiological maladies associated with stress (National Academies of Sciences, Engineering, and Medicine., 2019).
- Psychological problems, such as substance abuse, depression, anxiety, and suicidal ideation (National Academies of Sciences, Engineering, and Medicine., 2019).
- Lower performance at school (Jenaabadi et al., 2017).
- Poor patient outcomes including errors of judgment when providing care, poor communication with patients, etc. (National Academies of Sciences, Engineering, and Medicine., 2019).
- Increased costs and resource use throughout systems coping with people experiencing burnout (National Academies of Sciences, Engineering, and Medicine., 2019).

Addressing Burnout

Some techniques to help fend off burnout are:

- Get plenty of restful sleep (Allen et al., 2020).
- Evaluate and advocate for appropriate relief from systemic stressors (e.g., too much work for the number of available team members).
- Build self-efficacy to maintain a positive outlook and engagement (Jenaabadi et al., 2017). This might include requesting peer or supervisor support to overcome challenges and setbacks.
- Assume positive intent in colleagues, supervisors, and those we serve.
- Refine technology use so that it is supportive of required tasks, and does not become demanding for its own sake.
- Cultivate community and engage with others over things that are not work-related. Allow life outside of work and school to have space.

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WELLNESS AND BURNOUT PREVENTION CURRICULUM

Appendix L

Engagement Request Email for Community Outreach

Hello,

We are a small team of clinical psychology doctoral student clinicians and faculty at Pacific University. As members of the health psychology emphasis, we are focused on enhancing the wellbeing of our local community. We recognize the important work you are doing around health and appreciate that this work can be both energizing and depleting. Would you be interested in connecting to discuss how our team may be able to support the mental health needs of your organization and community? We can provide education to your staff and community members on topics tailored to meet your needs, free of charge, starting in December 2021. We are currently looking to schedule for the first two weeks in December.

Here are some examples of topics we can provide education on: a general overview on burnout and compassion fatigue, identifying burnout in yourself and others, and the following avenues to prevent burnout: effective communication, managing emotions, sleep hygiene, managing vicarious trauma, grit and resiliency, self-compassion, mindfulness techniques, and time-management skills and balancing priorities. Given time limitations we ask that your organization limit your interests to 1-2 topics.

We've attached our brief bios for your review. If you're interested in working with us, we would love to connect with you to discuss this further. We can be reached at thom4378@pacificu.edu.

Thank you for your time and consideration. We look forward to hearing from your organization!

Best,

Beth, Ed, Abigail, Caitlin, and Dr. Seawell

Appendix M

Wellness Outreach Team Biographies



Dr. Asani H. Seawell (she/her) is a tenured associate professor in the School of Graduate Psychology. She is also a licensed clinical psychologist in practice at the Legacy Weight and Diabetes Institute. Dr. Seawell's clinical and research interests include addressing the health and well-being of African Americans such as obesity, type 2 diabetes, and community wellness and justice. The courses she teaches include Health Psychology, Human Diversity, and Qualitative Research Methods. Dr. Seawell earned her master's and doctorate degrees in clinical psychology from the University at Albany, SUNY. In her free time she enjoys spending time with her family, exploring the outdoors, and cooking.

Caitlin (she/her, pictured left) is a clinical psychology student, a dog-lover, a military veteran, and a recovering perfectionist. A lifelong learner, Caitlin has a broad range of prior experiences working within healthcare settings. In her work as a student therapist, she strives to understand and honor both the unique identity and values of each client and how systems of oppression and community belonging impact their wellbeing. Clinically, Caitlin is interested in trauma, strength-based therapies, mindfulness, liberation psychology, and embodiment practice. Caitlin's research interests include qualitative approaches that center the lived experiences and voices of community members.



Abby (she/they, pictured right) can usually be found working on research projects or crafts with her cat, Beanbag, in her lap. Abby previously worked with survivors of intimate partner violence. She gained insight into the ways oppression perpetuates cycles of abuse and trauma in survivors and became passionate about how to address systems of oppression and institutional betrayal in her work. Abby has organized and participated in various forms of within-system and direct-action activism including but not limited to: board member of the Oregon Sexual Assault Task Force (2018-2019), presenting on marginalization and oppression for privileged advocate trainings (2017-2019), direct action support for Planned Parenthood of Jackson County (2017-2019), and direct action support for Black Lives Matter and ICE protests in Portland (2019-current).



