



IssueBrief

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Burnout care: Where's your care plan? It's time to heal ourselves—and each other

Burnout has taken an immeasurable toll on health care workers. Already an area of concern before the COVID-19 pandemic, burnout has now become a pandemic itself. We can't wipe away the harm, but we can find ways to cope. And cope we must, because although COVID may be abating, burnout is not.

A 2021 survey from Indeed found that employee burnout is on the rise: 52% of all workers are feeling burned out, which represents a 10% increase from a pre-COVID survey¹. Meanwhile, according to the CDC, rates of anxiety and depression among U.S. adults were about four times higher between April 2020 and August 2021 than in 2019.²

A 2021 study in *The Lancet* found that 59% of health care workers surveyed suffered from burnout. In addition, 38% reported anxiety and/or depression, and 43% suffered work overload.³

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CONSULTANT AND COACH

1 "Employee Burnout Report: COVID-19's Impact and 3 Strategies to Curb It." March 11, 2021, www.indeed.com/lead/preventing-employee-burnout-report.

2 "Mental Health-Household Pulse Survey-COVID-19." 20 Apr. 2022, www.cdc.gov/nchs/covid19/pulse/mental-health.htm.

3 Prasad, Kriti, et al. "Prevalence and correlates of stress and burnout among U.S. healthcare workers during the COVID-19 pandemic: A national cross-sectional survey study," *eClinicalMedicine*, vol. 35, 1 May, 2021, doi:10.1016/j.eclinm.2021.100879.

“Not surprisingly, burnout profoundly affects CCM and CDMS certifi- cants,” says MaryBeth Kurland, MPA, CAE, ICE-CCP, CEO of the Commission for Case Manager Certification. In the most recent survey conducted by the Commis- sion, 44% of CCMs who responded reported overwork or long hours; 66% mentioned staff shortages, 33% noted that they were seeing



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staff resignations and about 10% reported losing a loved one due to COVID. Although a third of the CCMs surveyed didn’t respond to the question about their work-life status, of those that did, 15% indicated that they planned to resign in the next six to 12 months.

A Commission survey of Certified Disability Management Specialists yielded similar results. Of those who responded, 33% reported overwork or long hours, 41% mentioned staff shortages and 20% noted that they were seeing staff resignations. And again, about 10% reported losing someone to COVID.

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A complex knot

“If you have spent the majority of your career in case management, this conversation about burnout is certainly not new to you,” says Jordana Harshman, MPH, NBC-HWC. “Conversations about burn- out are becoming normalized.”

But it continues to grow worse. Harshman’s trying to change that. She specializes in building organi- zational cultures that promote well- ness by increasing compassion and reducing burnout.

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organizationally to improve those experiences. Then there are things we do that are specific to our own energetic levels, to our own psychological needs, to our own physical needs. It varies,” she says. “Remember: You are the expert.”

Addressing burnout can be compared to creating your own care plan, she says. And as with any care plan, there are evidence-based resources avail- able, including ones focused on self-compassion and mindfulness practices. You can find a list of many at: <https://bit.ly/CCMCBurnoutCareResourcesList>.

Making burnout worse

What exacerbates burnout? It varies by person, Harshman says. An array of factors come into play, ranging from socioeconomic sta- tus and ZIP code to the workload and to past or present trauma.

“When we become aware of them, that helps us accept what is outside of our control and what is inside of our control.”

Harshman mentions one factor especially predominant among women: human giving syndrome. “This is when we are socialized to be selfless givers of our time, our energy and our skills without asking anything in return,” she says, “This is something that is important for us to know, especially in workforces that are predominantly composed of women leading the way, and normalizing conversations about asking for what it is that we need and taking the time to identify what those needs are.”

Books and reports have been devoted to the causes of burnout, but the most pressing question now is this: How do we lessen the impact of burnout?

