

# THE UNDER-EXPLORED, HIGH-STAKES REALITY

*of Stress and Burnout at the Workplace*



AN EXPERT INTERVIEW WITH DR. JEFF JERNIGAN

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*of Stress and Burnout at the Workplace*

*with*

DR. JEFF JERNIGAN

## ABOUT DR. JEFF JERNIGAN



Dr. Jernigan is a Board Certified Clinical Psychologist and Chief Executive Officer for the Hidden Value Group, a network organization providing healing, health, and hope internationally in places needing relief from poverty, hunger, and disease. He also serves as the Clinical Director for Full Circle Recovery, a mental health hospital and addiction recovery center providing inpatient and outpatient services. Jeff is a published author and nationally recognized thought leader regarding physician burnout and first-responder recovery. Jeff and his wife, Dr. Nancy Jernigan, have designed resilience programs serving more than 20,000 healthcare professionals and their families worldwide. For more information about Dr. Jernigan go to: [www.hiddenvaluegroup.com](http://www.hiddenvaluegroup.com).

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## ABOUT RYAN PICARELLA, MS, SPHR



As President of WELCOA, Ryan works with communities and organizations around the country to ignite social movements that will improve the lives of all working people in America and around the world. With a deep interest in culture and sociology, Ryan approaches initiatives from a holistic perspective that recognizes the many paths to well-being that must be in alignment for long-term healthy lifestyle behavior change. Ryan brings immense knowledge and insight to WELCOA from his background in psychology and a career that spans human resources, organizational development and wellness program and product design. Prior to joining WELCOA, Ryan managed the award winning BlueCross BlueShield of Tennessee (BCBST) Well@Work employee wellness program, a 2012 C. Everett Koop honorable mention awardee. Since relocating to Nebraska, Ryan has enjoyed an active role in the community, currently serving on the Board for the Gretchen Swanson Center for Nutrition in Omaha. Ryan has a Master of Science in Industrial and Organizational Psychology from the University of Tennessee at Chattanooga and a Bachelor of Science in Psychology from Northern Arizona University.

WELCOA's Ryan Picarella visited with Dr. Jeff Jernigan on the under-explored, but high-priority topic of stress and burnout. These are important topics for worksite wellness teams, as 8 to 9 in 10 people do not manage stress in their lives adequately. And a burned-out professional who is out of his or her role for 90 days or more is extremely unlikely to return to their profession. Taking care of the whole person includes helping employees learn how to recognize and respond to their personal stress before they reach burnout. Dr. Jernigan provides some helpful hints for looking for those signs, symptoms and changes in behavior.

★ **RYAN PICARELLA** I'm excited about this interview, Jeff. I love sitting down with people who share similar passions and are interested in helping solve real problems. You've had a really interesting career. Tell us a little about your background. What sparked your interest in employee stress and burnout?

**JEFF JERNIGAN** Well, I spent a number of years in the Marine Corps. I'm a Vietnam veteran. Certainly, was exposed to combat stress and other life events that introduced me to the possibility of stress disorders, stress fatigue and post-traumatic stress up close and personal. After exiting active duty, I pursued a career in healthcare and, though that experience in the military certainly influenced my specialty within healthcare as a clinical psychologist, I didn't realize until years later that my work with burnout prevention and suicide prevention in the helping professions actually had its seed, a Genesis, in those years that I spent in the Armed Forces.

I'm a clinical psychologist and a former hospital administrator, and when that part of my career was finished, I created an organization that now consults with hospitals and health systems internationally on the treatment of mental health disorders with a specialty in the prevention of burnout and self-directed violence including suicide. We began focusing efforts on the helping professions—first responders, police and fire personnel, medics, physicians—because we recognized that they for the most part had no one caring for them while they were caring for others, and that if a first responder became burned out and was out of the role for 90 days or more, they never return to the profession. Losing good men and women just simply because they've been burned out when they have so much to offer others is a tragedy.

When I'm not traveling, I serve as the clinical director for a mental health and substance-abuse treatment center in southern California. To round that out, my wife and I founded an organization 25 years ago that provides healthcare education and aid to third world countries in the wake of natural disasters, war and violence, disease and famine, where we train first responders how to do their role in the wake of violence and disaster. We also deal with the first responders responding to disease and famine as well. So that keeps us pretty busy.

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★ **RP** There's something you said Jeff, which I think is a really interesting. You said that if first responders are out of their job for 90-plus days that the likelihood of them coming back goes down to almost nothing. Did I say that right?

**JJ** Yes. Absolutely.

★ **RP** That's interesting. Something that was also really fascinating is the work that you've done in developing countries. How did your organization start reaching out and beginning to work with those war-torn or disaster-stricken areas?

