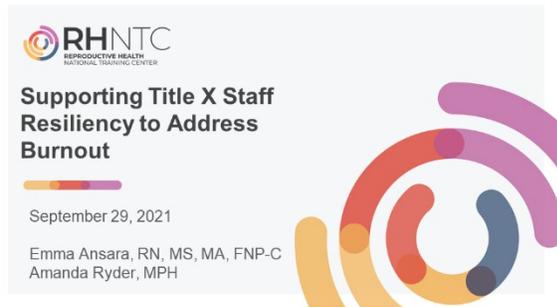


Supporting Title X Staff Resiliency to Address Burnout

September 29, 2021

Transcript

Slide 1 - Title

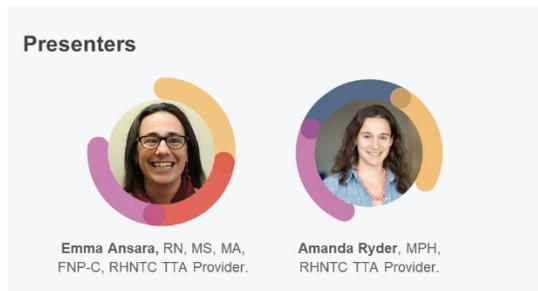


[Amanda Ryder] Hello, everyone. Good morning, good afternoon, depending on where you are. My name is Amanda Ryder from the Reproductive Health National Training Center or RHNTC. I'm pleased to welcome you to today's virtual workshop, Supporting Title X Staff Resiliency to Address Burnout.

Before we dive in, I have a few brief announcements. Given the interactive nature of our session, this is a Zoom meeting as opposed to a webinar, which means you do not have to remain muted throughout the whole session. At points during our session, we do hope to hear your voice. But for the time being, we ask that you please put yourselves on mute. You're also welcome to contribute at any point via the chat function, which you can activate if you haven't done so already, by clicking the chat icon on the bottom right corner of your screen.

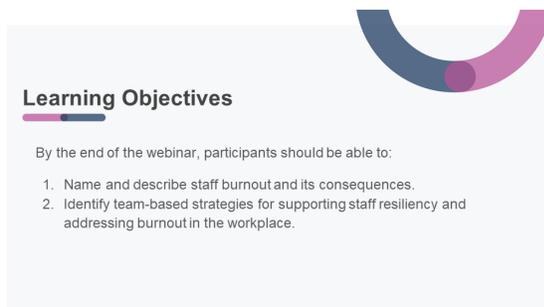
As possible, we will address chat comments as they come in, but we also have planned some time to get to any of your unaddressed questions at the end of the workshop. Please do note that your chats can be seen by all attendees. You're welcome to keep your video on or off for the first part of the session. We do ask that when we begin the interactive component of the workshop, if you feel comfortable and you'd like to, we'd encourage you to turn on your video. A recording of the first portion of today's workshop, the slide deck, and transcript will be available on rhntc.org within the next few days. And finally, this workshop was supported by the Office of Population Affairs and the Office on Women's Health. Its content are solely the responsibility of the authors and do not necessarily represent the official views of OPA, OWH, or HHS.

Slide 2 - Presenters



Today, I am thrilled to be joined by my colleague, Emma Ansara. Emma is a family nurse practitioner social scientist with more than 20 years of experience working at and in community health centers. Currently, much of Emma's work is around providing clinically-oriented support in the areas of behavioral health integration, telehealth implementation, data collection, social determinants of health screening, provider burnout, and health equity. And as I mentioned on the previous slide, my name is Amanda Ryder, and I'm part of the RHNTC. Specifically, I work on the Office on Women's Health team and serve as a grantee liaison for seven Title X grantee teams.

Slide 3 – Learning Objectives



As we planned this workshop, we spoke with several Title X grantees, and one thing that I'm sure comes as no surprise to all of you and likely why you're here right now is that burnout is very real. And it's impacting many of us and many of our colleagues and clients likely more so now than ever before. The intention for our gathering today is to, first, name and describe staff burnout and its consequences. And second, to identify team-based strategies for supporting staff resiliency and addressing burnout in the workplace.

