Descriptive and conceptual findings from an Acceptance and Commitment Therapy Protocol for Provider Burnout and Stigma
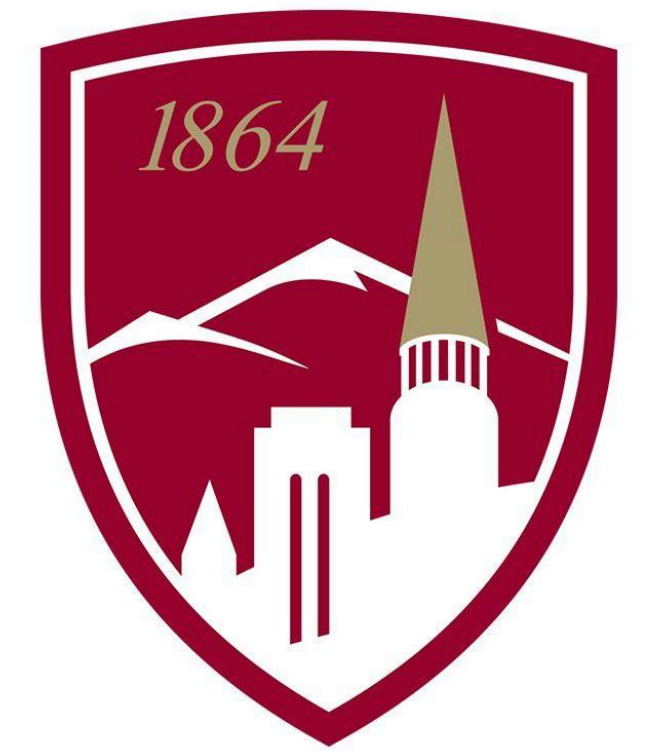
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Introduction

- Behavioral health providers (BHPs) at elevated risk for burnout and job turnover[1], and ACT processes such as experiential avoidance, cognitive fusion, and committed action are strongly related to burnout[2].

- ACT demonstrates success in decreasing provider burnout and stigma towards substance using patients [3,4].

- One training protocol aimed to decrease provider's stigma and burnout simultaneously, but was unable to decrease both provider burnout and stigma towards substance using patients[5].

- This study builds upon this prior work through:
  - The administration of the above protocol to BHPs in a large, urban hospital.
  - Qualitative interviews with participants to address strengths and challenges in the training design.

Method

Participants

- 25 BHPs participated in a 4-hour training, receiving continuing education credits for their participation.

- Qualitative interviews were conducted with 15 BHPs (60%) across a variety of roles and settings.

Measures

- Interviews focused on: (a) Provider experience and motivation for working with SUDs population, (b) Provider experience and views on burnout, (c) Personal, organizational, and system-level supports/barriers to self-care, and (d) Feedback on ACT training.

Analysis Procedures

- An inductive qualitative analysis procedure similar to Grounded Theory (Glaser, 1998) was used.

- Coding was done by the first 4 authors. For the first 4 transcripts coded, all coders coded together and came to consensus. The remaining transcripts were coded in pairs with the second and third authors serving as "master coders" for consensus.

Results & Conclusions

Theme (Description)	Exemplars	Take-Aways & Implications
Exploring Burnout: Descriptions, protective factors, and exacerbating factors		
Burnout Takes a Toll (Burnout affect productivity and quality of patient care.)	"I've nothing more to give. I question what I'm doing with my life."	Experience of burnout, to some degree, is universal in a hospital environment. Understanding common employee struggles can help tailor interventions.
Job Responsibilities Can Impact Burnout (Responsibilities in jobs impact employee ability to address burnout.)	"If I'm running behind, I don't get lunch... That's the biggest thing. The patients themselves have got no way of supporting my co-workers.."	Innate job responsibilities can interfere with BHPs' self care, including case loads, lack of social worker support, and length of sessions.. ACT concepts like "creative hopeless" may help BHPs thrive, even without structural changes.
The Role of Mission‡ (Caring for the underserved is important to employees.)	"There definitely is a value of serving the underserved and providing the same quality of care, regardless of ability to pay ." "(X) doesn't' get it. It really is about money."	From an ACT perspective, the more employees feel they are working in accordance with their values to serve the underserved, the more likely they are to have resilience in face of pressure/stress.
Culture is Pervasive (Cultural expectations of the "ideal" employee and "muscling through," impacts employee behavior)	"Across the board, I think the culture doesn't allow for people to really say, 'Hey, I'm burnt out' or 'I'm really stressed by this patient or this situation.'"	Creating a culture of self-care , humility, and balance is often difficult in established medical settings. Use of ACT across the organization may help change this.
Leadership Responsibility‡ (Support from direct managers is essential and administration acknowledgement of this is invaluable)	"I feel really supported here. I feel like the management's always been able to help me out" "I think it is difficult, because my higher-up supervisors never see me work…That can be hard with advocating for yourself or getting your resources and needs met."	Leadership can positively affect productivity and patient care through support of employees. Leaders acting consistent with employee/organizational values is imperative.
Peer Relationships (Team relationships help mitigate burnout and stress)	"On Fridays, we have team lunch and it's usually hilarious. It's something somehow coordinated, and it's a really good way to blow our steam and also feel like I'm part of something bigger."	Consistent with I/O research, informal peer groups are essential to improving employee satisfaction. Clinic/team traditions provide a sense of community and meaning, even in challenging settings.
Individual Differences in Care Approaches (Employees engage in a variety of strategies to manage burnout)	"I try to reset in between patients. I use car rides to and from work to meditate and to ground myself. I try to leave work at work	Employees often already have a "model of self-care" pre-training. It is important to honor their expertise and introduce new skills/methods to build on current strengths.
Training, Education, And Learning		
Transfer of Learning (Adult learning theory is appreciated when applied to training)	"I liked that it was largely directed towards how to use ACT within your own life as a provider or staff member. [We] have to regulate ourselves, attain a different perspective, and I appreciated that it was very experiential, and we got to do some of the work and try out the techniques "	There is a potential to integrate Knowles theory of adult learning into training. Specifically, experiential learning, use of prior learning and experiences when teaching, and use of reflective practice.
Individual differences in training reaction (Reactions to training differ according to employee psychological factors, role, and training)	"The training was helpful. I found it hard to tie in what ACT and the substance had to do, I just knew that they were together. It wasn't until toward the end that I kind of tied them together. It left me wanting to know more."	For non-social work or psychologist providers, ACT can feel quite diffuse. ACT exercises (e.g., "shared shame") can quickly overwhelm burned out and more concrete providers. Adapting training for role type and burnout level may be helpful.
Organizational and leadership impact on training (Organizations and leader can support attendance in trainings)	"There should be opportunities for trainings to pay some staff to do more in-depth trainings for people who are really interested in ACT. Make people champions of ACT, like, "Hey, we're going to pay for you to do this day course or whatever, and then that way you can start to effect change within the culture of your unit."	Organizations and leadership can improve employee morale and encourage productivity by supporting staff in pursuing training opportunities. Many respondents suggested that this training be mandatory and/or extended to non-behavioral health providers.

‡Factor codes which have a positive and negative (or protective/exacerbating) valence code