Edward Bos, M.A. (he/him) is a 3rd-Year clinical psychology student, at Pacific University. Ed has experience in the non-profit sector, the military, and as a community volunteer. As a student in the Health Psychology emphasis, Ed is engaged in behavioral healthcare in interdisciplinary medical settings, and uses the bio-psycho-social model of psychology to understand clients' unique situations and cognitive-behavioral strategies to facilitate improvement. Ed's research interests include developing and implementing

training that individuals can use to prevent burnout and achieve wellbeing.



Beth (she/her) is a clinical psychology Health Emphasis student at Pacific University with a passion for promoting and supporting the health and wellness of her clients and colleagues. Beth is a licensed massage therapist and strives to understand how we accumulate and manifest trauma in our bodies and ultimately lessen its impact to promote quality of life. Beth has always enjoyed traveling and had the opportunity to gain her Master's degree in counseling psychology while living abroad in Vienna, Austria, in 2018. Clinically, Beth is interested in using strength-based client-centered therapies that incorporate mindfulness and foster connection between the body and the person's internal experience. Beth's research interests include using mindfulness approaches for pain management and developing and implementing educational training and resources to promote wellness and prevent burnout for individuals who dedicate their lives to helping others.

Appendix N*Legacy Weight and Diabetes Institute Wellness/Burnout Interest Survey*

Q1) We will hold two 1-hour sessions on topic of wellness and burnout. Please describe what specific topics you would expect/desire to be included.

Q2) Topics Ranked

Please rank the proposed topics below from 1 (“I am most interested in this topic”) to 10 (“I am least interested in this topic”). There will be an opportunity to add your own topic of interest and include it in your ranking. Please only choose a single topic for each ranking 1 to 10 (i.e., only one “1” response, only one “2” response, etc).

1) Assessing burnout in oneself and others.

Mark only one oval.

1	2	3	4	5	6	7	8	9	10
<input type="radio"/>					<input type="radio"/>				
I am most interested in this topic.					I am least interested in this topic.				

2) Childcare/education of children.

Mark only one oval.

1 2 3 4 5 6 7 8 9 10

I am most interested in this topic. I am least interested in this topic.

3) Time management and organization

Mark only one oval.

1 2 3 4 5 6 7 8 9 10

I am most interested in this topic. I am least interested in this topic.

4) Long-term self-care strategies.

Mark only one oval.

1 2 3 4 5 6 7 8 9 10

I am most interested in this topic. I am least interested in this topic.

5) Healthy lifestyle (nutrition, exercise, & sleep).

Mark only one oval.

1 2 3 4 5 6 7 8 9 10

I am most interested in this topic. I am least interested in this topic.

6) Burnout recovery.

Mark only one oval.

1 2 3 4 5 6 7 8 9 10

I am most interested in this topic. I am least interested in this topic.

7) Clinic/system-wide structures and policy contributors to burnout.

Mark only one oval.

1 2 3 4 5 6 7 8 9 10

I am most interested in this topic. I am least interested in this topic.

8) Burnout & compassion fatigue basics.

Mark only one oval.

1 2 3 4 5 6 7 8 9 10

I am most interested in this topic. I am least interested in this topic.

9) Everyday mental health & managing emotions.

Mark only one oval.

1 2 3 4 5 6 7 8 9 10

I am most interested in this topic. I am least interested in this topic.

10) Other (please describe).

Mark only one oval.

1 2 3 4 5 6 7 8 9 10

I am most interested in this topic. I am least interested in this topic.

Q3 Other (Please describe any other relevant topic you had in mind).

Q4 Please share any other thoughts you have about the session on wellness and burnout prevention, including questions, concerns, and recommendations.