Slide 4 – Workshop Format

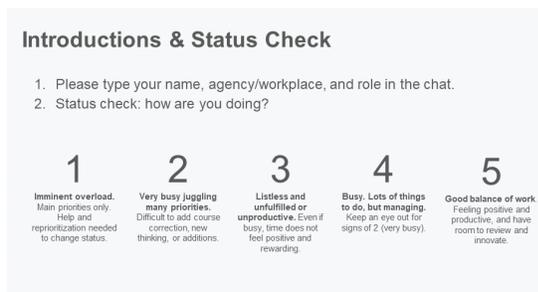
A slide titled "Workshop Format" with a list of five steps and an icon of a location pin and a calendar. A decorative curved bar in shades of purple and orange is on the right.

Workshop Format

1. Introductions.
2. Presentation.
3. Breakout groups.
4. Reconvene/report back.
5. Next steps.

To give you a sense of where we're headed over the next 90 minutes or for the remainder of our 90 minutes, we've already introduced ourselves and also want to get to know you all just a bit. Then Emma will present on what the evidence says about burnout, the impact of COVID-19. She'll tie it into the context of Title X and explore some opportunities to address burnout. Then we'll spend some time in breakout rooms discussing possible causes of burnout, your experiences with burnout, and how your programs have tried to impact burnout and promote resiliency. And then we'll reconvene to share what was discussed, and we'll close with some next steps and an opportunity for question and answers.

Slide 5 – Workshop Format

A slide titled "Introductions & Status Check" with two instructions and a poll with five options.

Introductions & Status Check

1. Please type your name, agency/workplace, and role in the chat.
2. Status check: how are you doing?

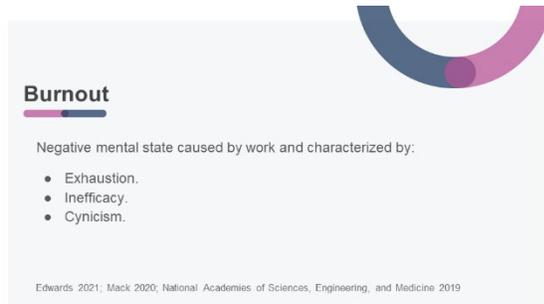
1 Imminent overload. Main priorities only. Help and reprioritization needed to change status.	2 Very busy juggling many priorities. Difficult to add course correction, new thinking, or additions.	3 Listless and unfulfilled or unproductive. Even if busy, time does not feel positive and rewarding.	4 Busy. Lots of things to do, but managing. Keep an eye out for signs of 2 (very busy).	5 Good balance of work. Feeling positive and productive, and have room to review and innovate.
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As I said, we'd like to get to know you all just a bit, acknowledging this is somewhat tricky given our virtual platform and the size of our group. So first, please share via the chat your name, agency/workplace, and your role. Hi, Katie, Jake. Here they come. All right, thanks, everyone. Keep working on typing out the rest of that information, and then I'll let you know number two. We'd also like to know, in addition to who you are, how you're doing. We'll launch an anonymous poll where you'll be able to pick a number, one through five, that most corresponds to how you're doing right now, knowing that changes very quickly. So one would be imminent overload, really focusing on main priorities only, help and reprioritization are needed to change that status. You pick a two if you're feeling very busy, juggling many priorities, difficult to add course correction, new thinking, or additions. Select three if you're feeling a little listless or unfulfilled or unproductive. Even if you're busy, your time doesn't necessarily feel positive or rewarding.

You'd be a four today if you're busy, lots of things to do, but you're managing. Keep an eye out for signs of number two, turning into very busy. And lastly, select five if you have a good balance of work, feeling positive and productive, and have room to review and innovate. So we will go ahead and launch that poll now. I'm giving you just a few moments to pick how you're feeling. Just a couple of seconds if you have not already selected your number, and we'll go ahead and see how our group's doing. We can

close the poll. Right, we've got a mix with some very busy and busy folks. As I mentioned before, I don't know about you all, but I think these days, moods and status tends to shift fairly quickly. So it's nice to ground ourselves in how we're feeling in this moment. Now, Emma, I will pass it over to you.

