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Occasional Brief Paper

Standing Up To Burnout: taking a first look at an Eight Week Mindfulness Based Burnout Resiliency Training (MBBRT) program

Burnout: a very brief history

The use of the term burnout to describe the response of individuals to certain kinds of work stress can be traced back to the psychologist Herbert Freudenberger (Freudenberger 1974). He adopted the term to describe the symptoms which included fatigue, irritability, lack of interest in work and poor self-regulation experienced by volunteers working in an inner city free clinic. But the psychologist who has done the most to help us understand burnout is Christine Maslach (Maslach, Schaufeli et al. 2001). She and her colleagues were the first to clearly define burnout and then construct a scale for measuring it (Maslach, Jackson et al. 1996). Burnout, as Maslach defines it is consists of Emotional Exhaustion, Cynicism, and the loss of a sense of Personal Competence. In other words, we are burned out when we feel too exhausted to focus on work, our work no longer matters to us, and we no longer feel that we are any good at what we do.

Since Maslach's original research in the early 1980's numerous articles have been written to clarify the concept of burnout and to evaluate programs that are designed to prevent burnout. These articles have tended to find that Emotional Exhaustion is most often associated with the experience of burnout and that Cynicism and Lack of Personal Competence are not as consistently associated with the burnout experience. Also these articles have shown that burnout is not just a work-related problem. It can occur at any time when we feel we cannot control the demands on our time and energy and we have little control over the outcome of our efforts. This Demand-Control model of work stress (Karasek and Theorell 1990) has been the prevailing understanding of how demanding work and interpersonal environments create burnout.

The Conservation of Resources Model has become one of the leading theories of how we burnout—as opposed to why we burnout (Gorgievski and Hobfoll 2008). While the complete theory is complex at its essence is our common-sense understanding that if we are constantly giving out more than we get back—or can realistically anticipate getting back—we deplete our energetic resources resulting in Emotional Exhaustion, Physical Fatigue, and Cognitive Weariness (Shirom 2003). From this point of view, Exhaustion is the main component of burnout; Cynicism and a lost sense of Personal Competence are not symptoms in their own right but the result of the depletion of primary energetic resources.

Much of the continuing work has been done with professional service providers—nurses, family doctors, therapists, teachers, first

responders, religious leaders—and the emphasis has been on burnout related to the stresses associated with difficult and demanding interpersonal interactions associated with these professions. More recently the focus has expanded to include other groups. For example Vinokur and colleagues examine the effects of war exposure on Air Force personnel (Vinokur, Pierce et al. 2011), but the emphasis remains on professionals providing human services.

Managing burnout when jobs are toxic, demanding, and unlikely to change

Most approaches to relieving burnout focus on organizational change (Maslach and Leiter 1997), changing the individuals approach to work (Leiter and Maslach 2005), and/or teaching individuals skills related to developing balanced lives. For example, one recent study combined a rehabilitation program that emphasized developing a more balanced life with attempts to change the amount of control one experienced at work; participants experiencing burnout reported less fatigue and a greater commitment to work after the combined intervention (Hatinan, Kinnunen et al. 2007).

An assumption common to most burnout interventions is that options are available in work settings for employees to change the aspects of work that are causing burnout—for instance, the control of work flow. Or alternatively, employees are able to structure their lives to include regular leisure periods when work or concerns about work do not intrude. In many modern workplaces, employees would argue that rather than having options they are trapped in jobs that are toxic, demanding and not likely to change. A case in point is the toxic environment of a modern hospital emergency department where patients are often frightened, angry and abusive toward staff. The flow of work is unrelenting and the disorder that emerges as staff become more fatigued begins to impact on the quality of patient care. Because many of these departments are understaffed, the available staff are called upon to work double shifts or get limited time off between shifts.

We would argue that traditional approaches to managing burnout may not always be sufficient for these individuals. We suggest that a useful addition to the existing burnout management approaches would be an approach that could help employees adopt a personal stance to work that would have them preserving their energetic resources while remaining immersed in toxic, demanding environments.

Hence mindfulness

Mindfulness interventions were specifically developed to address the circumstances when the internal or external experience of distress is unlikely to change and the only option available is the individual's stance in the presence of these unchangeable circumstance (Kabat-Zinn 1990).

Over the past nine years we have been offering Mindfulness Based Symptom Management Programs to participants who are experiencing a chronic condition—anxiety, depression, chronic pain and, of course, work stress. In the last few years, it has seemed to us that the number of participants taking our programs suffering from work stress and the attendant burnout was increasing. As a result, we decided to design a program specifically for this group. And, in May of this year, we offered an eight-week Mindfulness Based Burnout Resiliency Training course at the Ottawa Mindfulness Clinic. Ten participants completed the course which was designed specifically for individuals who were not only self-identified as experiencing some degree of burnout but who also felt that work offered no opportunity for exercising control either over the pace of work or over the outcome of individual efforts. In

addition, these participants felt that there were few if any alternative career options available to them.