Harshman has been working on this for years, and she has some

strategies, tactics and specific practices. “These specially curated evidence-based practices have been tested and accepted by clinical and non-clinical teams prior to the pandemic; they are intended for practice at the point of care or during an immediate challenge,” she explains. “They may also be incorporated into longer-term self-care practices, although it is important to note that they are not a cure for harm caused by social inequality, adverse working conditions or other systemic influences.” They can be used individually or within a team context—during huddles and staff meetings; before, during and after shifts; and during retreats.

A framework for mitigating burnout: Pause/Notice/Respond

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nervous system pathways, the physiological responses of burnout,” Harshman warns. “We’re staying stuck and frozen in them.”

There are many effective approaches to reducing the effects of burnout. One framework she’s used frequently is Pause, Notice, Respond. “It’s complementary to other evidence-based compassion and mindfulness practices that you might have connected with in the past.”

Take a pause

The act of pausing provides a counterpoint to the desire to “push through,” she says. It’s the opposite action of pushing through.

Pauses are essential, and breathing exercises offer a way to take that pause. One technique Harshman recommends is Box Breathing.

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Box Breathing

- Inhale through your nose for a count of four.
- Hold your breath for a count of four.
- Slowly exhale through your mouth or nose for a count of four. Hold the breath out for a count of four.
- Repeat in brief sessions as minimal as one to five minutes.



A second technique is a physiological sigh, which simply involves two inhalations and one exhalation. With the first inhalation through the nose; you're really filling up your lungs only halfway. The second one fills the lungs entirely. Then exhale everything through the nose or mouth.

Breaks, especially breathing breaks, allow for necessary pauses. But they need to be normalized. She understands that, especially for health care professionals, pausing can be difficult. She often hears, "I cannot leave my floor. I can't go to the bathroom. I can't even eat my lunch."

That's why social—and institutional—support is so important. "We need others to encourage us to do this, to take a break with us, no matter how small. One way is to include these pauses as a part of our huddles, meetings and shift changes—even if the pauses last less than a minute."

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Take notice

During the pause, pay attention to how you feel. Start with the HALT basics: hunger, anger, loneliness, tiredness. "This one of the most foundational ways we can notice what we might need in a moment."

Another approach is to notice which primary feelings you are experiencing. Experts vary a bit on what constitutes a "primary feeling;" Harshman uses these nine: fearful, angry, excited, happy, sad, bad, guilty, disgusted and surprised. If you aren't quite sure what you are feeling, a diagram of a feelings wheel can help. "It gives us a greater menu of options to choose from if we're not quite getting at a feeling and a need. It's acknowledging that there's a little bit more complexity to it." A free one, created by Dr. Gloria Willcox, is available at blog.calm.com/blog/the-feelings-wheel. "These are simple ways that we notice what is happening with our feelings before we figure out how we want to respond."

The final component of the framework is: How *do* we respond?

Respond

Responding to burnout begins with self-compassion. "There's something really simple we can do to practice self-compassion in these moments, and it really gets us off of this, what we like to call, shame train," says Harshman.

She has a technique for this, too, from Dr. Kristin Neff's research.

Self-Compassion Break Technique

By Dr. Kristin Neff

- **Think of a challenge you are facing**
- **Close your eyes (optional)**
- **Say to yourself**, silently or aloud: "This is a moment of suffering," or, if you prefer, "This is really hard right now." Then say, "This is a moment of anger, sadness, frustration." The point, she says, is to remember that this is a moment of hardship. "We're not glossing over anything. We're staying mindful that this experience is happening."
- **Then say to yourself:** "This is a part of the human experience. Others have gone through this, too." With this, she explains, "we're saying that there's common humanity, that we are not all on our own. We are not isolated."
- **Next**, if you wish, put a hand over your heart if that feels good. Then say this: "May I be kind to myself."
- **Think** about someone in your life who just adored you, cherished you and saw you in the best possible light. "What would this person say to you?"