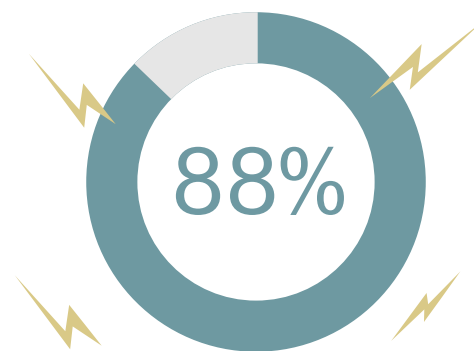
**JJ** Well, a lot of our work here in the United States through the Veterans Administration involved us, of course, in treating stress disorders in military personnel. That connected us with the State Department and then the State Department began to connect us with the international military community to provide those resources. That bled into their sister organizations in the international military community. So, we began to work with the NATO allies providing the same thing. We did policy advisements for the State Department in third world countries that needed to put in place the kinds of policies that would enable public health issues to be addressed.

We then got drawn into municipal and civil government infrastructures providing the same things. It just over the years began to blossom and spread, always doing the same thing; bringing healing, health and hope to folks that needed not just the care, but the instruction in how to care for themselves. Eventually, we got involved in Haiti after the major earthquake. We got involved in Sri Lanka after the tsunami. We got involved in Sierra Leone during and post the Ebola epidemic there. In fact, we lost a couple of our staff personnel there to the disease. So not everything we do is without risk, but we try to minimize that wherever we can.

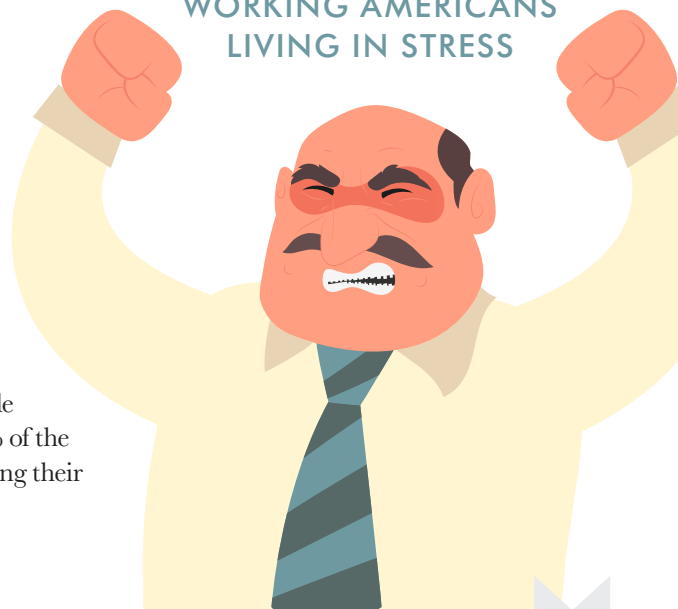
★ **RP** You've see the effects of burnout and stress all over the world for almost three decades now. How big of an issue is burnout? Is it a growing issue both here at home and globally?

**JJ** Well, it's easy to imagine how burnout and other related stress disorders can grow in proportion, particularly in difficult times in those places in the world that don't have the advantages that Western civilization has in regard to medicine or healthcare. Our expertise in those things can hide the true extent of the problem for us here in the United States. To bring it home, we know from research that 51% of full-time employees experience enough life and work stress that they're vulnerable to stress disorders. Another 37% are actually impaired by stress, which means 88% of the workforce in America is living in stress that is not managed well and that is impacting their health and endangering their lives.

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PERCENTAGE OF WORKING AMERICANS LIVING IN STRESS



★ **RP** It's a staggering number. How would you describe the difference between stress and burnout?

**JJ** Well, stress fatigue and stress disorders have a physiological impact. If you live with the wrong kind of stress for too long, you're going to develop high blood pressure, digestive disorders, headaches, muscle aches, rashes, ulcers, fibromyalgia, diabetes and so on—all of those physiological disorders that are associated with stress. When it comes to burnout, it's not just a physiological injury the person experiences, it's a complete psychological collapse.

It's a moral injury they experience, because in addition to this, something fundamental in their view of self and in their worldview and their values has been violated. So, you're not only having to deal with someone's emotional and physical recovery from the impacts of stress, you're having to help them rebuild how they view themselves and their worldview as well. It's much more devastating and much more permanent in its lasting effects than just the physical symptoms of having had to deal with stress over a period of time.

★ **RP** When did you first recognize or realize the seriousness of burnout and the impact that it has on people?

