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The Phenomenon of Burn-Out

Consider Yourself for a Change: The Phenomenon of BURN-OUT

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Abstract

The term BURN-OUT has been used to describe a phenomenon experienced by members of the helping professions who idealistically strive to achieve unrealistic goals. Nurses, particularly those dedicated to a clinical specialty, seem to be especially prone to suffering from this unpleasant outcome of stress. What burn-out really is, how to differentiate it from other syndromes and what to do about it become important issues for these dedicated nurses. Happily, there are some steps that an individual who believes he or she is suffering from burn-out can do to alleviate the symptoms.

For many years there has been a common awareness of the emotionally draining aspects of the nursing profession. The nature of nursing requires that nurses give care and deal with both the physical and emotional aspects of illness as presented to them by their patients. For the past eight or so years, the term "burn-out" has been used to describe a phenomenon experienced by many people in the helping professions which compromises their ability to remain objective and thereby therapeutic.

What burn-out is, how to recognize its symptoms, and how to differentiate it from other problems, are important issues to be understood by nurses. In addition, possible coping mechanisms need to be identified. Nurses caring for patients with end-stage renal disease are particularly susceptible to the phenomenon of burn-out for a number of reasons. These reasons include caring for patients on a long-term basis with the concomitant development of an ongoing nurse-patient relationship with relatively young patients, dealing with the psychiatric aspects of patients undergoing chronic dialysis, and providing support to patients having undergone unsuccessful renal transplantation. Finally, one factor in the development of burn-out may be the dedication of a nephrology nurse to a difficult clinical specialty.

What is Burn-Out?

Not everyone can suffer from burn-out. Edelweich defines burn-out as:

...a progressive loss of idealism, energy and purpose experienced by people in the helping professions as a result of the conditions of their work.¹

The operative words in this definition are *idealism, energy and purpose*. An individual who does not possess high ideals in the beginning will never develop that dreams vs. reality conflict which can lead to frustration and possibly burn-out. In other words, without that initial flame, there can be no burn-out. The individual without that energy and purpose may rust-out, but will never burn-out.

There is, to some extent, a similarity between the phenomenon of reality shock as described by Marlene Kramer² and the concept of burn-out. The fundamental difference appears to be in the notion that reality shock by definition, generally happens to everyone to some extent. Whether a new graduate embarking upon a first job, or an experienced nurse beginning a new job with different responsibilities, the individual will probably find some conflict between expectations of the position and the reality of it. On the other hand, burn-out can only develop after energetically striving to meet unrealistic ideals and finding yourself up against a brick wall, so to speak.

Any piece of mechanical equipment upon which we place excessive demands will wear out. So, too, people wear out. A nurse who continually expects perfection from herself will wear out for two reasons. First, the continual high expenditure of energy will eventually cause fatigue and its consequences. Second, there is a tendency for this expectation of a personal level of performance to be transformed into expectations that all others in the work situation will perform at a similar level. When others are unable to meet up to these stringent standards, a conflict develops between expectations and realities, and the burn-out process in the individual is accelerated.

Burn-out, particularly as a phenomenon among members of the helping professions, has been touted as the cause of any and all ills in the delivery of health

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and social services. Among these ills are high job turnover, increased use of drugs including alcohol, mental health problems, low productivity and low staff morale. In addition, clients suffer from the effects of burn-out by receiving less attention and less care.

How Can You Recognize Burn-Out?

Symptoms of burn-out become apparent before an individual really becomes truly burnt-out. The important object here is to learn to be in tune with yourself and to listen to what your body and mind are telling you.

A number of physical symptoms may be signals of burn-out in progress. These include physical fatigue, insomnia, tension headaches, G.I. problems including ulcers, loss of appetite and overeating. In fact, most physical illnesses ever held to be stress-related may signal the burn-out process.

Emotional and intellectual changes can also be symptomatic of burn-out. A loss of concern for patients and references to patients as illnesses can be symptomatic. A change in the ability to tolerate frustration, as well as resentment and denial can be harbingers of a larger problem.

Withdrawal from the social aspects of one's job, including avoiding social gatherings with colleagues and having lunch alone, can be signals that all is not well.

Changes in work behavior and attitude can signal problems ahead. Keeping attuned to your own thoughts and feelings may allow you to intervene before the problem gets out of hand.

Do the Symptoms Always Signal Burn-Out?

A glance over the list of signs and symptoms of burn-out engenders a number of questions. The obvious reaction to the list would be that these symptoms can be indicators of a number of conditions. It is absolutely correct to say that just because you suffer from one or more of the previously listed problems, does not necessarily mean you are heading for burn-out. In fact, chances are that you are not. This distinction is important, though, in looking for solutions. What else, then, may the problem be?

The first condition to consider in your differential self-diagnosis is simple fatigue. You may be putting your all into your job and at the same time carrying on a mad social whirl, or caring for a family, or working on university credits, as well. If this is the case, you simply may not be getting enough rest. Fatigue can lead to a host of other ailments and attitudinal changes. You need, then, to take stock of the activities in your day and perhaps find more time for yourself for rest and relaxation.

Depression or grief reactions due to such things as marital problems, personal losses, family pressures may be causing your symptoms. In this instance, professional assistance should be sought before more severe problems arise in both your personal and professional milieus.

Finally, your network for personal rewards or satisfactions may be causing you problems. If your only motivation to work is the paycheck every two weeks, then you need to examine your reasons for working in your current setting.

What can You Do About Burn-Out?

Burn-out cannot be prevented. If the elements in the burn-out process (high ideals, energy and enthusiasm) are present, then there is a high risk for burn-out. No one would be in favor of ridding the nursing profession of high ideals, and there will always be that ideals-reality conflict, but there are some steps you can take to prevent the process from developing into a full-blown case. Here are some suggestions:

1. Recognize opportunities to learn—Continuing your education on the job may be, for you, the outlet you need for your high ideals. Spend some time exploring the opportunities around you.

2. Set yourself achievable goals—There is no point in setting goals that would be impossible to achieve in your current situation. You might sit down with your head nurse or supervisor and discuss your personal goals. When you have determined your realistic goals, set up a time frame and determine a strategy for achievement, commit them to paper. At the end of the allotted time, evaluate your progress. You may be very surprised and pleased at your accomplishment.

3. Try to compartmentalize—Your time at work is only a portion of your life. If you let it spill over into time that should be for you and other important people in your personal life, resentment may develop. Try to keep your various worlds somewhat separate, in their own compartments.

4. Plan your time—This goes hand in hand with trying to compartmentalize your life. In order to do this, you must make the most of your time. Set priorities within a time frame. The things that may not get done can probably wait anyway.

5. Take a comfort inventory—This may help you to develop a more positive attitude toward yourself. Take stock of all the things in your life, both at home and at work, that make you feel comfortable. Just because you may not feel on top of the world 100% of the time, does not mean things are not going well.

Burn-out is an outcome of stress experienced by people who idealistically try to achieve unrealistic goals. The frustration that can develop during the process is probably not preventable, but a full-blown case of burn-out may be. Learning to deal realistically with the work environment, and determining the things that make you comfortable, may allow you to weather the process and progress both personally and professionally.

References

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2. Kramer, M., and Schmallerberg, C.: *Path to Biculturalism*. Wakefield, Mass., Contemporary Publishing, Inc., 1977.