Slide 6 - Burnout



Burnout

Negative mental state caused by work and characterized by:

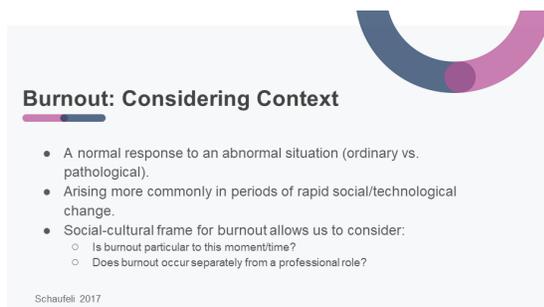
- Exhaustion.
- Inefficacy.
- Cynicism.

Edwards 2021; Mack 2020; National Academies of Sciences, Engineering, and Medicine 2019

[Emma Ansara] Thanks so much, Amanda, and really thank you to all of us for joining us today. Amanda and I, with the support of others, have been working on this for a while, and it's really nice to be in this virtual space with all of you. As Amanda shared, we really built this workshop around the idea of engaging with this topic as a conversation. My part in this first section is to offer some definitions, some concepts, and some themes that really hopefully will support us in having a fruitful conversation as we move through the workshop.

When we talk about burnout, I am sure folks have come into contact with this term or concept before. I think there's a lot of definitions that are out there, but there tends to be general agreement that it's a negative mental state that is characterized by exhaustion, inefficacy, and cynicism. And I'll just mention I have listed throughout my portion of this workshop some resources and references, and they're included at the end of the slide deck that was shared out earlier this week and will be made available, as Amanda said, afterwards. We'll go to the next slide.

Slide 7 – Burnout: Considering Context



Burnout: Considering Context

- A normal response to an abnormal situation (ordinary vs. pathological).
- Arising more commonly in periods of rapid social/technological change.
- Social-cultural frame for burnout allows us to consider:
 - Is burnout particular to this moment/time?
 - Does burnout occur separately from a professional role?

Schaufeli 2017

As Amanda said, I spend some of my time in the social science world. So when I was really thinking about putting this content together, read an article by an occupational health psychologist, Wilmar Schaufeli, who was offering a social and cultural history of burnout. He suggests, again, this reference is at the end, in this piece that burnout may be something that's related both to professional role but also may arise in particular circumstances. A way to think of this is a pretty normal response to perhaps an abnormal situation. Schaufeli suggests that the things that we are describing today as burnout may have commonalities with disease states or concepts that were used throughout history. He actually looks to

literature across the ages, including Shakespeare, the Bible, but he spends some time talking about the phenomenon of neurasthenia, which was a description that was most commonly used in the late 19th century. It really centered on the notion of somatic depletion of nervous energy that was caused by a faster pace of life.

So again, this was understood within a particular context and seen as a response to a moment in which there were rapid social and technological changes. Again, this was an explanation for something that was ordinary, common, or shared by many people, and that was contrasted to something that was pathological. I raise this point really in offering this historical frame is for us to consider the relationship that this moment in time may have to burnout and really trying, and you'll see throughout this presentation, really trying to move this conversation away from focusing on burnout as an individual experience but thinking about it within a historical context within our structural context. Next slide.

Slide 8 – Contemporary Writings on Burnout

Contemporary Writings on Burnout

- Convergence.
- Freudenberg (1974):
 - Psychiatrist working in free clinic in New York City.
 - "Burnout" used by patients to describe the effects of chronic drug use.
 - Adopted term to describe the emotional depletion, loss of motivation of clinic volunteers.
- Maslach (1976):
 - Psychologist at UC Berkeley studying social workers.
 - Noted subjects describing themselves as "burned out".
 - Described feelings of emotional exhaustion, negative perceptions about clients, crises of professional competence.

