Speaking of Valentines: Stress, Burnout, and Your Heart

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In February, matters of the heart take front and center. Most of us celebrate Valentine’s Day by buying flowers, chocolates, teddy bears, or a lovely dinner at a fine restaurant. For health professionals, the day is usually one of many days in which they are stressed, fatigued, irritable, and depleted of energy. Caring too much can hurt. Studies have shown that mental stress has a negative effect on a person’s overall well-being, including heart health. Stressors common in healthcare settings include inadequate staffing levels, long work hours, shift work, and exposure to infectious and hazardous substances. Research suggests that persistent exposure to high-level stressors appears to be linked to work-life conflict and depression in the workforce. Further, recent studies of female nurses and male physicians suggest that an unhealthy lifestyle is associated with a significant risk of hypertension and heart failure.

Burnout and the Health Professions

Burnout is defined as a psychological state of physical and emotional exhaustion, which is thought to be a stress reaction to a reduced ability to meet the demands of one’s occupation. For many, the line between being burned out and being clinically depressed is a fine one. Alacovides and colleagues found that, when burned out and exhausted and experiencing conflict at work and a high level of job dissatisfaction, physicians and nurses were more likely to become depressed.

Nurses consistently scored higher on burnout than any other group of healthcare professionals, a fact supported by a study by the American Nurses Association, which found that 30 percent of nurses feel powerless to improve patient safety and care, and 40 percent report job dissatisfaction. Physicians and CRNAs are also at risk as they struggle with ever-increasing educational debt, productivity pressure, performance assessments, dwindling reimbursements, clinical mishaps that may be largely out of their control, malpractice insurance premiums, demands for continuing education, and for physicians, loss of social status, and competition from nonphysician providers. A recent survey of physicians reported that nearly 60 percent considered leaving medicine at some point in their careers.

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Self-care among healthcare professionals is not a topic that generally receives much consideration in professional training and practice. The culture of healthcare expects perfectionism and workaholic standards. Practice settings may reward long hours and self-neglect. Studies suggest that physicians and nurses do not follow schedules for routine medical care, often self-diagnosing and self-medicating. In an atmosphere of perceived perfection and invincibility, it is particularly difficult for nurses, physicians, psychologists, and other caregivers to admit they have problems.

Compassion Fatigue—When Caring Becomes Overwhelming

Individuals who are drawn into healthcare careers may also be more likely to become vulnerable to developing stress and physical, emotional, and mental exhaustion based on their drive for overachievement, perfection, and a desire to do their best for their patients. These consequences are thought to be cumulative, developing into symptoms and a list of behaviors associated with the secondary traumatic stress disorder known as compassion fatigue.

Compassion fatigue is recognized as exhaustion, emotional distress, or apathy resulting from the constant demands of caring for others. There are cognitive, emotional, and behavior-related stress warning signs of the syndrome such as: inability to concentrate; feeling numb, withdrawn, or fatigued; intense irritability and mood swings; keeping busy to avoid thinking about the situation; and using alcohol or drugs to relax.

People who develop compassion fatigue may also suffer from depression and anxiety disorders. They may distance themselves emotionally from their work. Further, many caregivers, including nurses, are more prone to irritability and anger toward those they are caring for, which often leads to guilt, greater anxiety, depression, and sleep problems.

Burnout and compassion fatigue are more common than generally believed. Neither is a character flaw and neither should be ignored. The best defense against this threat to your personal and professional health is to take proactive measures.

Depression and the Workplace

There is a growing recognition that depressive disorders are highly prevalent in the workplace and have an enormous negative impact on performance, productivity, absenteeism, and disability costs. A variety of clinical research has helped to define those at risk for depression and has led to a better understanding of the overlap of the construct of clinical depression with more longstanding occupational health and organizational psychology models such as stress, burnout, and job dissatisfaction. Further, studies have focused on the links between these factors and overall health, including coronary heart disease (CHD).

Patients with depression have been shown to have increased platelet reactivity, decreased heart variability, and increased proinflammatory markers (such as C-reactive protein or CRP), which are all risk factors for cardiovascular disease. The toxic effect of negative emotions on the heart can actually cause serious cardiac abnormalities. Symptoms of depression such as fatigue, lack of interest in activities, appetite gain or loss, psychomotor agitation, trouble concentrat-
ing, low self-esteem, depressed mood, and recurrent thoughts of death may themselves be precursors to CHD.

Unfortunately, overwhelming stress, distress, and depression are significant contributing factors for suicide. In 2005 Schernhammer reviewed studies from the preceding four decades and concluded that the prevalence of suicide among physicians is genuinely higher than the general population. In this latter study, the author estimated that the risk was 70 percent higher for male physicians and 250 percent to 400 percent higher for female physicians. Female physicians also have been shown to have a higher frequency of alcoholism than women in the general population. Drug abuse has been shown to be related to specialty and is more prevalent among psychiatrists, anesthesiologists, and emergency physicians.

There is considerable evidence that the stress inherent in their profession negatively affects healthcare professionals. Moderate levels of stress are seen in a majority of the nurses. Incidence of psychosomatic illness increases with the level of stress. Studies compared stress-related symptoms in surgical nurses to the general population and found that nurses presented with higher mortality rates, stress-related disease, high blood pressure, anxiety, and depression. Even more alarming, it is reported that suicide is among the top five causes of death among nurses—a much higher rate than the general population.

Stress, burnout, compassion fatigue, and depression can be treated, but prevention is the best strategy. Physicians and nurses who actively nurture and protect their personal and professional well-being on all levels (physical, emotional, psychological, and spiritual) are more likely to prevent burnout or at least to diminish its consequences.

Our emotions, behavior, and moods can have a serious effect on our hearts. Key elements to well-being and a healthy heart are a balanced lifestyle, management of your daily stress, and family and friends or other strong support systems.

It is also important to acknowledge your stressors. The road to wellness begins with awareness. The first step in good self-care is recognizing that it’s tough and may be negatively affecting you. If we understand the reasons for our destructive patterns, we begin to see how these behaviors affect our performance. Symptoms such as isolation, emotional outbursts, substance abuse, and health-depleting addictions rob us of our well-being.

Talking about your experiences with others in your field or some type of support network, including family and friends, is critical. You are not invincible. It is not a sign of weakness to get the help you need to maintain your emotional health.

Learn how to set boundaries and how to say “no.” Difficulty setting appropriate limits is another characteristic association of stress and known to be common among nurses and physicians. There is a cultural expectation that we must be available whenever needed, and this can lead to a sense of obligation that makes it difficult to set limits without feeling guilty. Our educational process and training observe few time boundaries; long hours are assumed.

It is essential to get enough sleep and eat healthily. Sleep deprivation and poor eating habits harm your ability to think and perform well. Recent studies indicate that lack of sleep can result in heightened levels of cortisol, further contributing to stress, burnout, and fatigue.

Given the current climate of healthcare and the seemingly unending stressors in professional practice, we must be mindful of ourselves and our colleagues. We need to be sensitive to psychological distress in ourselves and others, and we must be willing to obtain and offer support when needed. If we take care of ourselves little by little, every day, we can live fuller and more joyful lives.

References

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