Appendix O*Legacy Weight and Diabetes Institute Wellness/Burnout Interest Survey Results*

Topic	Choice Rank Total
Assessing burnout in oneself and others*	40
Childcare/education of children	85
Time management and organization	58
Long-term self-care strategies	47
Healthy lifestyle (nutrition, exercise, & sleep)	65
Burnout recovery*	31
Clinic/system-wide structures and policy contributors to burnout	45
Burnout & compassion fatigue basics	43
Everyday mental health & managing emotions*	38
Other (please describe below)	41

Themes from Unstructured Responses	Number of Responses
Recovery from burnout	3
Self-care at home and work	2
Identifying burnout in self and other	1
Prevention of burnout	1
Technology-driven burnout	1

Note. $N = 11$. *Top three choices based on the lowest choice rank total.

Appendix P

Resource List Provided to Legacy Weight and Diabetes Institute Staff

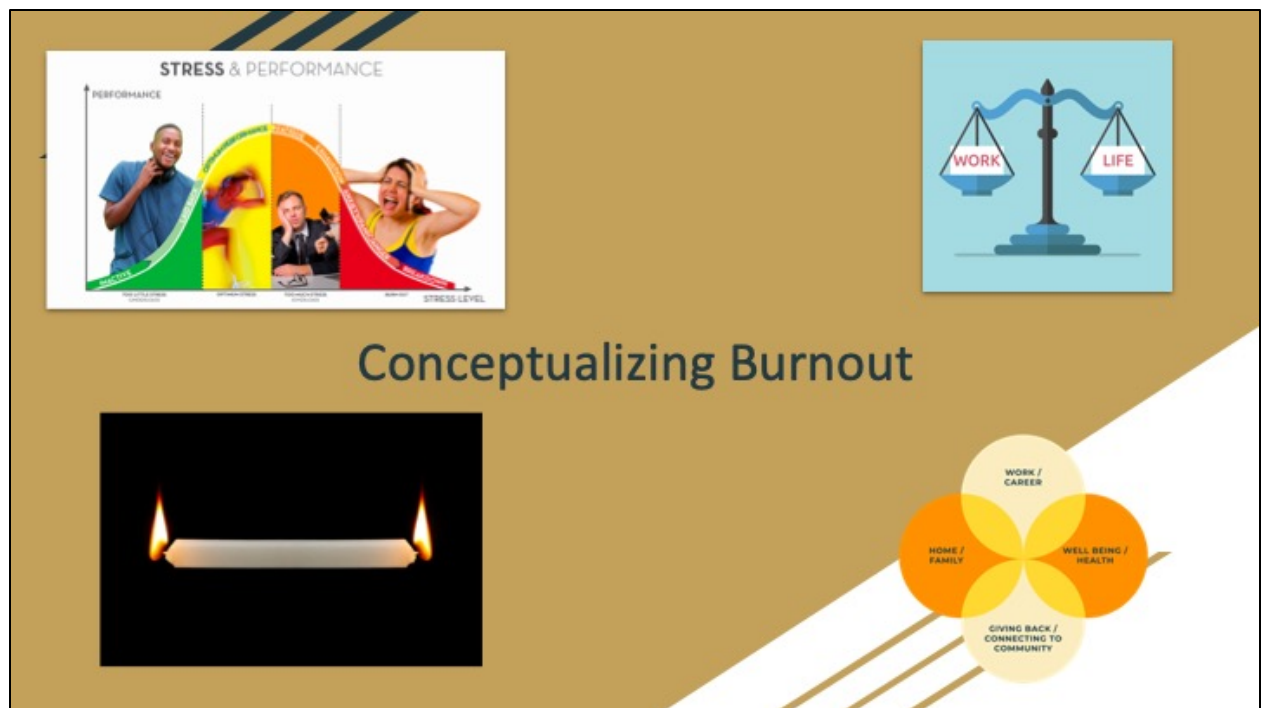
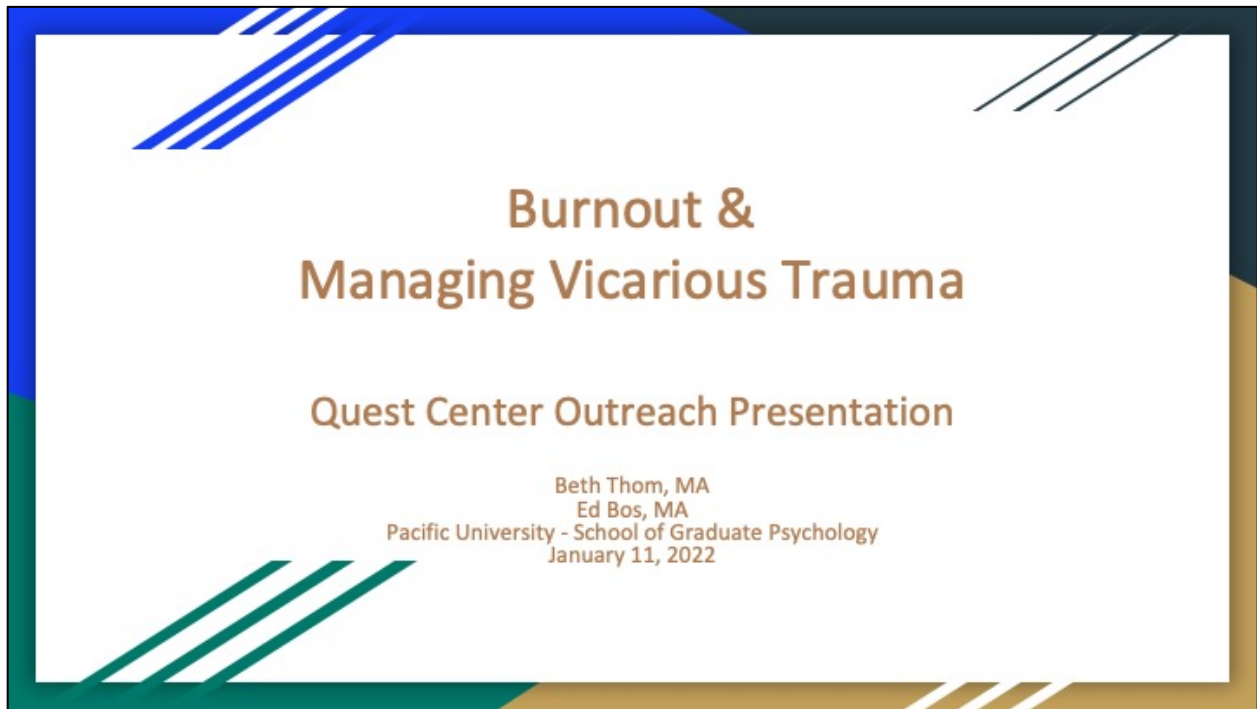
Below are some tips & resources that may help address burnout. You may wish to copy and paste the information below so you can refer to it later.

