



# BURNOUT AND SECONDARY TRAUMATIZATION

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**Burnout is a psychological term that refers to long-term exhaustion and diminished interest in work.** Burnout has been assumed to result from chronic occupational stress. However, there is growing evidence that its etiology is multifactorial in nature, with dispositional factors playing an important role. **Despite its great popularity, burnout is not recognized as a distinct disorder, neither in the DSM, nor in the ICD-10.** This is notably due to the fact that burnout is problematically close to depressive disorders. In the only study that directly compared depressive symptoms in burned out workers and clinically depressed patients, no diagnostically significant differences were found between the two groups: **burned out workers reported as many depressive symptoms as clinically depressed patients.** Moreover, a recent study by Bianchi, Schonfeld, and Laurent showed that about 90% of burned out workers meet diagnostic criteria for depression, suggesting that burnout may be a depressive syndrome rather than a new or distinct entity. Clinical psychologist Herbert Freudenberger first identified the construct "burnout" in the 1970

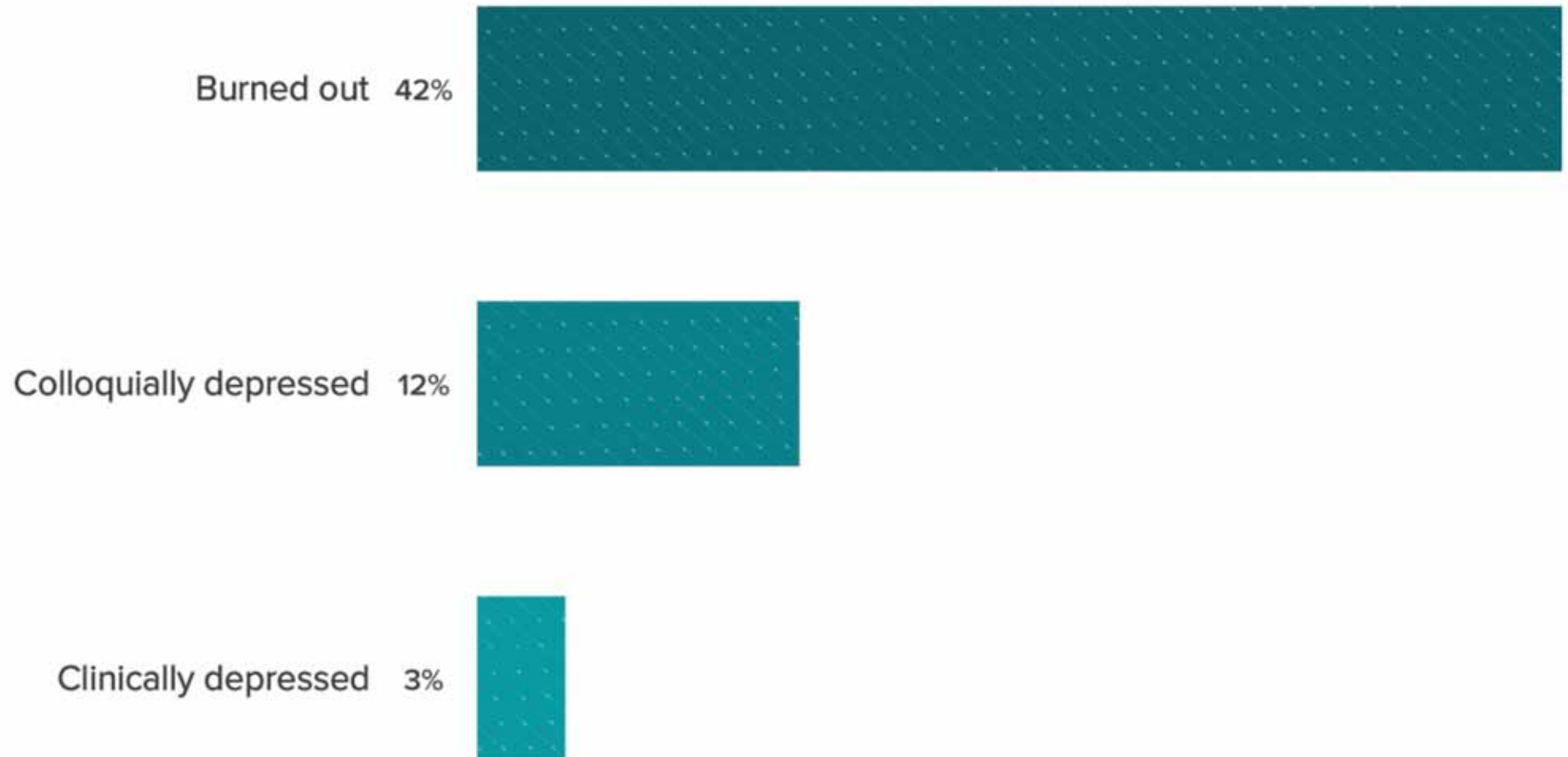


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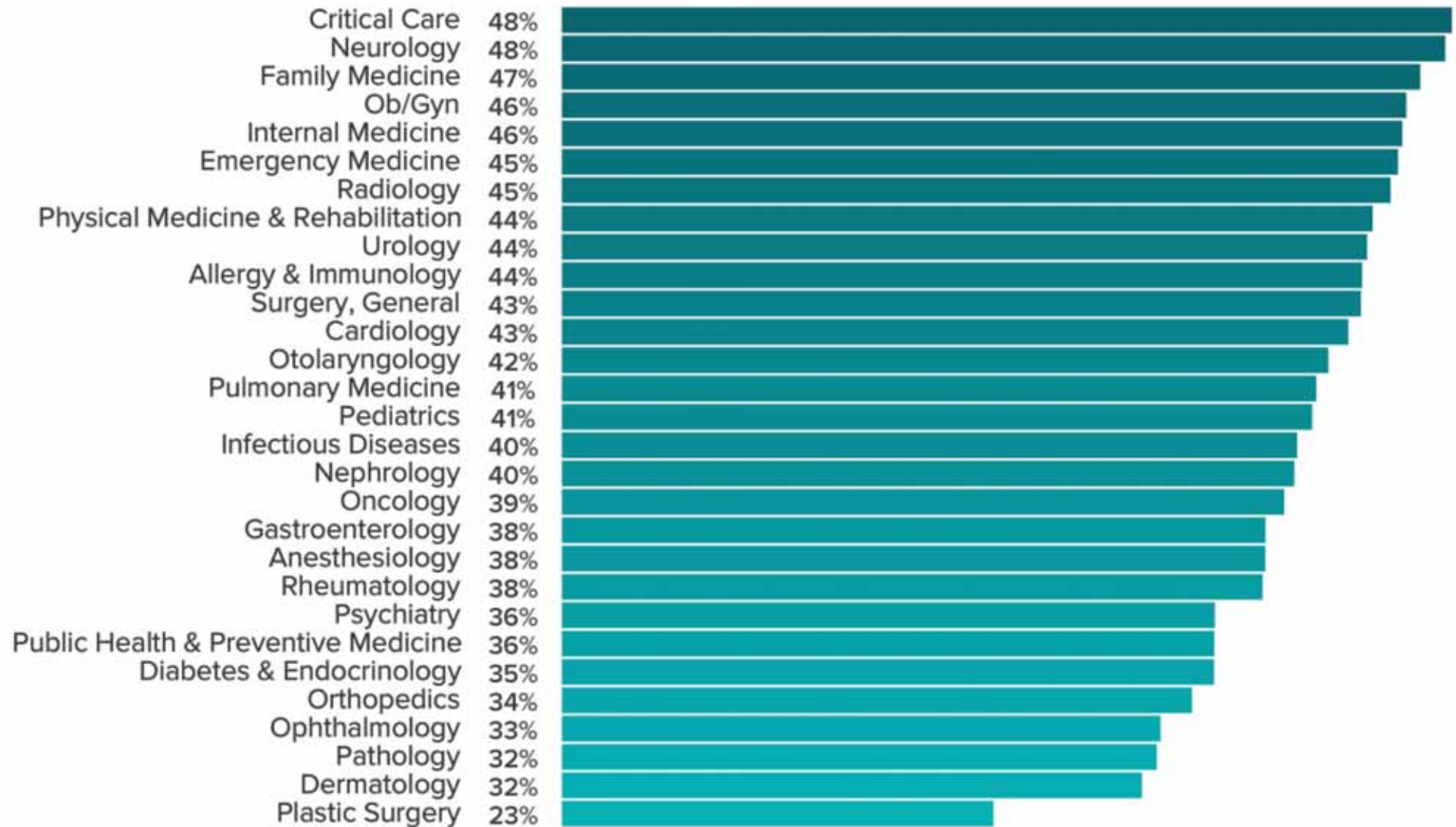
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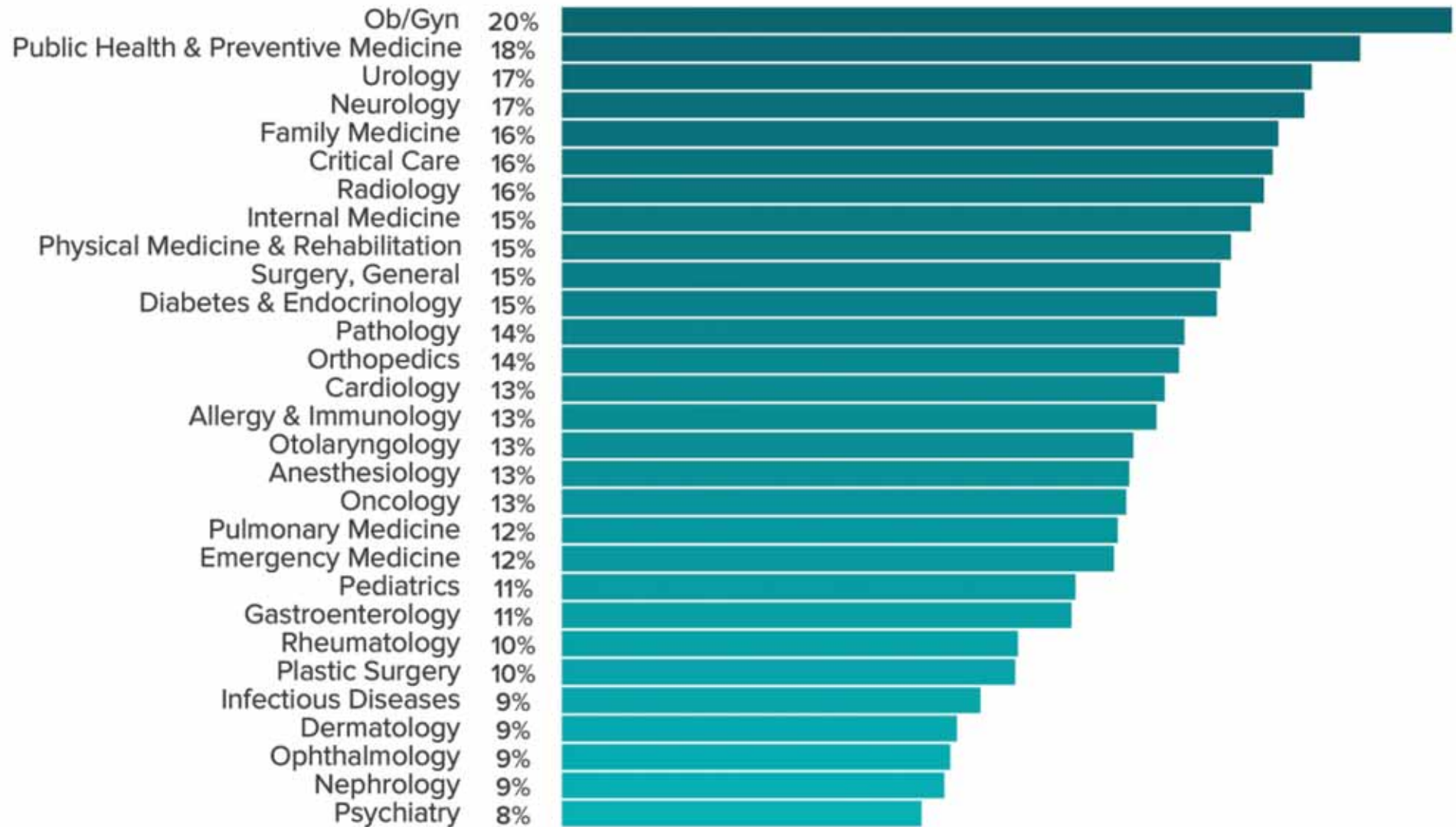
## Physician Burnout and Depression



