Burned Out?

Exploring Work-Related Stress, Coping Strategies, and Health Outcomes

Oliver W. J. Beer, MSc
Course Handout

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About this Handbook

Thank you for taking this course.

This handbook was developed to support your online continuing education (CE). It is intended to serve as a complementary document that you can refer to before, during, and after you complete the CE unit.
What is in the handout?

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1. **Course description & learning outcomes**

**Course Description**
High-levels of work-related stress impact the helping professions at multiple levels (e.g., practitioners, organizations, clients). However, minimal resources are available to support practitioners in stress identification and management. Drawing from health and social research, this presentation focuses on training practitioners to identify stressors, coping strategies, and potential health outcomes.

**Learning Outcomes**

1. Participants will be able to describe occupational stress and related outcomes (e.g., burnout)

2. Participants will able to identify work-related stressors and, if left unaddressed, their potential impact(s) at multiple levels

3. Participants will be able to define engaging and disengaging coping responses in response to work-related stress, and the potential advantages and disadvantages of these responses
2. Defining key terms in the literature

There are a lot of terms used when people talk about stress. But, is there a universally agreed definition of stress? Let’s break it down a bit.

Stressors. These are internal or external stimuli that disrupt or have an affect on a person’s equilibrium (Zastrow, 1984).

Stress. It should be the easiest term to define. However, as hinted to above, Stress is, technically, the experience of stressors in the short term.

Distress. Distress is a state. It occurs when an individual experiences prolonged exposure to stressors (Anderson, 2000). Distress has been associated with a number of negative consequences (Medic et al., 2017). These consequences include: physical (e.g., sleep disturbance, functioning) and psychological conditions (e.g., anxiety, depression).

Note. For the purposes of this course and this handbook, stress is used to denote the long-term negative state of distress.
2.1 Frequently Asked Questions (FAQs)

It is not within the scope of this handout to discuss all of the FAQs in terms of stress. There is a lot more content in the course that will be helpful. However, there are several FAQs below. Moreover, there are additional resources included (in case you want some more reading).

**Frequently Asked Question #1: Am I stressed?**

That is a good question. Stress is measured in a plethora of ways (e.g., biofeedback, online screening surveys, levels of cortisol in the blood; Lee et al., 2015). See the additional resources for a link to determine your level of stress. However, not everyone agrees as to the best method (e.g., reliability) of testing an individual’s stress.

The research around stress (e.g., measuring, prevention, amelioration) is receiving a lot of attention from researchers. The research examining specific populations is growing at a rapid pace. General indicators of stress include: (1) cognitive, (2) emotional, (3) physical, and (4) behavioral changes in a person. It is important to remember that we all perceive stress differently for a number of reasons (e.g., predisposition, job, strength and quality of our social networks).

**Frequently Asked Question #2: Is stress bad for me?**

Not necessarily. Research suggests that shorter-term exposure to some stressors can actually have beneficial
effects on individuals (e.g., increased motivation, better performance; Hollon, 2015).

**Frequently Asked Question #3: How can I reduce my stress levels?**

Researchers are still working this out. There is no single answer or approach (unfortunately) for everyone. Some of the challenges to providing you with an easy answer include: (1) the lack of effective interventions, (2) Few robustly evaluated interventions (Rollins, 2010), and (3) the inability to generalize findings. See Beer et al. (2020a) for further information. Moreover, long-term solutions to work-related stress require systemic changes. Currently, many interventions are aimed at the individual level (i.e., not addressing policy or structural barriers to change).

However, there is quality evidence that tells us certain activities can help prevent and/or ameliorate the effects of stress. Here are a few suggestions:

- Physical exercise (Letson et al., 2019)
- Mindfulness-based training/practice (Krusche et al., 2013)
- Maintaining a healthy diet and drinking plenty of water (Beer et al., 2020)
- Identifying triggers (i.e., what induces stress)
- Formal therapy (e.g., counseling; Cleveland Clinic, 2020)

For more ideas, see *Additional Resources* section.
Frequently Asked Question #4 Is work-related stress really that big of a deal?