- Practice being more mindful at work. Try by being present and in the moment and not multi-tasking.
 - [10 Ways to be More Mindful at Work.](#)
- Adopt a "B-student" philosophy.
 - Remember that sometimes being "perfect" can be the enemy of being "done."
 - Consider what things are requiring your time and energy. Completing those items and getting them off of your plate can benefit you.
- Try to focus on what is important and let go of the rest.
 - Use the [Eisenhower Matrix](#) to help identify what your priorities are.
 - Celebrate both the large and the small wins with others.
 - [8 Steps to Improve Job Satisfaction & Personal Value at Work](#)
- Use physiological quieting techniques to reduce stress.
 - Power of the breath. Notice your breathing by using diaphragmatic breathing or a deep belly breath.
 - Apps that might help:
 - [Insight Timer](#)
 - [Headspace](#)
 - [Calm](#)
 - [Woebot](#)



Appendix Q

Presentation on Burnout & Managing Vicarious Trauma: Quest Center for Integrative Health



What is Burnout?

Feelings of energy depletion or exhaustion

Increased mental distance from one's job, or feelings of negativism or cynicism related to one's job

Reduced professional efficacy

(World Health Organization, 2018)

Why Does Burnout Matter?

Burnout can harm us as people (stress, vicarious trauma)

Burnout can harm our professional community (impacts to colleagues, strain on relationships)

Burnout can harm our patients (impacts to care, increased costs, lowered patient satisfaction)

(Matigbay et al., 2017)

Burnout Presentation: Disclaimer

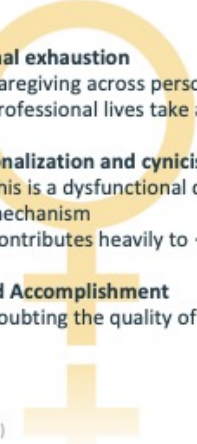
The study referenced on the following slides identified differences in the presentation of burnout between the male and female sexes.

No mention how the authors may or may not have accounted for gender differences in a more comprehensive & representative fashion.

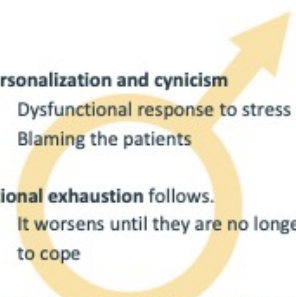
Broad patterns of burnout presentation have been found, but please consider them with this context in mind.

(Houkes et al., 2011)

Burnout Presentation

- 
1. **Emotional exhaustion**
 - Caregiving across personal and professional lives take a toll
 2. **Depersonalization and cynicism.**
 - This is a dysfunctional coping mechanism
 - Contributes heavily to →
 3. **Reduced Accomplishment**
 - doubting the quality of their practice

(Houkes et al., 2011)

- 
1. **Depersonalization and cynicism**
 - Dysfunctional response to stress
 - Blaming the patients
 2. **Emotional exhaustion follows.**
 - It worsens until they are no longer able to cope
 3. **Lack of awareness of Reduced Accomplishment**
 - Denial of their distress despite the exhaustion and cynicism
 - Keep going despite burnout because they feel they are still a "good doctor"

Assessing Burnout

Two possible measures:

- Maslach Burnout Inventory
- Freudenberger Burnout Scale

The image shows two assessment forms. The left form is the Maslach Burnout Inventory (MBI), which includes a legend for frequency (0 = Never to 6 = Every day) and a grid for scoring 33 statements. The right form is the Freudenberger Burnout Scale (FBS), titled 'ARE YOU BURNING OUT?', which asks for a rating from 0 to 100 on 15 statements about burnout symptoms.

Addressing burnout

Training like this can help identify and intervene in situations where burnout may be present.

Focusing on the internal causes and coping mechanisms for burnout is only part of the picture.

Remember to consider structural and systemic factors that can contribute to or relieve burnout.

(Moss, 2020)

Structural & Systemic Factors

Gallup identified the top 5 causes of burnout to be:

1. Unfair treatment at work
2. Unmanageable workload
3. Lack of role clarity
4. Lack of communication and support from managers
5. Unreasonable time pressure

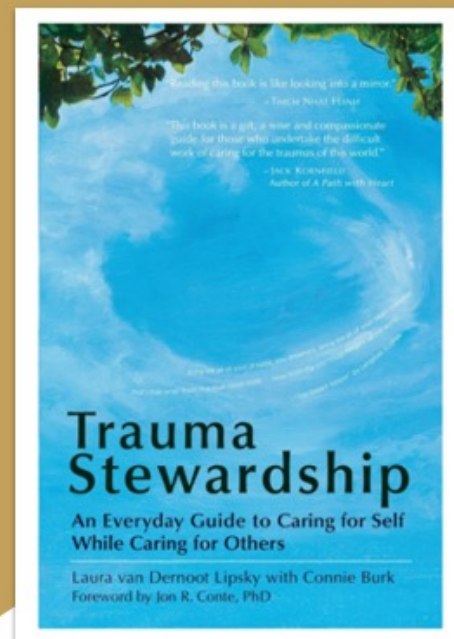
(Moss, 2020)

Maslach and Leiter identified 6 predecessors of burnout:

1. A manageable workload
2. Job control
3. Rewards
4. Community
5. Fairness
6. Values

Managing Vicarious Trauma

Van Dernoot Lipsky, L., Burk, C. (2009). *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others*. Berrett-Koehler Publishers.