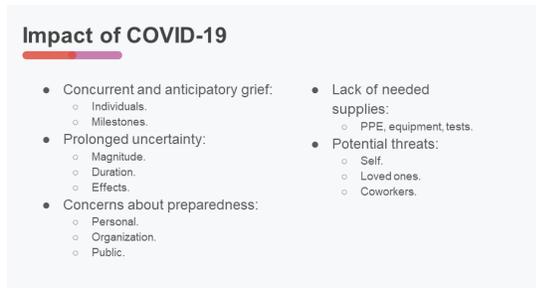
So moving the conversation and frame of burnout to more contemporary writings. And I'm sure that folks maybe are familiar with Maslach, whose name is associated with a burnout screening tool. But the point being that in the mid-1970s, there were two different researchers who were working on two different coasts and engaged in two different research projects and really came and converged on this idea of burnout. Freudenberg was a psychiatrist who is working in a free clinic in the East Village in New York City. He noticed that a lot of patients were using burnout to describe the effects of chronic drug use, and he proposed utilizing this term to describe that emotional depletion, loss of motivation, and reduced commitment that volunteers who were working at the clinic also felt.

At the same time, Maslach was doing a study of social workers at UC Berkeley. She observed that the social workers were describing themselves as burned out. They elaborated, and it suggested that this meant that they were feeling emotionally exhausted, they were developing negative perceptions about their clients, and that this was contributing to a sense of crises in their professional competence. So this idea that both came to this term of burnout, this understanding of this experience, again, I think underscores this shift in orientation to thinking about the individual, but really thinking about why in the mid-70s, in this particular moment in time were professionals who were engaged in caring professions really starting to express and talk about their experience of that work.

If we think about that social and cultural history that Schaufeli was offering us in addition to the work of Freudenberg and Maslach, we begin to see that burnout may arise from the convergence or the combination of a particular moment in time and also particular professional role within that moment. I guess in bringing this up and expanding the lens to something that's larger, it may help us think about

this particular moment in time and think particularly about the healthcare workforce and the potential for that convergence. And so, hopefully, that just shifts our thinking a little bit to a broader lens to engage with this topic. Next slide.

Slide 9 – Impact of COVID-19



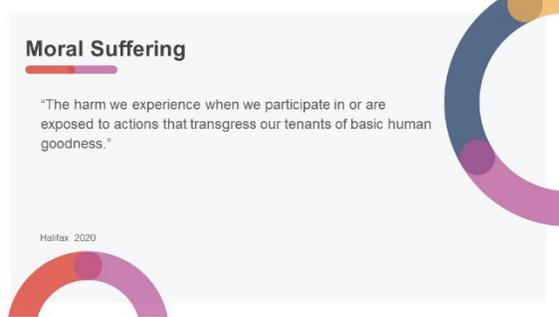
Impact of COVID-19

- Concurrent and anticipatory grief:
 - Individuals.
 - Milestones.
- Prolonged uncertainty:
 - Magnitude.
 - Duration.
 - Effects.
- Concerns about preparedness:
 - Personal.
 - Organization.
 - Public.
- Lack of needed supplies:
 - PPE, equipment, tests.
- Potential threats:
 - Self.
 - Loved ones.
 - Coworkers.

So I am, again, not saying anything that you have not heard before, but thinking about the deep and far-reaching impacts that COVID-19 has had, and then really thinking about those impacts that may be more particular to those that are working either on the frontlines or supporting those working on the frontlines of healthcare. The experience of COVID-19 has meant that, certainly, individuals have experienced both concurrent and anticipatory grief. And this is grief not only for the loss of loved ones but also for the loss of milestones. There's absolutely been a period of prolonged uncertainty, very real and tangible concerns about individual preparedness, about organizational preparedness, about our preparedness as a country, as a globe to handle the impacts. There's certainly been ongoing concern about lack of needed supplies to keep individuals safe, to keep communities safe. And certainly, folks who are working in frontline capacities or supporting those who are working in frontline capacities needing to weigh the potential threats to self, to loved ones, to coworkers against the value and importance of providing direct care.