Yes. Let’s think about this, using an example population and research. Beer et al. (2020) posit that stress among social workers has impacts at three-levels: (1) the practitioner (e.g., psychophysiological health), (2) the organization (e.g., increased absenteeism, turnover, lowered productivity), and (3) the clients/service users (e.g., service outcomes, trust in providers).
3. Work-related stress: a pathway

Many scholars have conceptualized the pathway between work-related stressors (i.e., external, internal stimuli) and eventual outcomes (i.e., physical, psychological health).

For the purposes of most effectively and easily conceptualizing the aforementioned pathway between stressor(s) and outcome(s), we are going to use Lazarus and Folkman (1984). During the height of the 1980’s - music and fashion scene, Lazarus and Folkman developed the *Transactional Model of Stress and Coping* (TMSC).

The TMSC is fantastic for several reasons. As well as being my own personal favorite model in stress research, the TMSC:

2. Posits the stress experience as a transactional relationship between an individual and their environment
3. Shifts the ‘blame’ of feeling stressed off the individual and recognizes the role of environment
4. Includes mediating and moderating factors

★ The TMSC is a pathway. Here is a brief linear reminder. See *figure 1* if you need further information regarding the TMSC’s constructs.

- An individual encounters a potentially stressful circumstance, situation, or event.
A primary appraisal of the situation is undertaken by the individual (e.g., susceptibility). If the stressor is deemed not relevant, there is no further action. However, if the stressor is deemed relevant, the individual performs a secondary appraisal. At this point a coping effort/strategy is deployed (i.e., problem management or emotional regulation; engaging, disengaging) This will lead to an outcome (i.e., health) There are moderating factors (e.g., predisposition) There are also mediating factors (e.g., causal focus)

**Figure 1. An adapted Transactional Model of Stress and Coping**

(Adapted from Lazarus & Folkman, 1984)
4. Causes & Factors Associated with Work-Related Stress

**Individual Level**
- Peer/Colleague relationships
- Predisposition
- Occupation type (e.g., social work, nursing)
- Level of control (McLean & Andrew, 2000)
- Job satisfaction (Knudsen et al., 2006)
- Experiencing trauma or triggering previous trauma
- Role ambiguity (Travis et al., 2016)

**Organizational Level**
- High work demands (e.g., caseload/patient size, productivity, documentation requirements)
- Lack of resources (e.g., fiscal, availability, access)
- Lack of organizational support (e.g., effect employee assistance programs, supervision; Dane, 2000)
- Organizational needs vs client needs (van Heugten, 2011)
- Poor quality supervision (Crowder & Sears, 2017)
- Poor communication within organization (i.e., infrastructure)
5. Impact & associated outcomes of work-related stress

Researchers have been examining the outcomes associated with the prolonged exposure to work-related stress. Let’s think about this for a minute. Why do some jobs have higher-levels of turnover, productivity, and absenteeism (among other symptoms of a highly stressed workforce), when compared to different job types? More specifically, why does the health and human service workforce experience these symptoms to a significantly higher degree?

Research suggests that the identified outcomes are health related for individuals and costly for organizations. Moreover, the observed (i.e., associated) outcomes of work-related stress may differ depending on the population (e.g., highly stressful jobs). We can think of these health-related outcomes as either physical or psychological (psychophysiological). Here are some examples:

**Physical Impacts (Examples)**
- Burnout (Institute of Medicine, 2003)
- High blood pressure (Quinn-Lee et al., 2014)
- Cardiovascular disease (University of Cambridge, 2020)

**Psychological**
- Affective conditions (e.g., depression, anxiety)
- Emotional regulation difficulties (e.g., irritation)
6. Coping strategies

Understanding the coping strategies (e.g., efforts, behaviors) that health and social care workers adopt in response to occupational stress is becoming clearer (Beer et al., 2020b). That is not to say that the research is complete and we can move on and forget about it!