Another critical tool is reframing, based on Dr. Alia Crum's research at Stanford University's Mind & Body Lab: You came to this profession because of something you believed in, a purpose. Keep that as a touchstone, she says.

Ask yourself

- How am I reacting?
- What do I care about and hold dear in this moment?
- Are these reactions supporting my purpose?
- What, if anything, can I change about the way I'm responding in this moment?

"What are my emotional, behavioral and physiological reactions? We're pausing to notice this. Do we stress out about things that we

don't care about? No. We're also asking ourselves, who do I care about and hold so dear in this moment? That's what these reactions and responses are connected to, something you care about. How are these reactions supporting your purpose?"

She offers one final technique—this one from Dr. Monica Worline: Think about a time when you received compassion. "What was probably happening in that moment is that someone was present to you. They listened to you. They affirmed something that was happening within the realm of your experience."

You can also lead this type of experience with your team by asking them to tell stories about a time they witnessed compassion, received it or offered it, she added.

A culture of compassion

Harshman uses the metaphor of the individual care plan, but she also makes the case for incorporating these practices into the organizational culture—during meetings, huddles and everyday interactions. "People *always* know when compassion is present or absent in their work environments. Organizations that view compassion as a frivolity or as a practice that requires too much time have already lost vital members of the workforce. Compassion is the social glue that keeps teams connected and thriving."

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more than ever. Practicing compassion allows us to move forward in reducing burnout and creating communities that are caring, meaningful and authentic," she says.

Kurland agrees on both counts. She sees self-care and self-compassion as a solace for burnout, and she recognizes that they need to be infused into an organization. Burnout is a shared experience, and healing can be as well. "We need to learn to pause and to be compassionate to each other, and ourselves, so we can remain calm and productive despite continuing stressors." ■

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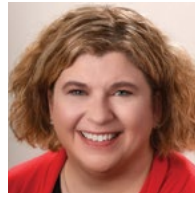
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About the Experts



**Jordana Harshman, MPH, NBC-HWC,
Consultant and Coach**

Jordana Harshman has spent the last decade specializing in building organizational cultures that promote wellness by increasing compassion and reducing burnout. Through her service in health care, she advises clinical and non-clinical leaders and teams on addressing drivers of burnout, building evidence-based compassion science practices into daily interactions and team processes and setting organization-wide wellness goals supported by long-term strategic plans. Jordana is published in the *Journal of Interprofessional Education and Practice* on assessing and improving well-being in advanced practice providers and has implemented a validated stress management intervention translated from primary care to the employer setting. Outside of consulting and coaching, Jordana also speaks at conferences. Previous speaking engagements include the Schwartz Center's Compassionate Action in Healthcare, American Society for Health Care Human Resources Administration, Advanced Practice Provider Executive Leadership Summit and Conference Board. Jordana holds a master's in public health, bachelor's in anthropology, national board certification as a health and wellness coach and certification as a Kripalu yoga instructor.



**MaryBeth Kurland, MPA, CAE, ICE-CCP,
CEO of the Commission for Case
Manager Certification**

MaryBeth Kurland leads and sets the Commission's strategic mission and vision. She manages relationships with likeminded organizations and oversees business development as well as the Commission's programs, products and services. She works directly with the Board of Commissioners, building its corps of volunteer and subject-matter experts who directly support and evaluate certification and related services.

Prior to becoming CEO, Kurland served as the Commission's chief operations officer and was staff lead for the development and launch of the Commission's signature conference, the CCMC New World Symposium®. Kurland brings extensive experience to her role, having served as executive director of organizations including the Association of Medical Media, Office Business Center Association International and the League of Professional System Administrators.

She holds a bachelor's degree from the University of Delaware and is a member of the Institute for Credentialing Excellence, the American Society of Association Executives and the Mid-Atlantic Society of Association Executives. In 2011, Kurland was recognized as Association TRENDS Young & Aspiring Association Professional.



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