Certainly, again, those are particular to the healthcare workforce but also true to many others who are working in or have been working in essential capacities throughout the pandemic. And so that, just the combined effect of those many differing aspects have led to significant psychological effects. And these have been well researched and well documented, including depression, anxiety, irritability, insomnia, avoidance, and distress. Again, when we talk about that idea that burnout may arise from a particular moment in time and also a particular professional role, we can really start to see the way that COVID is a particularly demanding time.

Slide 10 – Moral Suffering



I think there's also in the discussion about the particular challenges of the pandemic have been the idea that in this moment there have been folks that have been experiencing higher levels of moral distress or moral suffering. So that would be defined as the harm we experience when we participate in or exposed to actions that transgress our tenants of basic human goodness. This is a concept that originally arose from the nursing literature, but it's been extended to those working in the military and more recently has been extended to those working in frontline capacities during the COVID-19 pandemic. I think it's been in my conversations with other folks, it's been a helpful thing to concretely name a particular quality of stress that has arisen in this moment. I also offer to you all, to this particular audience, as a way of thinking sometimes about the particular stresses of working within the Title X realm and the way that sometimes there may be limitations or constraints on what people may understand as the ideal care or service that would be provided.

Slide 11 – Community-Level Trauma



I've been describing COVID-19 as a pandemic, and that is how it's commonly termed, but it may be also helpful to think about it beyond the impact of a singular infectious disease process but really to think about it as it having layers. So this is an infectious disease process that has been more significantly impacting those that have previous chronic disease histories themselves, whether those are known or not known, and that this interaction of disease processes has occurred within the setting of significant social inequality, whether we look at that within our own country, within our own community or the globe, and understanding that it's these interactions of these layers that are in part contributing to the moral suffering and distress that I described.

And so, thinking about the pandemic this way also is an opportunity to consider this moment as a community-level trauma. And so, this allows us to think not only how has this been experienced unevenly by different groups but also to appreciate the complexity and challenges of the moment. And so, again, the intent is these languages, the specific naming that this may help us to, as my third-grader

would say, name it to tame it. To really move into that experience that if we can articulate what is particularly challenging, that can help us reflect about our own emotional experience but perhaps provide unlocking or unsticking and a way of considering how to move forward.

Slide 12 – Title X Grantees’ Experience of Burnout



Title X Grantees’ Experience of Burnout

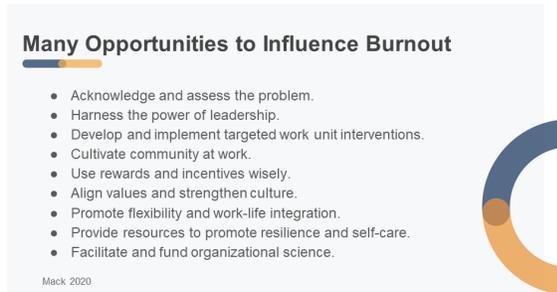
- Fluctuating roles and added responsibilities due to COVID-19.
- Title X Program uncertainty, including frequent policy/rule changes and funding cycles.
- Staffing: high rates of turnover, inadequate staffing.
- Isolation: impact of virtual/remote work and working alone.
- Client mental health needs and their impact on Title X staff.
- Porous boundaries between personal/professional spheres, in particular for working women.

As Amanda talked about when we were preparing for this workshop, we had the privilege to reach out and engage in conversation with some Title X grantees, and it was a really wonderful part of this process, I think both for myself and for Amanda. I really appreciate the folks that gave their time. What we found is that the Title X grantee experience, when we looked across differing sizes of programs and rural and urban programs, and again, this is anecdotal and we're in conversation, we found that there were similarities that cross those experiences and similarities to many other folks that were working in frontline capacities. But some of the things that folks talked about being particularly challenging about the last year and a half were the way that the pandemic required fluctuating rules and that people had to either take over new jobs, completely new rules, and responsibilities due to the pandemic.