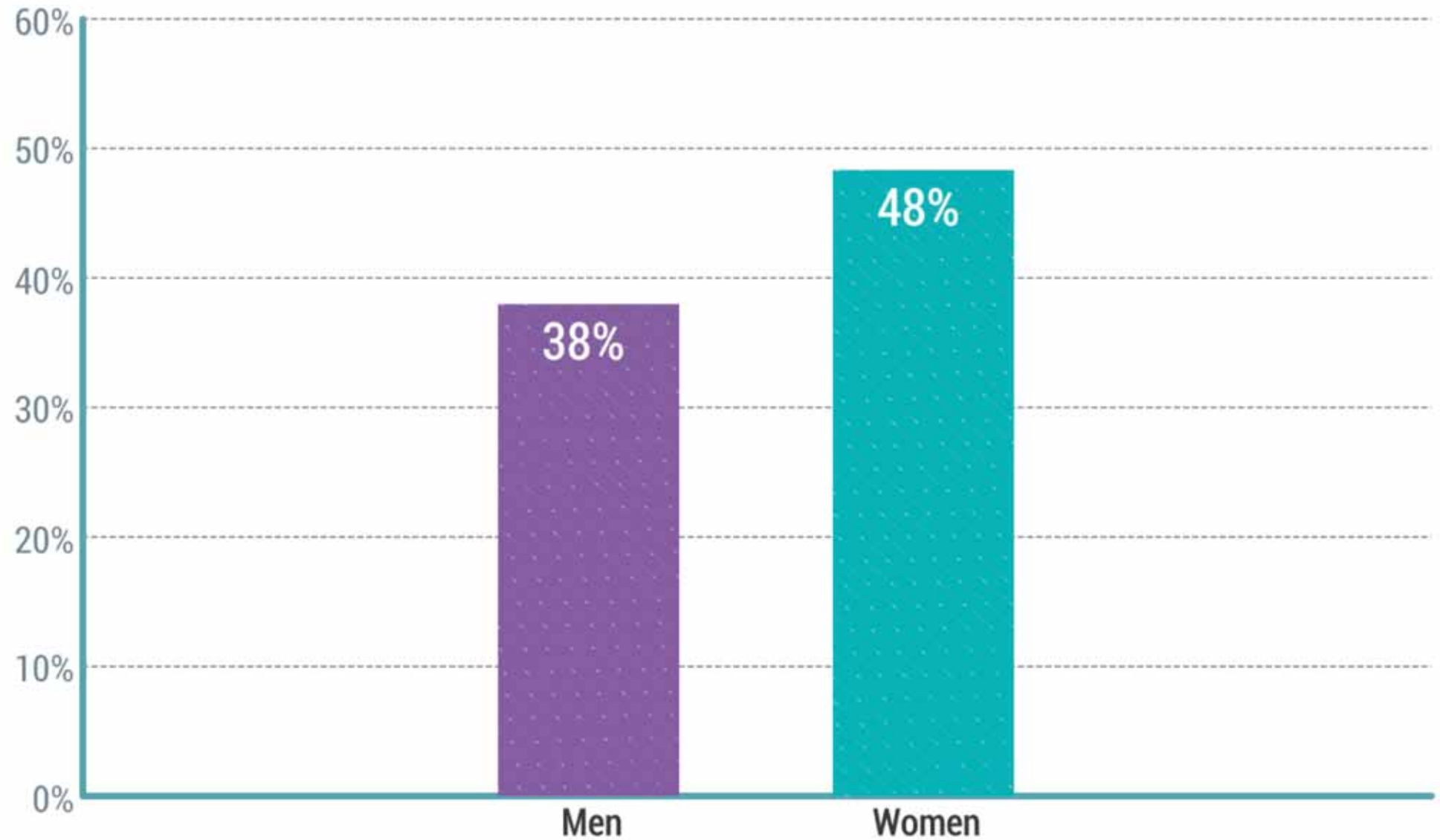
## Which Physicians Are Most Burned Out?