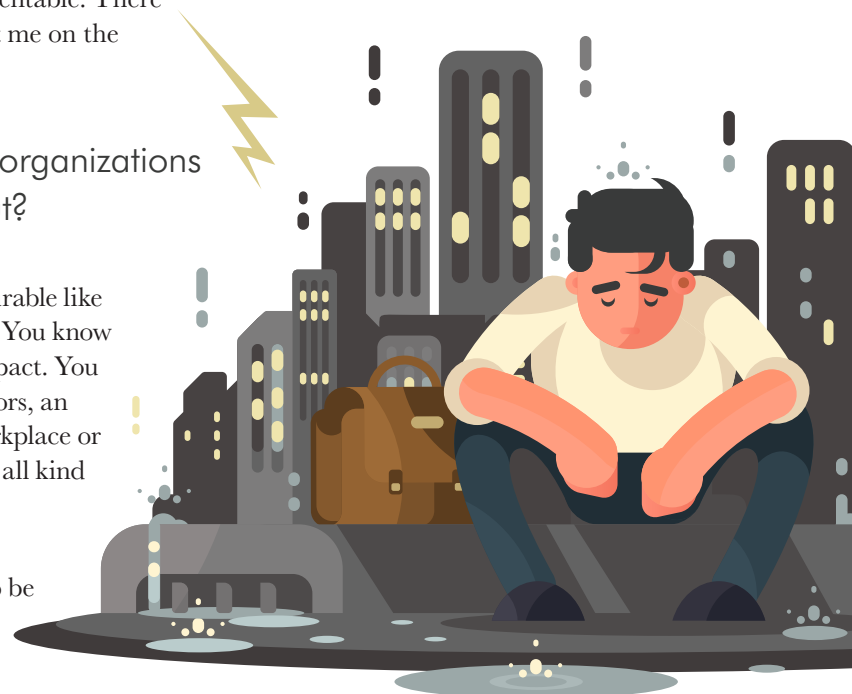
**JJ** It was more than 10 years ago when I was working as a hospital administrator and one of my very good friends, a physician, in the middle of a procedure just left the operating room and walked away from his job—walked away from medicine. He eventually walked away from his family. When I began to look into that situation, I realized that this is a classic case of burnout nobody ever saw coming. So, I began to dig into that idea further and began to realize that even though burnout is a spectrum disorder, that is, it has a beginning that progresses through clearly definable steps and can end in a crisis; it is so easily preventable. There is no reason that anyone should ever suffer burnout. So that put me on the trail for the answer.

★ **RP** What are the more obvious impacts to organizations when their employees are experiencing burnout?

**JJ** Well, there are various impacts. Some are very clearly measurable like financially and clinically, and some of them are more intangible. You know they have an impact, but you're not sure how to measure that impact. You can have higher absenteeism, lower performance, more work errors, an increase in disciplinary issues, a higher risk of violence in the workplace or compensating behaviors that include substance abuse. These are all kind of the intangibles that come out of burnout in the workplace.

Some of the more measurable things that an employer is going to be concerned about in addition to these is going to be an increase in employer-provided benefit costs, increase in employee lawsuits,

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deteriorating relationships with customers, lost revenue through key personnel turnover and replacement costs. Other financial impacts that are directly attributed to poor performance and the loss of performance on the part of the employee workforce.

★ **RP** Our goal is to begin to get the word out about burnout and to start getting companies to think more seriously about helping prevent burnout. Many organizations tackle issues of stress with one-off educational opportunities and resources, but why do you think that not a lot of companies are really talking about burnout?

**JJ** I think there are three major reasons why it slips under the radar of what employees and employers look for. One is the stereotypes we hold about wellness being only a manner of diet and exercise with a little mindfulness thrown in and that should be sufficient. Employers want to take better care of their employees and want to create systems and structures and opportunities to do that. But the problem is, it's just so much bigger than just diet and exercise and a little mindfulness thrown in.

I think the second reason is because we have gotten to a place where we don't know what we know. We're missing the great work medicine has done in developing an understanding of wellness as a science and then integrating that science into our wellness programs. I think the third thing that keeps this below the level of attention and focus is that we in the industry have not provided employers clinical and financial performance measures that they can use to actually measure the benefit of a well-designed program including prevention, maintenance and intervention.

★ **RP** One of the things you specifically talk about in your work is the impact that our emotions have on our physical bodies and vice versa. How does burnout impact our physical health?

