

Underrecognized and Facing Burnout: Promoting Resilience in Respiratory Therapy

The drive into the hospital is the same one that I have experienced for each of the last 15 years, but on that morning, I drove more cautiously and with trepidation. This would be the first day I took care of a patient diagnosed with the novel coronavirus. In those first days of the pandemic, the unknown was more terrifying than I had imagined. I walked into the unit with my N95 mask on and took a look around. Many times the first impression of the climate of the unit will determine the course of your day. I remember hearing the monitor alarming, and as I walked over to see what was happening, I quickly realized that the patient was in cardiac arrest. Running towards the patient's room, I saw one of my respiratory therapist (RT) colleagues don personal protective equipment at an impressive speed. He too was just arriving at his shift; however, he moved quickly, entering the room with strength, courage, and, most importantly, compassion. I gowned up and entered the room behind him. It was in this moment that I realized who the true heroes of the pandemic were. While the media has covered stories regarding nurses and physicians, RTs have received little attention. The RT is an integral part of the care team, has a broad scope of practice, and is critical in the management of respiratory illnesses. Especially during the pandemic, respiratory therapists all over the country, and world, have demonstrated fearless professional dedication and have provided outstanding care to our patients despite working in a profession with a high risk of exposure. However, burnout syndrome has not left RTs untouched. Burnout syndrome consists of 3 interlocking concepts: emotional exhaustion, depersonalization, and a decreased sense of personal accomplishment. Burnout syndrome is a growing epidemic in the health care workforce and increasing rapidly during the COVID-19 pandemic.¹

In this issue of *RESPIRATORY CARE*, Miller and colleagues² investigated burnout syndrome and contributing factors for RTs. In this cross-sectional, multi-center study conducted from January to March of 2021, the authors found that 79%

of currently practicing RTs were experiencing some level of burnout and that burnout may be related to increasing patient acuity and staffing shortages. This current study confirms a previous study conducted by Miller and col-

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leagues,³ which also demonstrated high levels of burnout in RTs. This more recent study, however, uses a validated measuring tool to assess burnout and to describe probable causes. Interestingly, a correlation between a positive leadership score and a decreased risk of developing burnout was noted, suggesting that a sense of personal accomplishment could carry an equal weight against emotional exhaustion and depersonalization. This finding may help to identify interventions that will aid in preventing burnout syndrome in our health care providers. Such interventions could include organizational programs supporting professional development or opportunities to enhance professional accomplishments.

Providing continued care to the sick and injured can come with internal and external consequences. The role of the health care provider has become a high-intensity, high-demand profession in which constant exposure to a suffering population can potentially lead to burnout syndrome.⁴ Overworked, understaffed, and exhausted RTs are experiencing emotional exhaustion, depersonalization, and have lost their sense of personal accomplishment as highlighted by this article by Miller and colleagues.² Burnout syndrome not only impacts the provider and his/her loved ones but may also have serious implications for the quality of care and patient safety within the clinical care space. Burnout syndrome is considered a danger to patient care, as loss of compassion and depersonalization is linked to medical errors that can negatively impact patient mortality.⁵⁻⁷ Moss et al⁴ linked burnout to high job turnover, decreased quality of care, and decreased patient satisfaction.

Health care professionals are at an increased risk of burnout due to work conditions directly related to patient care activities that can include high patient acuity and increasing staffing shortages. Burnout can occur at any time in a professional's career but is typically found to occur after 2–6 years of service.⁸ Burnout syndrome can also occur

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multiple times over the course of one's career. Prolonged job dissatisfaction and work-related health complaints frequently precede burnout.⁸⁻¹⁰

An alarming number of providers are leaving the health care workforce due to increasing rates of burnout syndrome. The gaps in provider care caused by burnout may lead to increased workload for those left behind. Gaps in provider care coverage, increasing workload for those left behind, and increasing levels of burnout syndrome are creating a workforce crisis.^{5,6,11} Burnout syndrome leads to job dissatisfaction, loss of career engagement, and feelings of despair.⁹ It is both a clinical and administrative problem, impacting the health care provider, the patients they care for, and the organization that supports the provider.

Miller and colleagues² highlight the urgent need for further research in areas of developing resiliency to combat burnout. This article demonstrates a growing problem in our health care industry, one that needs immediate attention. The authors noted an association between leadership and a reduced risk of burnout; this leadership link is related to a sense of personal accomplishment that is a characteristic concept of burnout syndrome. The authors also found an association for higher amount of time spent in patient care activities as having a higher risk of developing burnout. One solution to preventing burnout could lie in the hands of health care leadership. Health care organizations should consider supporting partial clinical time and partial professional advancement time for each RT employee. This concept is difficult to imagine with our current staffing shortages, but strategic planning can target these concepts to allow for future growth, planning, and implementation. Health care leaders should reevaluate current staffing paradigms to improve retention and longevity of our expert workforce. Future research should focus on solutions to address and prevent the growing burnout epidemic. While this survey presents a moment in time, healthcare organizations should follow the National Academy of Medicine recommendation to improve clinician well-being, which requires a commitment to measuring burnout while also developing and implementing interventions to combat burnout. Reassessment of interventions to combat burnout is also critical to the fight against burnout syndrome.¹² The United States health care system cannot afford to lose highly trained and experienced providers to burnout syndrome. Targeted programs and interventions to combat burnout syndrome must be supported to prevent a workforce crisis.

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