## Which Physicians Experience Both Depression and Burnout?



## Are Male or Female Physicians More Burned Out?



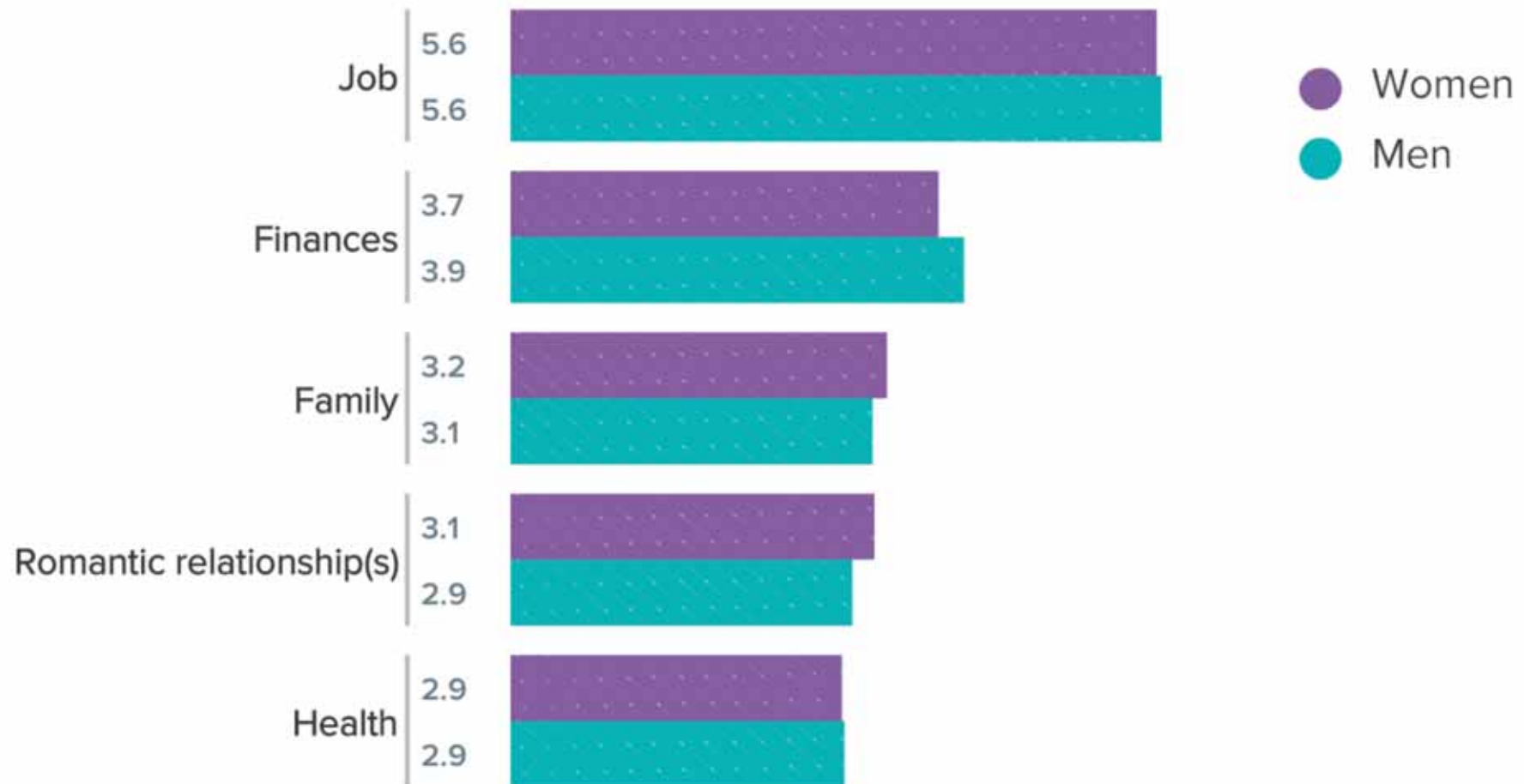


