



Building Resilience Against Burnout

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Burnout is a serious condition that can affect mental health and human service providers with an uncanny vengeance. The fallout of this syndrome can curtail your professional confidence, the morale in your workplace, and the quality of care offered to your clients. Burnout does not hit a provider suddenly but is a condition acquired over time (Leiter & Maslach, 2005). Burnout involves the slow erosion of energy, emotional stamina, values, and passion. The literature has identified several key factors that spur the burnout process, including limited resources, increased workload, the emotional nature of the work, and the nature of one-sided helping relationships (Sadler-Gerhardt & Stevenson, 2001). These factors, among others, degrade our sense of achievement, increase emotional exhaustion, and often result in a poor view of those we serve (Maslach, Schaufeli, & Leiter, 2001). Ultimately, if there is no intervention, burnout is also capable of pushing a mental health or human service provider out of the field prematurely.

What can be done to prevent burnout or reduce the symptoms we already have? Often, trainings and articles written on burnout include guidance on self-care practices that can help you take better care of yourself and manage the

stress of the job. With what we know about burnout, is self-care enough to combat the severity of this condition on its own? While self-care practices can be effective, we need to question the larger focus of these actions. We must determine if we are focused on merely coping with the symptoms of burnout or truly building resilience against the forces of stress, fatigue, and self-doubt. Though the literature accounts for many different angles on the topic of burnout, this article will focus narrowly on the role of resilience and two reflective practices to manage burnout.

Is Building Resilience the Answer?

First, we need to define resilience and how it connects to our discussion of burnout. When engaged in the discussion of resilience, we are really examining a personality attribute. Resilience is the ability to bounce or snap back after experiencing difficulties. Resilience is the “. . . competencies and processes that people utilize to overcome adversity” (van Breda, 2015, p. 62). As caring professionals, we often face numerous challenges, including time constraints, paperwork demands, employer needs, interaction with regulating entities, client crises, exposure to traumatic content, and a lack of resources. These demands wear us down emotionally and physically, leading to burnout. How well we recover from these stressors is an indication of our level of resilience (Jenaro, Flores, & Arias, 2007).

The concept of resilience has been previously researched as the analogue concept of hardiness. Hardiness theory predates the more current discussion of resilience. Kobasa (1979) explained that hardy individuals see the stress of their work in a different light than less resilient people. Hardiness is a model that identifies the psychological factors involved in creating resistance or resilience to stress. The theory of hardiness is developed around the individual factors that differentiate why some people are negatively impacted by the stress of their jobs and others are not. Hardy individuals view stress as a challenge and something which they have control over (Hobfoll & Shirom, 2000). We know that resilient providers are better able to manage their responsibilities and provide a higher quality of care (Jenaro et al. 2007). Mental health and human service providers with higher levels of hardiness may be better able to manage the impact of their work and therefore reduce their level of burnout (Schimp 2015). Resilience or hardiness involves what we do to take care of ourselves and change our thinking about our situation. If resilience is an element of our personality that reduces our risk of burnout, how do we foster it in our lives?

Two Ways to Foster Resilience

The first aspect of building resilience is focused on our personal self-care and wellness. The idea of building resilience necessitates the discussion of personal self-care and management of our work-life balance. It is important to remember that self-care which builds resilience is based on an active and engaged process. Self-care requires engagement in life fulfilling activities outside the office that strengthen our resolve, bolster our energy, and rebuild confidence in our professional abilities (Thompson, Frick, & Trice-Black, 2011). Coaston (2017) explains that helping professionals have a duty to take care of themselves, remain effective, and practice what they preach.

This practice of deliberate self-care is not based on a passive involvement in already existing life activities. The focus and encouragement here are to pursue those sustainable activities that will carry you over the long run. It is important to note that human service workers with more years of experience in the field have been found to report lower levels of burnout (Lim, Kim, Kim, Yang, & Lee, 2010), likely pointing to skills and practices that have sustained them. This process of developing sustainable, resilience-building self-care activities is a personal pursuit. Sadler-Gerhardt and Stevenson (2011) recommends that the provider start with a personal accounting of “physical, emotional, intellectual, behavioral, social, and spiritual domains” (p. 5). After an intimate accounting of these life areas, we can better determine where we need to focus our resilience-building attention. Instead of taking a prescriptive approach about what you should do it is best to challenge yourself with these reflective questions. How are you creating meaning in your life? Are you connected to others? Do you have guiding life principles? Are you challenging yourself intellectually? Are you taking care of your body? Do you have enough emotional support?

The second part of building resilience against burnout focuses on changing our thinking. Compassion satisfaction is at the heart of using our cognition to alter the perception of our day-to-day work and vocation. Compassion satisfaction is the purposeful effort and direct action of seeking to acknowledge the good we derive from our work (Stamm, 2010). Stamm (2010, p. 12) explains that:

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society.

Our field thrives on a selfless attitude toward our work. It is not uncommon for us to work extra hours, spend extended time with a client, process a crisis with staff after hours, stay on-call after hours, or struggle to leave work at work. Compassion satisfaction requires that we move toward a more self-focused view of our work. We need to give ourselves permission to bask in the enjoyment of our vocational calling and the good feelings we get from the work we do. There is immense meaning in helping people face the problems of life (Skovholt, 2012). Sadler-Gerhardt & Stevenson (2011, p. 5) reminds us of the proactive nature of fostering compassion satisfaction:

Building resilience does not happen by chance, but instead is based on active practice of decisions that lead to wellness and health. Many believe that the key to prevention of compassion fatigue is discovery and reinforcement of “compassion satisfaction,” those activities that yield a sense of satisfaction from working with clients.

When considering how to foster compassion satisfaction and resilience, self-reflection is of utmost importance. This self-reflection can start in the form of questions we work to answer on our own or with our colleagues. This article will leave you with a few key questions to begin your journey toward fostering compassion satisfaction and increased resilience over burnout:

- Why did you go into this line of work?
- What do you like about helping people?
- What benefits do you derive from helping your clients?
- What self-care practices can you engage in to build personal resilience?

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Jeremiah Schimp, Ph.D., CPRP, has been working in the mental health field for the past 14 years, holding leadership positions in community and residential programs. He currently holds the position of intake supervisor at an intensive residential treatment program with Regions Hospital in St. Paul, Minnesota. He oversees admissions, supports programming, and staff development and provides training. In addition, he is an adjunct psychology instructor at Concordia University, St. Paul and University of the People. He teaches counseling, research, personality, cognitive psychology, and health psychology. Schimp's research and training interests are in the area of burnout and resiliency in mental health workers. He has provided trainings on burnout to groups of mental health providers at conferences and workshops. He earned his Ph.D. in psychology from Walden University with a specialization in health psychology. He obtained his master's in counseling psychology and post-secondary teaching certificate from Bethel University and bachelor's in psychology from Cornerstone University. Schimp is a Certified Psychiatric Rehabilitation Practitioner.

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