In general, as I mentioned before, people talked about the challenges of just working within the Title X environment and that there's fluctuations and uncertainties, frequent policy and rule changes, variable up and down moments within funding cycles. And that contributed to a sense of precarity. But there were high rates of staffing turnover. There were many moments where people were continuing to provide services with inadequate staffing overall, and that contributed just to a higher level of stress in the sense of the challenge of meeting an impossible expectation. Folks absolutely talked about isolation. This came out in different ways, the isolation that was associated with virtual or remote work, but also sometimes being the singular Title X provider within a larger program, that those contributed to also a sense of unease or difficulty in doing the work.

Folks described that the way that clients were presenting with greater amounts of mental health needs and that there were impacts on Title X staff, whether that be vicarious trauma or just the sense of the difficulty, again, in meeting the needs of clients. And absolutely, folks talked about the poorest boundaries between personal and professional spheres. In particular, when we look at the makeup of a Title X staff that is majority female, we can appreciate the way in which this pandemic has been described as being particularly challenging for women who have continued doing the work that is required of them but also assumed the disproportion amount of home care, child-rearing, caring for extended family. And so there's been particular demands and stressors for women who compose the majority of the Title X workforce.

Slide 13 – Many Opportunities to Influence Burnout



Many Opportunities to Influence Burnout

- Acknowledge and assess the problem.
- Harness the power of leadership.
- Develop and implement targeted work unit interventions.
- Cultivate community at work.
- Use rewards and incentives wisely.
- Align values and strengthen culture.
- Promote flexibility and work-life integration.
- Provide resources to promote resilience and self-care.
- Facilitate and fund organizational science.

Mack 2020

In this workshop today, we have opted to create space for folks to really talk about the lived experience that they've had. And really, that's what we heard in our conversations with grantees is to talk to other people who are in the same situation to hear if they were not alone and feeling what they were feeling would be tremendously beneficial. And then to hear about any successes or failures in the face of trying to support each other in this moment. But I would be remiss if I didn't suggest that there are many and multiple opportunities to influence burnout. On this slide is simply just a list of additional strategies that organizations can take to support individual resiliency. So again, just want to call out some different skills. These are organizational approaches to supporting individual resiliency.

Slide 14- Opportunities to Influence Burnout



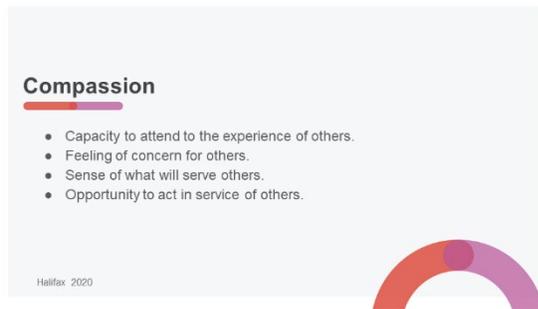
Opportunities to Influence Burnout

What are ways that organizations can support resilience through relationship with others?

Jinpa 2020

What runs across this workshop, the previous side is the idea that if we are able to center a relational orientation to resilience, and when I say that, I mean thinking about how as humans coming together and being social, if there are opportunities in which we can describe or express the challenges that we're having, that we can, if we feel safe enough, to talk about what makes us feel most vulnerable in these moments, that this coming together is in itself a strategy that has been very well-documented to help maintain individual compassion. And that compassion is to yourself but also to others. And that's been shown to be a really effective strategy for combating burnout.

Slide 15 - Compassion



Compassion

- Capacity to attend to the experience of others.
- Feeling of concern for others.
- Sense of what will serve others.
- Opportunity to act in service of others.

Halifax, 2020

So just to talk a little bit more about compassion, which again is something like burnout. There's tremendous number of definitions, but I use a definition that I learned of through Joan Halifax. So she's a medical anthropologist who really works predominantly with folks who are providing care at the end of people's lives, so end of life care in the hospital. She describes compassion as the capacity to attend to the experience of others, a feeling of concern for others, a sense of what will serve others, and an opportunity to act in service of others. So if we think back to the definition of burnout that we started this presentation with, the idea that individuals can feel ineffective, cynical, or emotionally exhausted, we can appreciate that a stewarding of compassion to ourselves, to others, could potentially be an effective antidote or strategy to either addressing burnout or preventing burnout.