## Are Older or Younger Physicians More Burned Out?

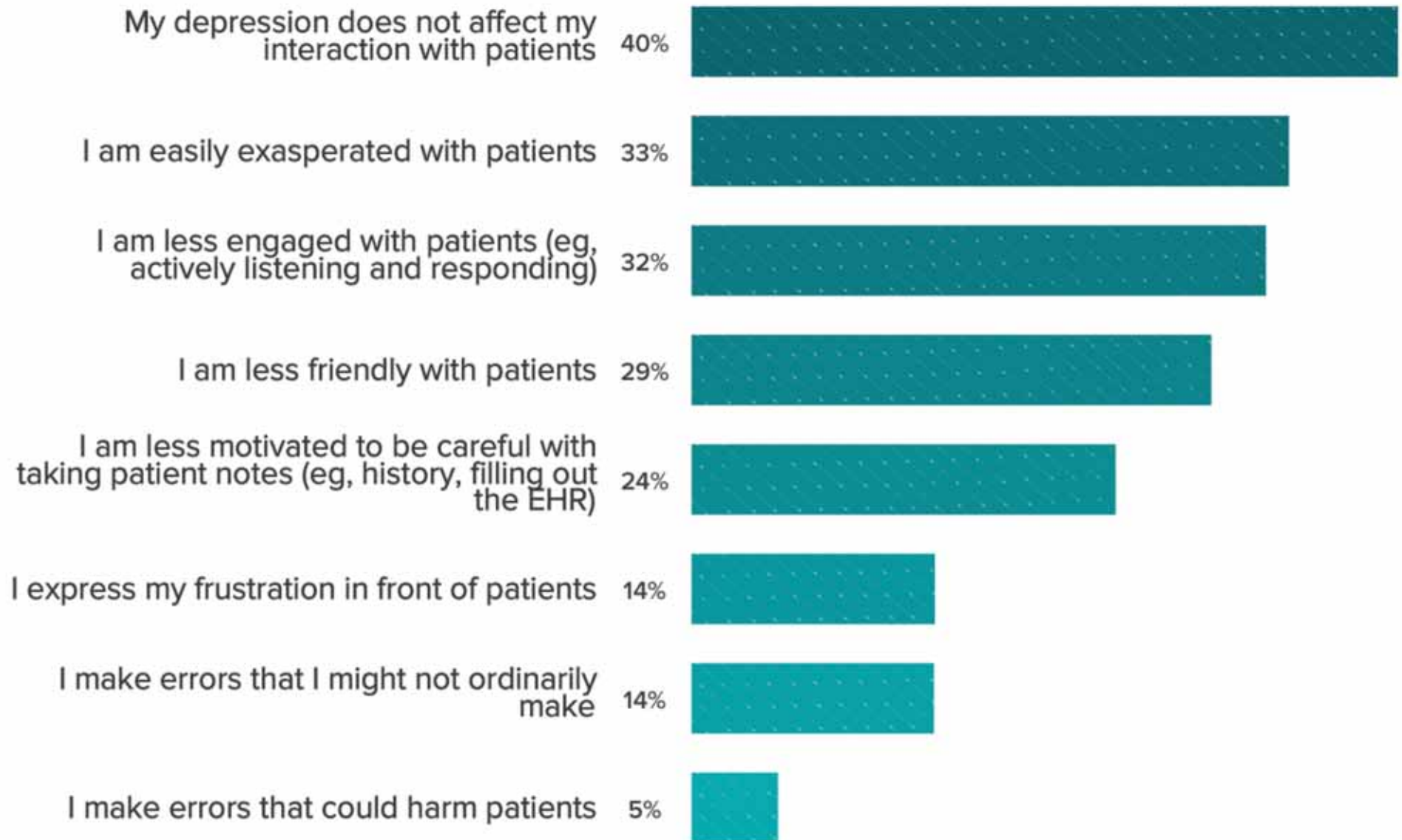




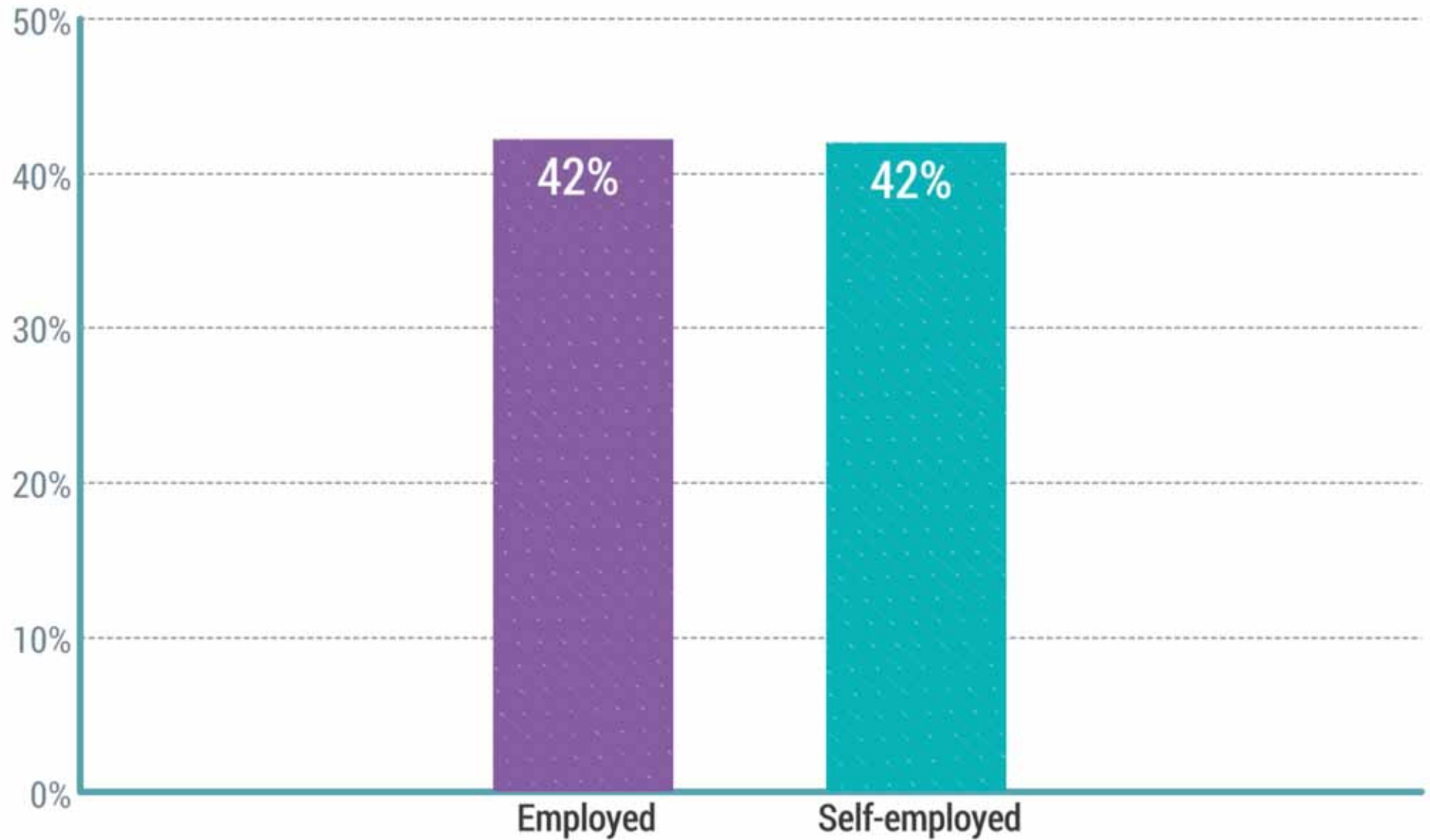
## What Contributes to Physicians' Depression?



