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HOW CBT CAN CONTRIBUTE TO PREVENTING AND MANAGING BURNOUT IN HEALTHCARE PROVIDERS

“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”
- Rachel Remen

Hospitals, medical and psychology practises are the place where patients seek help when in distress, physically and/or emotionally. Nobody consults a medical or mental health professional when all is going well

- or they're in glowing health!
Following the pandemic there has been a “second pandemic” of sorts, referring to the surge of those struggling with mental health. Global numbers estimate that one in three are currently

experiencing impaired mental health, which is far exceeding available resources among already stretched healthcare services. The broader context of a vastly different world than it was in 2019, socio-economically, politically and with many more experiencing losses on multiple levels, also affects everyone equally – patients and healthcare professionals who are trying their best to provide care.

This has resulted in prolonged and severe stress levels in healthcare workers. And it's no wonder then, that levels of burnout and impaired mental health among healthcare providers has surged as well.

"Healer, heal thyself"

Self-care and work-life balance are two of the most frequently discussed topics, in the direction of provider to patient. However, healthcare providers are notorious for neglecting to take their own advice. The issue is often not in the principle of stopping to take a break through a day of helping and healing. Rather, there tends to be a conflicting narrative, which sabotages this.

The cognitive component of cognitive behaviour therapy (CBT) focuses on exactly this narrative, which is often more important than the behavioural (habit) side of the patterns that lead to burnout. Taking breaks, regular exercise, drinking enough water, and good sleep hygiene, are all behaviours that can buffer chronic high stress levels. This advice is often dispensed to patients, as we know it works. Again, I point out that while this is agreed upon in principle, why is it that medical and psychological professionals fail to take their own (good) advice?

I invite the reader to consider which of the following are thoughts and beliefs they have had.

"If not me, then who (will help, fix, heal)?"

"While I'm taking a break, people

are dying" (this more so in hospitals)

"I have to fit this extra person in; they need the help urgently" (psychologists are the main offenders here)

"If I don't fit them in, they won't make it"

"They can't wait"

"I'm tough, I can take it"

"There's no time (to stop/take a break)"

"I'll rest on the week-end/when I take leave"

And of course, after years of study, directed by a desire to make a difference, it's natural that 'service' overrides 'selfish.' If you identify the need and possess the skills that can make a difference to someone in distress, do you not then have a duty to act?

One way of modifying these unhelpful narratives, is to take a both-and approach. Consider the difference between "I don't care, I'm tired and I'm taking a break" (common when compassion fatigue sets in) and "of course I will help, others need me; don't be selfish." Then consider a both-and which would look something like "I need to schedule micro breaks and micro recovery moments, so that I can sustain my focus and energy over days and years." Add to this, "I can do more harm than help when I'm physically and mentally exhausted" (this is when you miss critical information due to fatigue or scattered thinking from too much mental juggling and volume or make a poor call due to impaired judgement). Studies abound showing how fatigue impairs cognitive functioning. And yet...

A second key insight to take on, and not just intellectually but at a visceral level, is that of *over-responsibility* versus *own responsibility*. While you may possess specialised education, specific skills, and the ability to alleviate suffering, you are only one in a collective of people. There is the patient, their family,

their genetic predispositions, their own behaviours and habits, and their own narratives. (In a hospital setting, there are many additional factors). And each person or factor plays a part, with your part being one among many. There's the well-known proverb around it 'taking a village to raise a child' and this holds true here as well.

A third method of modifying unhelpful thoughts, is to practise *mindfulness*. I am referring specifically to methods which enhance being present in the current moment, which is a useful counterbalance to the internal pressure and scatteredness from trying to assist everyone, and the guilt arising from saying no. There are also mindfulness practises which focus on stepping out of the thought stream and watching mental activity instead of becoming absorbed in it - observing without judgement. This allows for a space to regroup and recover, also allowing for choice in how to respond wisely rather than to follow patterns of automatic reactivity.

Finally, there is the concept of *self-compassion*. When attention is largely focused outward (toward patients), there is at best a neglect and at worst a tendency to treat one's own needs with criticism and judgement, while comforting and soothing others. Self-compassion is defined as treating ourselves in the same way as we would treat a close friend, partner or child.

The aim of this article is to remind healthcare professionals of why they chose this profession, and that it is possible to develop a sustained ability to really help, instead of overworking, burning out, and then being impaired or unable. Fortunately, anything that is learned (thought patterns and beliefs) can be unlearned and relearned.

"As you grow older, you will discover that you have two hands - one for helping yourself, the other for helping others"
– Maya Angelou

References available on request. MHM