

## Best Practice Guideline Case Study Burnout



### Background

Burnout is a psychological syndrome in response to chronic interpersonal stressors on the job.<sup>1</sup> Jobs that result in higher levels of burnout are those with a high frequency of interactions with clients or patients and the need to control emotions while interacting with the public, as is the case with medical radiation technology.<sup>2,3</sup>

There is a need for more readily available and accessible resources in the workplace to address burnout, and to understand the situations and factors that impact MRT wellness.<sup>4</sup> These resources, alongside open discussion about the emotional impact of burnout, can help minimize associated stigma.



### A case study on burnout

Sarah is a radiation therapist (RT) who works with palliative patients regularly.

While caring for her patients and their families, she is often exposed to traumatic and mentally charged events.<sup>4</sup> She feels that because her department is understaffed and there is a high patient load, she doesn't have the time or support to recuperate after stressful interactions.<sup>4</sup>

Lately, Sarah has been feeling tired and doesn't look forward to coming to work anymore. She has been having trouble falling asleep at night, which is contributing to her exhaustion. She is having trouble focusing and has been taking more sick days. Sarah feels that coworkers cannot depend on her anymore. When Sarah goes back to work after being off for a sick day, she feels like her coworkers are judging her.

Sarah is detaching from her friends and family at home, as well. This is causing her emotional distress and feelings of loneliness. Sarah believes her job is beginning to negatively impact her personal life and is thinking about leaving her profession altogether, even though she used to love her work and caring for patients.<sup>4</sup>

Sarah has heard about burnout before and thinks she may be experiencing it. She wants to get help but doesn't know what to do or where to begin.



## Reflections

- Have you, or someone you know, felt similar to how Sarah does?
- What actions can Sarah take to positively change her situation?
  - What workplace interventions and supports might be available to Sarah?
  - What can Sarah do outside of the workplace that would help her?
- How could Sarah's coworkers support her?

Don't forget – you can review the [CAMRT Members Code of Ethics and Professional Conduct](#) and what it says about reflective practice. Also, see the [Reflective Practice guideline](#) for further information.



## Sarah's Case Continued

Sarah decides to reach out to her manager and explain her situation. The manager listens to her concerns and suggests that Sarah use the services available through her organization's employee assistance program (EAP) and/or contact her doctor. The manager discusses her willingness to work with Sarah and her care team to address the issue. After accessing the EAP it is suggested that Sarah receive counselling and take a short leave of absence. Sarah agrees to this and begins to take the necessary steps. During her leave, she attends counselling to help develop positive coping strategies and connects with a virtual peer-support group.

When Sarah returns from leave, she feels happy to be back at work, but can still sense the stigma around burnout. She decides to advocate for mental wellbeing to reduce the stigmatization and help her coworkers who may also be suffering. With help from her organization and association, she initiates an education program to help RTs navigate these emotionally difficult situations. This includes resources for RTs on how to support and communicate with dying patients and their family members.<sup>4</sup> She also helps to develop resources aimed at skill development in coping, adaptation and emotional self-care.<sup>4</sup> She initiates the repurposing of a free room into a safe space for dealing with emotions and taking time to regroup before continuing with other patients.



## Strategies to address burnout

Strategies at various levels, from the individual to the organization, are important to holistically address burnout and other mental health concerns and to ensure psychologically healthy workplaces. Figure 1 explores strategies that can be implemented at these various levels, how they are interrelated, and what everyone's responsibilities are to ensure the mental wellbeing of staff.



**Figure 1:** Interrelationship of strategies at each level to address MRT burnout

Individual MRTs can take action by self-assessing their burnout and acknowledging the emotional impact their work is having on them. They may access available resources from the organization, offer and take part in peer support, and work on their individual coping skills. Leaders or managers in the workplace can help their staff by having open and honest conversations about the emotional impact of the work and its effects on mental health and burnout. The organization should consider offering resources to address the burnout and emotional concerns in the form of workshops, such as training sessions on resiliency. The organization may also distribute available resources through newsletters or initiate peer-support groups.



### Reflection

- In your organization, what has been done and what could be done to address burnout of MRTs?
- What are your responsibilities to your workplace and to your coworkers who may be suffering from burnout?
- How can you help destigmatize help-seeking behaviour and change the culture around mental health and burnout in your organization?
- What strategies do you engage in to prevent burnout?
- How can your manager or supervisor better support you in the workplace with regards to burnout prevention?



## More Case Studies on mental health and burnout

Additional, real-life examples of burnout and mental health concerns can be found in the CSMLS Mental Health Toolkit under Faces of Mental Health.

- [Lisette's Story](#)
- [Lorenne's Story](#)

## References

1. Maslach C, Leiter MP. Understanding the burnout experience: recent research and its implications for psychiatry. *World Psychiatry*. 2016;15(2):103-111. doi:10.1002/wps.20311
2. Akroyd D, Caison A, Adams RD. Burnout in radiation therapists: the predictive value of selected stressors. *Int J Radiat Oncol Biol Phys*. 2002;52(3):816-821. doi:10.1016/s0360-3016(01)02688-8
3. Cordes CL, Dougherty TW. A review and an integration of research on job burnout. *Acad Manage Rev*. 1993;18(4):621-656. doi:10.2307/258593
4. Sarra A, Feuz C. Examining the Prevalence of Compassion Fatigue and Burnout in Radiation Therapists Caring for Palliative Cancer Patients. *J Med Imaging Radiat Sci*. 2018;49(1):49-55. doi:10.1016/j.jmir.2017.10.008

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