Shapiro and Carlson (Shapiro and Carlson 2009) have suggested that the practice of mindfulness involves three mechanisms—intention, attention and attitude. In mindfulness practice, intention usually denotes some skilful action (intending to practice self-regulation, intention to develop insight). Attention denotes what will be the focus of awareness in the unfolding present. And Attitude denotes the stance one takes to what is noticed during periods of intentional attention. If we take as a counterpoint a typical employee trying to cope in a toxic, demanding work environment, we might see that employee responding without thinking to the array of tasks she faces in the course of her day. She may ignore the internal and external cues that she is nearing the edge of her resilience. And, she may tend to judge herself harshly when no matter how hard she tries she can't seem to keep up with her work.

Our Mindfulness Based Burnout Resiliency Training program followed the model of the eight-week Mindfulness Based Stress Reduction programs developed at the University of Massachusetts Medical School by Jon Kabat-Zinn (Kabat-Zinn 1990). Our version of the eight-week Program was informed by the three mechanisms of mindfulness proposed by Shapiro and Carlson and our focus in the course was on developing an intentional moment to moment practice of emotion regulation while immersed in the ongoing flow of toxic demanding work. Attention to the breath was developed through various meditation exercises to be a centering point where one could return to the present moment when, for instance, anxiety about keeping up with the pace of work draws the mind into the future or sends it back into the past. A mind that is too far in the future or lost in the past tends to spiral into thoughts like "I won't be able to finish on time." "I can't ever seem to do anything right." "If I make a mistake it will cost me my job." Finally, an attitude of self-compassion was fostered through the practice of non-judgmental awareness. The intent and design of the core components of all our courses are described in a paper that recently appeared in **Counselling and Spirituality**. The complete article is available on our website at www.ottawamindfulnessclinic.com.

Setting the stage

The evaluation of this course was part of a larger evaluation of all of the courses we offered in May-June of 2011. The participants in the MBBRT course completed two additional written forms that were not completed by the participants in the other courses. One of these forms asked participants how severely each of 32 symptoms interfered with their lives. The other form was a psychosocial survey that asked about current and present challenges that might impact on resilience. These were forms developed in-house to help gather patient information to assist in responding to inquiries from disability insurers. Copies of those forms are available on request. The other forms included the Maslach Burnout Inventory (Maslach, Jackson et al. 1996) and Kristin Neff's Self-Compassion Inventory(Neff 2003). There were additional assessment instruments administered to course participants. Those results were not included in this article but will be discussed in a subsequent Occasional Brief Paper. The participants completed pre-course assessment instruments at the end of the first class and then completed the same instruments post course at the end of the last class.

One participant did not complete the pre-course assessment and those data were not included. One participant reported significant improvement during class discussions, but written assessment results indicated significant increases in severity of symptoms. That person was also excluded because of the significant discord between what was expressed in class and what was reported in the written

assessments. In all the results from eight participants are included in these analyses.

So what did we find?

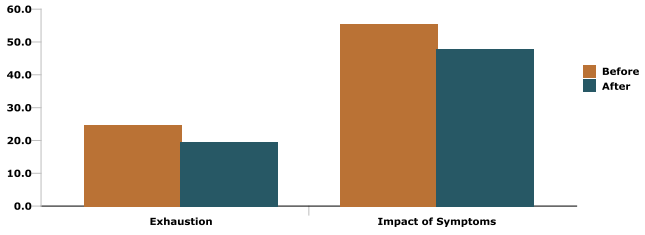
All class participants scored in the high range on the factors measured by the Maslach Burnout Inventory (MBI). These factors were Exhaustion, Cynicism, and Personal Efficacy indicating the participants were tired, didn't care about their jobs, and felt they were no longer good at what they did. Similarly on Kristin Neff's Self Compassion Scale, at the beginning of the course, participants scored low on Self-Kindness, high on Self-Judgment and high on the Over-Identification Scale. The last scale measures the tendency to take things personally. Finally at the beginning of the course, participants scored high on how much they thought symptoms were interfering with the quality of their lives.

In sum, at the beginning of the course, participants were exhausted, had no interest in their work, felt bad about themselves, were personalizing what was happening to them, and felt that they had a poor quality of life.

Here's what changed over the eight weeks of the program.