Vicarious Trauma

The personal and professional toll we experience as a result of exposure to the suffering of others.

The trauma response is universal

Trauma Stewardship

How we attend and tend to the hardships, pain, or trauma experienced by humans, other living beings, or our planet itself.

Acceptance that both joy and pain are realities of life.

Suffering can be transformed into meaningful growth and healing.

Learning to stay fully present in our experience, no matter how difficult.

Goal: maintain compassion to prevent our thinking and feeling from constricting

3 Levels of Trauma Stewardship

1. Personal Dynamics

“We can sustain our work with trauma only if we combine our capacity for empathy with a dedication to personal insight and mindfulness.”

1. Organization Tendencies

“Organizations themselves have the potential to either mitigate or exacerbate the effects of trauma exposure for all of their workers.”

1. Societal Factors

“Without a sense of the big picture, it is impossible to have any meaningful conversation about what we want to do collectively to improve the circumstances of our lives and work.”



Van Dernoot Lipsky, L., Burk, C. (2009). *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others*. Berrett-Koehler Publishers.

Acknowledging the Trauma Response(s)

“The healing process may require a continuous effort to realize and re-realize that our trauma exposure response is not going away unless we give it proper attention.”

“Rather than fend off life, we slowly train ourselves to open our hearts to everything that comes to the door.”

Investigating...

- How is this working for my deepest, most honest self?
- How is this working for those I serve?
- How is this sustainable?
- What is a more functional way to respond?

What to do with our Trauma Response(s)

“More than anything else, what we need in order to practice trauma stewardship is knowledge of our own lives—what we feel, value, and experience, and what we need to do to take care of ourselves.”

Open the Inquiry

Practice Self-Care to Foster Stress-Resistance

Be Patient

Be in the Present Moment



Tiny SURVIVAL GUIDE

THE TRAUMA STEWARDSHIP INSTITUTE'S

PROTECT YOUR MORNINGS
[or whenever you wake up]
less cortisol, more intentionality.

GO OUTSIDE
[or look outside]
perspective, context + something larger than this.

BE ACTIVE
[avoid stagnation]
in body, mind, spirit.

CULTIVATE RELATIONSHIPS
those that are edifying + healthy.

NURTURE GRATITUDE
what is one thing, right now, that is going well?

DETOX
if navigating addictions
be wise + safe
limit news + social media.

SPEND TIME WITH ANIMALS
↓ stress hormones, ↑ comfort.

METABOLIZE ALL ~~THE~~ EXPERIENCING
re-regulate your nervous system.

SIMPLIFY
[less is more]
be aware of decision fatigue + cognitive overload.

ADMIRE ART
the gift of feeling transported.

LAUGH
pure humor = a sustaining force.

FOSTER HUMILITY & EXTEND GRACE
self-righteousness + hubris = unhelpful.

SLEEP
to cleanse + repair brain + body.

CLARIFY INTENTIONS
how can i refrain from causing harm,
how can i contribute meaningfully?

BE REALISTIC + COMPASSIONATE
[with yourself]
be mindful of the quality of your presence. it means so much to others.

© The Trauma Stewardship Institute 2020

Discussion Questions

Which, if any, trauma exposure response(s) resonated with you?

How were you able to take notice of your trauma response(s)? What were the red-flags?

What have you learned from your trauma response(s)? How have you grown from your experience?

How are burnout and vicarious trauma related?

What have you already implemented in your work and/or personal life to prevent burnout and manage vicarious trauma? What are you interested in experimenting with? How can your work environment support you?