## Does Your Depression Affect Patient Care?



## Burnout Among Employed vs Self-employed Physicians

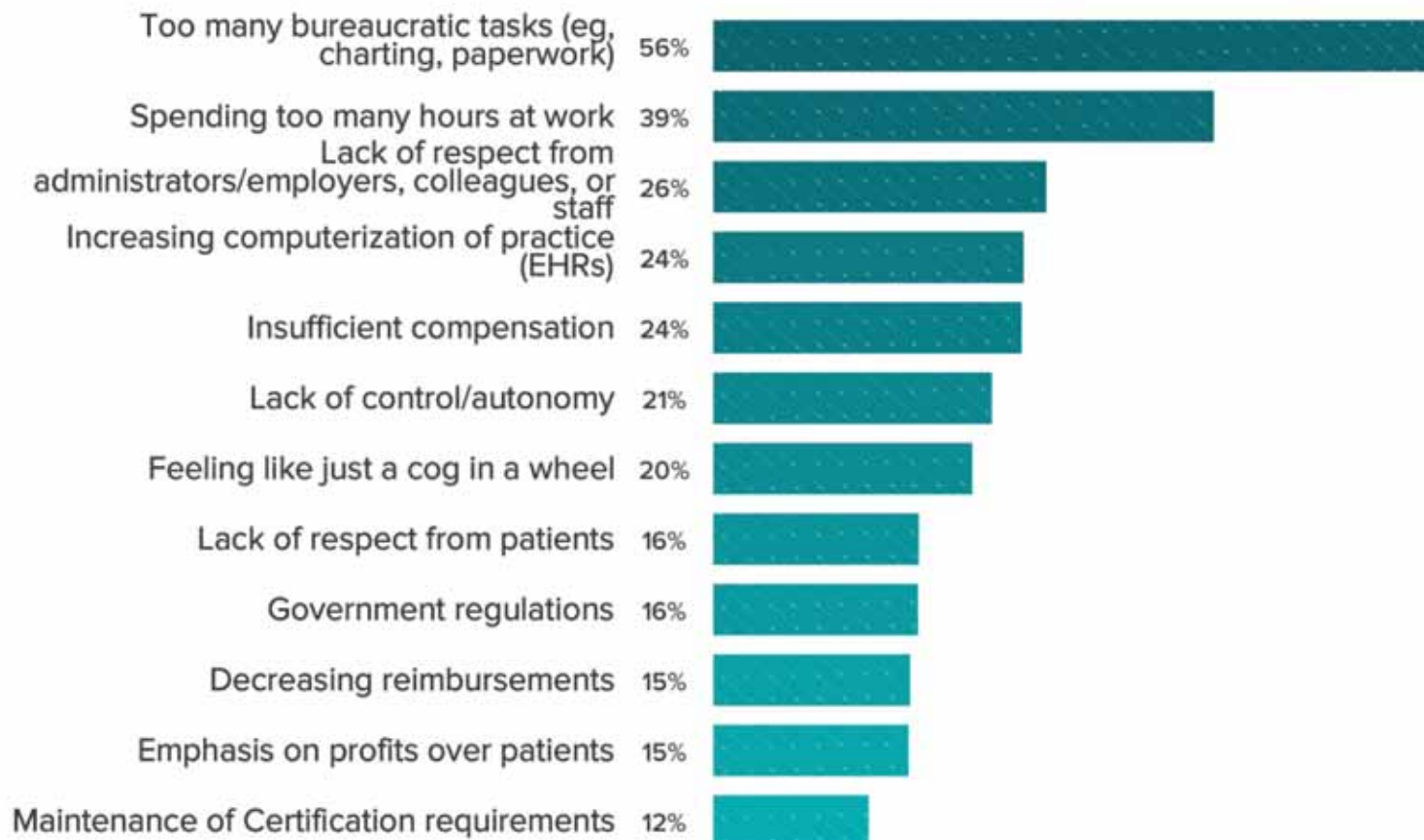


# Burnout

- State of emotional, mental and physical exhaustion
- Due to excessive and prolonged stress (toxic)
- At times intensive and acute (“binge”)
- Overwhelmed and unable to meet constant demands
- Leading to loss of interest and motivation that lead to taking a certain role
- Sudden? Insidious? Masked?