Responses to work-related stress are broken down into two approaches: adaptive and maladaptive (see examples below). Responses can also be indicators that an individual is experiencing distress due to their job.

**Physiological Indicators**
- Elevated heart-rate (Quinn-Lee et al., 2014)
- Emotional eating (Beer & Asthana, 2016)
- Sleep disturbance (Antonopoulou et al., 2017)
- Substance use (e.g., alcohol, drugs; Beer & Asthana, 2016; Beer et al., 2020b; Beer et al., 2021)

**Psychological Indicators**
- Anxiety (Antonopoulou et al., 2017)
- Changes in mood
- Volatile emotional states
- Poor cognition (e.g., untypical thought processes)

**Responding to Work-Related Stressors**

**Coping Behaviors: adaptive/engaging**
• Problem management, emotional regulation, and reappraisal of stressor (Lazarus & Folkman, 1984).
• Seeking peer and/or supervisor support
• Cognitive reframing (Jenaro et al., 2007)

Coping Behaviors: maladaptive/disengaging
• Social withdrawal or isolation (Beer et al., 2021; University of Cambridge, 2020).
• Substance use (e.g., using alcohol or drugs in response to occupational stressors; Beer et al., 2021; Letson et al., 2019)
• Emotional eating (Beer & Asthana, 2016; Beer et al., 2020)
• Avoidance (Shin et al., 2014)

Cognitive
• Difficulties concentrating and/or remembering
• Reduced motivation
• Making poor decisions (e.g., out of character)
7. Additional Resources

There are literally thousands (maybe tens of thousands; millions? Maybe.) of potential recommended readings and additional resources out there in academic journals, magazines, and other mediums. Some practitioners, academics, and professionals do not recognize the overlap in terms of stressors between professions. That is not to say that different professions (e.g., social work, nursing, speech-language & hearing) do not have their unique stressors (e.g., environmental stimuli). It is to say that the readings here are to provide greater detail and context for you. Some are journal articles (including my own!), some are books, and some YouTube videos.

My recommendation is to start by choosing something that looks appealing, read or watch it, and then go back to the list and do it again. You’ll soon find yourself getting recommended readings if you are logged into a research website (e.g., Researchgate.net; scholar.google.com)!

★ **YouTube Link (Final Activity):** https://www.youtube.com/watch?v=LyzKS-sIaPo&t=1s
Books

★ *The A-to-Z Self-Care Handbook for Social Workers and Other Helping* (Grise-Owens et al., 2016)

★ *How to Thrive in Professional Practice: A Self-Care Handbook* (Mordue et al., 2020)
https://www.amazon.com/How-Thrive-Professional-Practice-Self-care/dp/1913063895

★ *Coming to Our Senses: Healing Ourselves and the World Through Mindfulness* (Kabat-Zinn, 2005)
https://www.amazon.com/Coming-Our-Senses-Ourselves-Mindfulness/dp/0786886544

Academic Articles: Journals

★ *Identifying compassion satisfaction, burnout, & traumatic stress in Children’s Advocacy Centers*

★ *Burnout syndrome among healthcare professionals*
https://doi.org/10.2146/ajhp170460
★ **The Feasibility of Mindfulness Training to Reduce Stress among Social Workers: A Conceptual Paper**

Websites

★ **Coronavirus: 5 Self-Care Habits for Healthcare Workers**

★ **Recognizing work-Related Stress**
https://www.who.int/occupational_health/topics/recognitionrespect140207.pdf

★ **Preventing Job Stress** (UMASS Lowell, 2020)

[See the reference section (p. 20) for additional resources]
References


Exercise

<table>
<thead>
<tr>
<th>Stressor(s)</th>
<th>Current Stress Management Approach(es) (if any)</th>
<th>Alternative Approach(es) (if any)</th>
<th>Trigger(s)</th>
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Exercise

Real World Example:

*What Causes Stress in Social Work?*

(Beer and Asthana, 2016)


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