References & Resources

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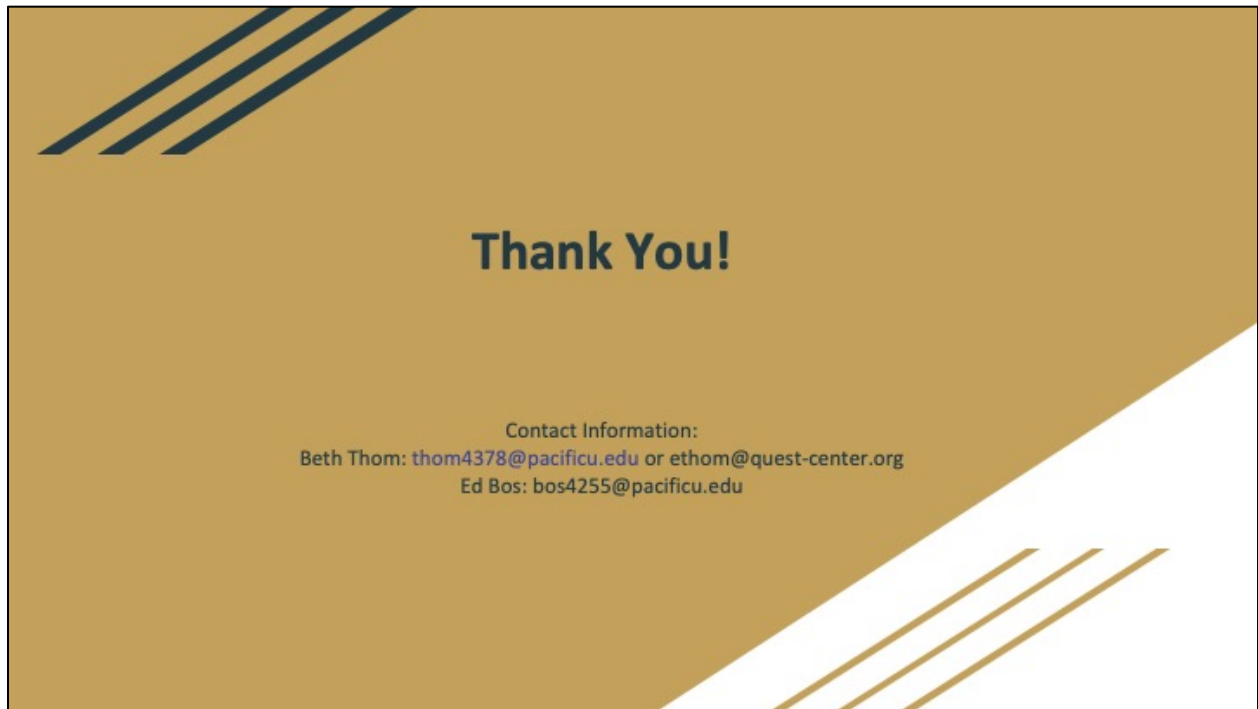
Office of Victims of Crime: <https://ovc.ojp.gov/program/vtt/what-is-vicarious-trauma>

The Trauma Stewardship Institute: <https://traumastewardship.com/>

Van Dermoot Lipsky, L., Burk, C. (2009). *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others*. Berrett-Koehler Publishers.

Vicarious Trauma Institute: <https://vicarioustrauma.com/whatis.html>

World Health Organization. (2018). *International classification of diseases for mortality and morbidity statistics (11th Revision)*.



Thank You!

Contact Information:

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Ed Bos: bos4255@pacificu.edu

Appendix R*Filling Your Cup: A Self-Care Workshop for LWDI Staff*

+ National Rates of Burnout

- And, 2 in 3 adults (67%) say they have experienced increased stress over the course of the pandemic. 2020 APA stress in America survey
- 40% of American workers
 - National Alliance of Healthcare Purchaser Coalitions (2021)
 - <https://www.lyrahealth.com/wp-content/uploads/2020/07/LYRA-NA-Employee-Mental-Health-Report.pdf>
- 50% of healthcare clinicians
 - Agency for Healthcare Research and Quality (2017)
 - <https://www.ahrq.gov/prevention/clinician/ahrq-works/burnout/index.html>



Grit

Angela Duckworth

6

- Grit is “perseverance and passion for long-term goals [and] entails working strenuously towards challenges, maintaining effort and interest over years despite failure, adversity, and plateaus in progress.”
- Factors of Grit:
 - Consistency of Interest
 - Perseverance of Effort
- Grit is associated with achievement independent of natural talent
- Grit can be a protective factor against burnout

(Duckworth, et al, 2007)

3/10/22