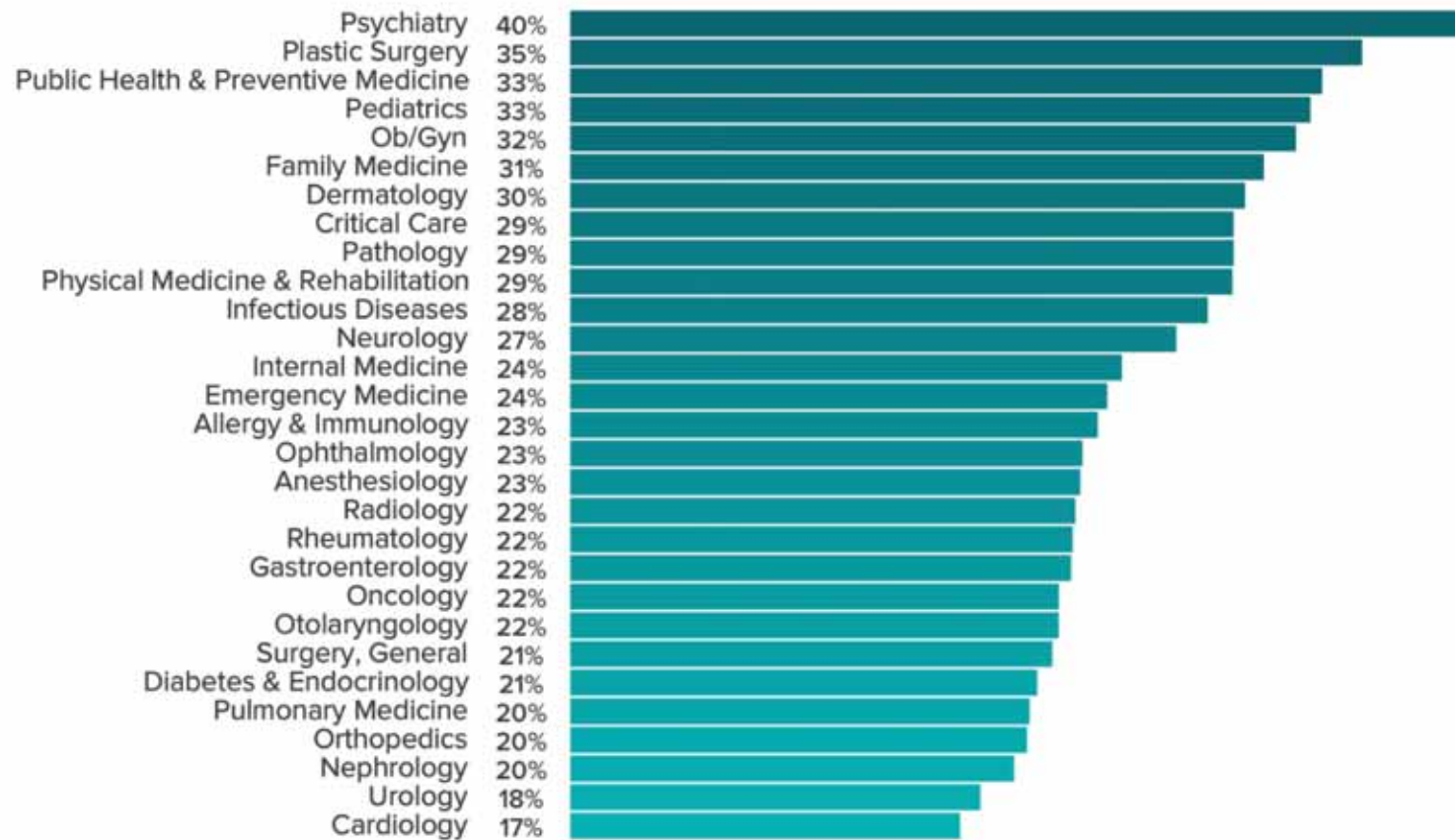
# Contributing Factors

## What Contributes to Physicians' Burnout?



# Seeking Help

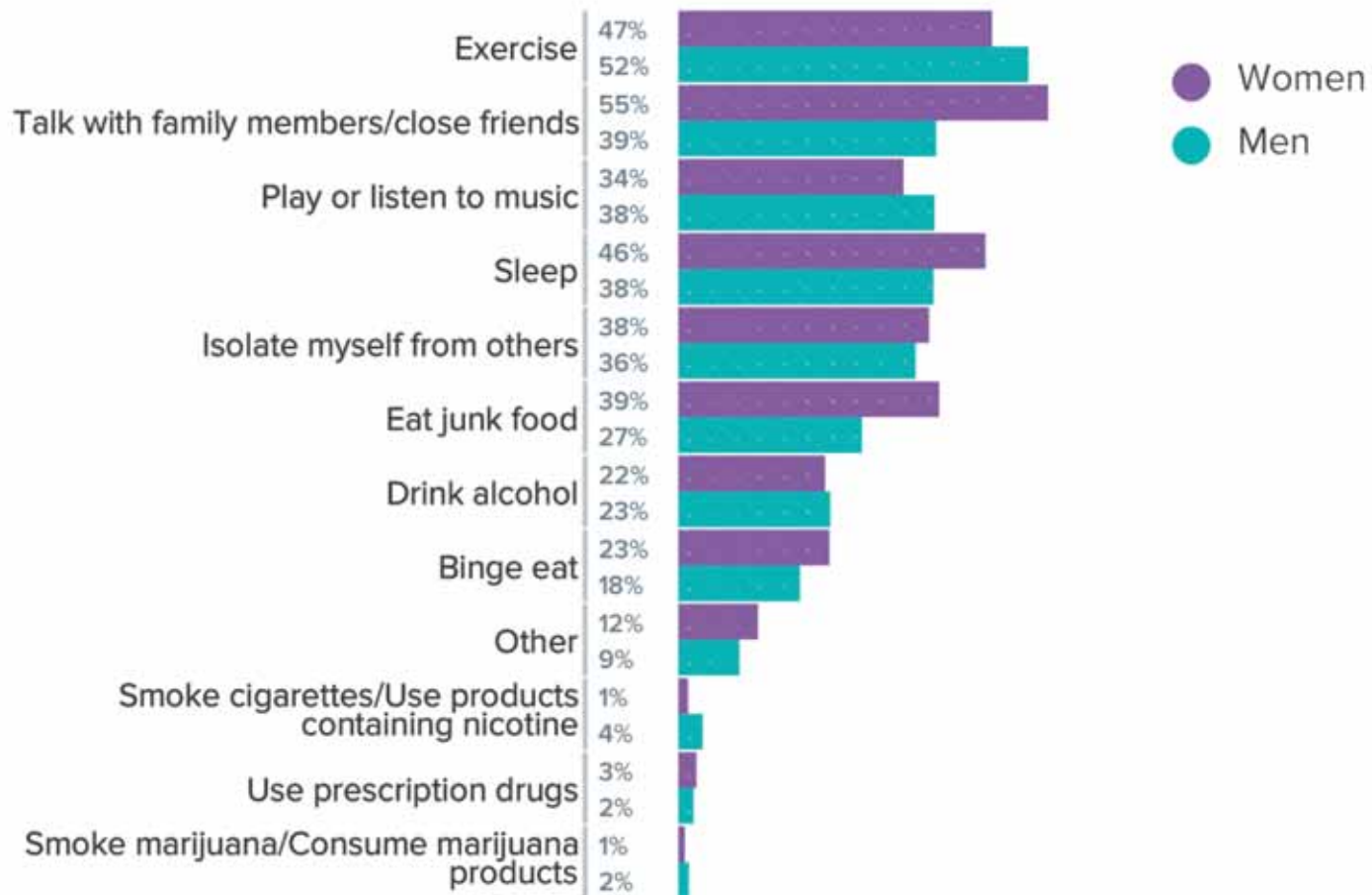
Which Physicians Are More Likely to Seek Professional Help?