Slide 16 – Creating Time & Space for Connection



Creating Time & Space for Connection

- Town halls.
- Circles of Caring (virtual support groups).
- Interdisciplinary team meetings (Schwartz Rounds).
- 1:1 supervision (accommodating porous boundaries).

Dohrn et al. 2021; Taylor et al. 2018

I think, as Amanda mentioned, I've had a lot of opportunities to talk to folks about burnout and what our organizational strategies and things that I've culled and learned and gleaned from these many conversations across the last year and a half, and there's also ample literature to support these strategies as well, is that really organizationally thinking about creating space and time in which people can connect and talk about these moments. I think there's always a fear that opening the Pandora's box of emotion may be overwhelming and may take people in a more negative direction. But what we see often, in coming together, folks may start at a place of talking about grievances and difficulties and challenges, but if given time, the arc of that conversation, especially within the last year and a half, is that people often will take that to a place of gratitude and appreciation.

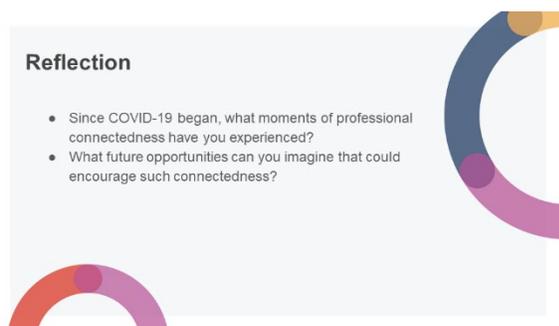
And so, I think it's just naming what is a common fear of creating these spaces and times and maybe just pushing back a little bit on the idea of what could happen and really grounding that more and what we see happening. Just to name a couple of particular strategies that folks have used to create the time and space for connection, so one is town hall. We heard initially that these are venues that organizations

were using to report out information, as we can appreciate the way in which COVID there was... things are changing very quickly. But what we found again is that there would be information sharing and that over time people would use that time and space to talk about what was not going well, what was going well, and that those were seen as really positive spaces for folks.

Circles of pairings, so these are virtual support groups. Initially, they were used to support midwives in Kenya who were caring for HIV-positive patients, but there's a nurse at the Columbia School of Nursing, Jennifer Dohrn, and she stood these up quite soon after the start of the pandemic to support new nurses who were experiencing a really high number of patient deaths. And so, there's been some really nice research that suggests how effective they were, and she's going to be using that longitudinally as well to think about what the impact of these kinds of confidential support groups may have for keeping nurses within the profession.

Schwartz Rounds, again, folks may or may not be familiar with this model. These are interdisciplinary rounds in which caregivers are really encouraged to share their experiences of their work, and they're drawn from actual patient cases. The idea is really focusing on the human dimension of care. The idea is that caregivers will be better able to make personal connections with patients and colleagues when they have greater insight into their own responses and feelings. So I have at the end of the presentation have included some references or resources with more information about these models. The other thing I just want to mention is that we've absolutely heard from folks who are actively engaged within supervisory models that creating and anticipating more time and space for talking about the poorest boundaries that people are considering or experiencing rather has also been a really helpful strategy in supporting folks going forward.

Slide 17 - Reflection

A presentation slide titled "Reflection" with a light blue background. The title is in bold black text. Below the title are two bullet points: "• Since COVID-19 began, what moments of professional connectedness have you experienced?" and "• What future opportunities can you imagine that could encourage such connectedness?". To the right of the text is a large, stylized graphic of a semi-circle composed of several overlapping colored segments in shades of blue, purple, and pink. A smaller version of this graphic is located at the bottom left of the slide.

Reflection

- Since COVID-19 began, what moments of professional connectedness have you experienced?
- What future opportunities can you imagine that could encourage such connectedness?