Figure 1

Change in Exhaustion and Impact of Symptoms Over the Eight Week MBBRT Course

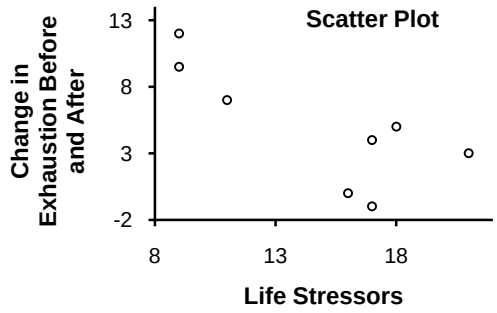


This figure shows that Exhaustion decreased and the Impact of Symptoms on quality of life also decreased during the Eight-Week course. Since the sample size was so small, we did not expect to find significant differences and were instead looking for trends. However, in the case of Exhaustion we did find a significant difference between pre and post treatment measures ($p<.05$). In the case of Impact of Symptoms we found a trend ($p<.10$). These results are encouraging since they are consistent with other evaluations of our programmes that we have conducted. The change in Exhaustion is also consistent with the preliminary data from the present evaluation of all of our programs. The Impact of Symptoms measure was not administered to participants in the other programs in this evaluation but was administered in previous evaluations. Those results are available at www.ottawamindfulnessclinic.com.

Two of the participants did not report a change in their levels of exhaustion. The remainder had changes that ranged from a 12 score points decrease in Exhaustion Score to a 3 point decrease. The average decrease was 5 points. Of those who changed four reported that their level of Exhaustion had decreased from High to Moderate. Two of the participants also did not have a decrease in the Impact of Symptoms on quality of life. The remainder had changes in Impact of Symptoms scores that ranged from 22 to 6.

Also not surprisingly, there was a negative correlation between number of Personal Life Stressors and the pre-post change in Exhaustion score ($r=.77$, $p<.05$) suggesting that participants who had been or who were currently facing more life challenges did not experience as great a decrease in level of Exhaustion as others who had been or who were currently facing fewer life challenges as shown in Figure 2. A decrease in Exhaustion is represented by a positive number on the Y axis and the number of reported life stressors is indicated on the X axis.

Figure 2



Finally during the course, the participants' comments indicated that they were transitioning from a focus on the various overwhelming stresses in their lives to a realization that—

- They felt more control in their lives when they focused on the present flow of events rather than always being three steps ahead of themselves.
- They began to realize that nothing lasts and that both the distress they feel in one moment and the joy they feel in another will eventually fade away.
- They began to realize that when they let go of always needing things to be different, life often didn't change but their stress about life did.[1]

So what does it all mean?

First of all some cautions. This was not a controlled study. It was an evaluation of a clinical program based on a well documented and researched eight-week mindfulness intervention protocol. Because it was not a controlled study however, it is possible that what we found in our analyses may be because of some factor other than mindfulness. Also, this was a very small group. Thus the results may not be reliable.

However that being said, these results are consistent with other evaluations of our clinic programs that we have conducted. They suggest that, just as one would expect from a Mindfulness-Based program, most participants begin to learn to interact differently in a world that is unlikely to change for them. We also noticed that the participants' comments as the course progressed suggested that they were beginning to engage more realistically with the life they were living and as a result achieve a better quality of life.

We found that Exhaustion was the only component of Burnout that improved. This seemed to reflect a realistic appraisal on the part of the participants that the conditions of their work world were unlikely to change.

It was somewhat surprising that none of the measures of Self-Compassion changed as a result of the intervention. In the other groups being evaluated, it does seem that aspects of self-compassion did improve. We intend to continue our evaluations over the next several courses and we may have a better understanding of the relationship between developing self-compassion and developing burnout resilience as we collect more data.

These data also confirm that a Mindfulness-Based program like any clinical intervention will not engage with everyone in the same way. And, also it will not be an effective intervention for everyone. It is important to note that throughout the course participants were universally positive about their experience and said that they felt it was of benefit to them. Yet the data indicate that for some individuals what they said in class was not necessarily what they were experiencing. Grabovac and colleagues (Grabovac, Lau et al. 2011) suggest some mechanisms inherent in mindfulness practice that could account for the increase in apparent distress. Whether or not those mechanisms

[1] Catherine Shaw made extensive notes immediately following each class and the nature of participant's comments were recorded in those notes.

contributed to some individuals' report of increased distress on the assessment instruments is a question to be answered in future evaluations. These on-going evaluations are important as they provide us with prompts for clinical follow-up. While gathering data is clearly a useful practice in and of itself, its real purpose in a clinical setting is to provide the information needed for better patient care.

Finally, all eight-week mindfulness programs are designed to be introductions to the practice of mindfulness as a means for sustaining a better quality of life in the presence of the many causes of suffering. With that in mind, we will be continuing to provide the opportunity for course participants to practice the skills with other members of their course. The results of these ongoing practices will be the subject of a future Occasional Paper.

For information about our courses and other upcoming events please visit our website at www.ottawamindfulnessclinic.com or contact us by phone at (613) 745-5366 or by email at : Mindful <omc3@travel-net.com>

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