# Men vs Women

Do Male and Female Physicians Deal With Burnout Differently?



# Secondary Traumatization/ Vicarious Traumatization

- Stress resulting from helping or wanting to help a traumatized or suffering person
- Cumulative and transformative effect of working with survivors of traumatic events
- On a continuum with Burnout (this being the end stage where seeking help is mandatory)
- Sometimes appears to “just happen” but in reality there are early signs that were ignored or misunderstood

# Vicarious

- Felt or undergone as if one were taking part in the experience or feelings of another
- performed, exercised, received, or suffered in place of another
- **Vicarious** arousal, when someone witnessing a strong display of emotion begins to feel a similar emotion themselves
- **Vicarious** traumatization results from empathetic engagement with traumatic experiences

# Settings for helping

- **Battlefield** – helping colleagues who are wounded or having to carry dead bodies
- **Veterans** and their families
- Airplane crashes and **digging through debris** for bodies and body parts
- Car accidents where you need to help
- Witnessed **traumatic events**: friend shot in battle; spouse raped; MVA; death from chronic illnesses such as cancer, HIV, leukaemia and others [suffering is central]
- Nursing people with **chronic mental illnesses** (schizophrenia, bipolar MD, Depression, Obsessive Compulsive Disorder type anxiety)
- **Collapse of buildings** etc. etc.; floods and other natural disasters including manmade disasters (acts of terror)

# Examples of Vulnerable occupations

- **Medical:** Nurses and Doctors
- **Paramedics** (Ambulance workers): plane crashes; car and other accidents
- **Policemen** and soldiers
- **Counsellors** of people living with HIV/AIDS and other chronic diseases
- Other **helping professionals** (dealing with sexual abuse; domestic violence; psychopathic killings)
- **Spouses** of all of the above

# Symptoms of Vicarious Traumatization

- Resemble those of **PTSD** (fear, avoidance, flashbacks and autonomic arousal)
- Encompass **changes in frame of reference**, identity, sense of safety, ability to trust, self-esteem, intimacy and sense of control
- **Beliefs** about other people and the world are affected; seeing the world as a far more dangerous place and other people as evil, untrustworthy, exploitative and alienating
- Hope and belief in the **goodness of humanity** becomes more and more difficult



# Symptoms Continued -

## Signs and Symptoms of Secondary Trauma

- Sadness, depression, withdrawal from others or from activities
- Forgetfulness, confusion, difficulty making decisions, difficulty concentrating
- Difficulty containing your emotions, loss of emotional control, strong emotional reactions to minor events
- Irritability, intolerance, anger and rage
- Guilt for having survived trauma or having it “easier” than others
- Nightmares and sleep disturbances
- Physical complaints

# Other Expressions -

- Alcoholism and aggressive behaviours (war veterans)
- Abuse of others (sexual abuse and physical mutilations of children and women)
- Homicides and suicides (policemen)
- Addiction to pain medications (Doctors and nurses)
- Total withdrawal (apathy and anhedonia)
- Extreme distrust of others and argumentativeness and irritability

# Risk Factors for Vicarious Traumatization

- Having a past history of traumatic experience
- Overwork
- Ignoring health boundaries
- Taking on too much
- Lack of experience as a therapist
- Dealing with large numbers of traumatized children, especially sexually abused children
- Having too many negative clinical outcomes
- Specific Occupations (law enforcers and so on)

# Any Protective Factors?

- Similar to those of people who are resilient under stress
- Good social support
- Strong ethical principles of practice;
- Knowledge of theory
- On-going training
- Development of competence in practice strategies and techniques
- Awareness of potential for vicarious traumatization
- Taking deliberate steps to minimize impact

# What can be done by caregivers?

- Develop personal and professional strategies to prevent burnout (training, training, training)
- Pay attention to personal health (mental and physical)
- **Improve professional skills**
- **Plan and be organized**

## How Do Some Physicians Avert Burnout?

- Exercise
- Have autonomy, flexibility, or both
- Maintain a sense of accomplishment—even joy
- Manage expectations and have a positive outlook
- They like their patients
- Have supportive colleagues, family, or both
- Work in a good environment
- Work part-time or locum tenens
- Able to balance home life and work life



# Specifics?

- Self-care behaviours: proper diet and sleep
- Physical activity (exercise, yoga, meditation)
- Know your limits and seek help for past traumatic experiences
- Identify possible triggers for VT
- Know your own level of tolerance and understand psycho-trauma
- Keep boundaries set for you and others
- Engage in recreational activities (concerts, reading, theatre, family functions and so on)
- Modify work schedule to suit your personal life
- Understand trauma and relate to current life but seek advise if overwhelmed: BE A GOOD THERAPIST (Listen, empathise, formulate, provide support and be less confrontational and be culturally sensitive)

# Hope and Vision



# Strategy