I'm just about at the end of my more formal part of this workshop. What I wanted to just offer is just a moment to encourage you to reflect as we are going to be moving more into this participatory section of this workshop. And again, these are just reflections to maybe get your wheels turning as we make that transition. And so, one of the things I encourage you to think about is since the beginning of the pandemic, what moments, if any, of professional connectedness have you experienced, and are there ways that you could imagine in the future creating the time and space for that connectedness? So again, just to plant a seed as we start to make this transition.

Amanda, I will pass it back to you.

Slide 18 – Breakout Groups

Breakout Groups

1. Fluctuating roles: role changes and added responsibilities due to COVID-19.
2. Title X Program fluctuations/uncertainty: frequent policy/rule changes and sustained threat of de-funding.
3. Staffing: high rates of turnover, inadequate staffing.
4. Isolation: impact of virtual/remote work and often working alone.
5. Porous boundaries between personal/professional spheres: in particular, for working women during the pandemic.



[Amanda Ryder] Yes, I couldn't find my toolbar to get me off of mute. Okay, great. Thank you. As you all may recall when you registered for this workshop, you selected a possible cause of burnout to discuss with colleagues in breakout rooms. They are the same topics Emma just covered a few minutes ago, and they are again here up on this slide. If you don't remember what you selected during registration, no worries, we have assigned everyone to a room based on preference as best we could. If for some reason you find yourself in a room you don't feel comfortable in, just come back to the main room, and we will find you a new room. Each breakout room will have an RHNTC facilitator who will be there to offer some prompts and discussion questions and jot down key ideas and reflections from the group, which they will then be sharing when we come back as a full group. With your permission, everything will be reported back anonymously.

We intentionally have about 25 to 30 minutes set aside for you to be in your groups so that we really can go deep in these conversations and see where they lead us. Nothing that is discussed in the breakout rooms or during the report out will be reported. If anybody has any questions, feel free to come off of mute or send them in via chat. Otherwise, in the background, our breakout room fairies are getting people ready to go into their rooms. So we'll just wait a few seconds to see if there are any questions before we do that. Okay.

Slide 25 - Resources

Resources

Cultivating Compassion When Working with Others (G.R.A.C.E.)
<https://www.youtube.com/watch?v=SWLmnHB4rLY>

Emotional Well-Being During the COVID-19 Crisis for Health Care Providers Webinar Series
<https://psychiatry.ucsf.edu/coronavirus/webinars>

On the Front Lines: Compassion-Based Strategies with Thupten Jinpa, PhD
<https://www.youtube.com/watch?v=oLMUpedT05Q&list=PLWx08EHZ@Y0uTb4kBVNU8bhZNFVEzV&index=9&list=PLWx08EHZ@Y0uTb4kBVNU8bhZNFVEzV> (Specifically: 42:30–45:40)

Schwartz Rounds: <https://www.theschwartzcenter.org/programs/schwartz-rounds>



[Cultivating Compassion When Working with Others \(G.R.A.C.E.\)](https://www.youtube.com/watch?v=SWLmnHB4rLY)

(<https://www.youtube.com/watch?v=SWLmnHB4rLY>)

[Emotional Well-Being During the COVID-19 Crisis for Health Care Providers Webinar Series](https://psychiatry.ucsf.edu/coronavirus/webinars)

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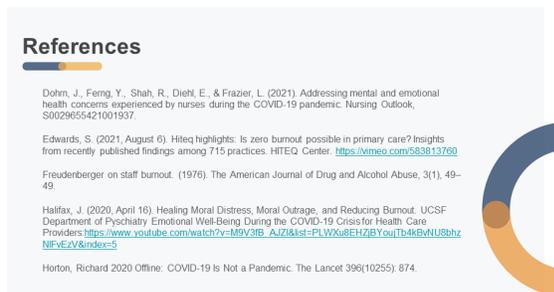
[On the Front Lines: Compassion-Based Strategies with Thupten Jinpa, PhD](#)

<https://www.youtube.com/watch?v=oLMUpedTQ5Q&list=PLWXu8EHZjBYoujTb4kBvNU8bhZNIvEzV&index=9&t=0s> (Specifically: 42:30–45:40).

[Schwartz Rounds](#)

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