**JJ** Well, there are three areas of life on which burnout has a direct impact. I divide them up between the physical, emotional and the existential part of our being. The physical impact begins with high blood pressure, digestive disorders, headaches, muscle aches, rashes, ulcers and so on. We discuss the actual mechanisms for how this happens in our resilience keynote address and seminar. The neurological impacts are what aren't really obvious and are part of the science of wellness. They include a change in mindset, loss of energy and motivation even for self-care, loss of focus, short-term memory problems, difficulty with reasoning and problem-solving, anger issues, depression, anxiety, even paranoia, destructive compensating behaviors.

We've developed an understanding of the mechanisms behind these things so that we can address them specifically. But in addition to the physical impact and the neurological impact of stress and burnout, the impact on our spirit and the core of our being is impacted as well. Our perception of self and our worldview become increasingly dark. With all three of these negative effects present, we're going to begin

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to experience emotional pain in a debilitating physical manner and look for escape through any means including suicide.

★ R P How do we prevent burnout from happening?

J J We need to help people develop the ability to evaluate the origin of stress in their life and shed the wrong kind of stress. We need to help them understand how they can take responsibility for themselves and develop and maintain an optimistic view; positive mindset. We need to help them understand how they can maintain energy and motivation. All of these things are tied back to eating right, exercising right and sleeping right. There are four stages of burnout that are easily recognized in yourself or in the behavior of others, and if we can help people learn to recognize the common symptoms of each stage and how easy it is to address the issue at that point before it goes any further, we'll have a win on our hands.

We need to help people understand that healthy relationships will help them shed stress. Balancing stressing experiences with nourishing experiences as well as making healthy habits a lifestyle will also help them combat stress. These are all part of prevention and maintenance and even self-intervention in life when we believe that we are recognizing unusual behaviors for us or in others.

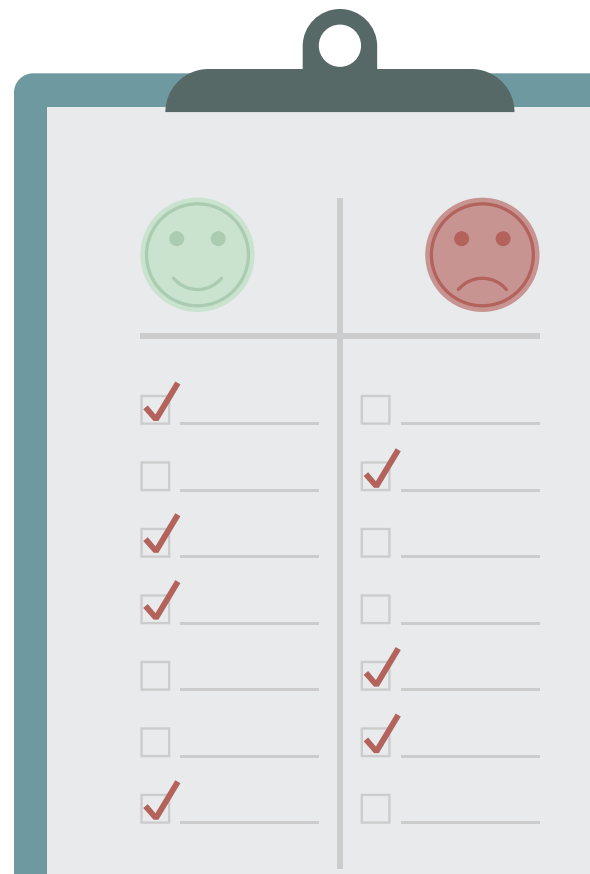
**For example:**

- » Is our motivation less than it normally is?
- » Do we feel that we're beginning to be more withdrawn and isolated from others than we usually are?
- » Are we avoiding unpleasant things?
- » Are we avoiding relationships?
- » Do we feel like we're drowning and striving for emotional survival?
- » Has our normal range of thoughts and actions narrowed and become pinpointing focused?
- » Is our hope diminished?
- » Are we lacking imagination compared to how we usually can engage in possibilities and expectations for the future?
- » Do we find ourselves not profiting from experience like we used to?
- » Do we find ourselves feeling more anxious at times or discouraged—even depressed?
- » Are we coping with all of this by pursuing pleasure and avoiding pain or do we find ourselves constructively continuing to pursue meaningful work and relationships?

These are all part of a whole rainbow of things that we can equip ourselves with to understand and to identify and respond to signs of stress and burnout in our own lives, and help see the signs in others.

★ R P So you told us that 88% of people aren't managing stress adequately. That means that 8 to 9 out of every 10 people listening to this or reading this aren't doing a

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good job managing stress. I think as part of our jobs as health promotion practitioners is both, like you mentioned, recognizing burnout in other people but also helping them combat it. How do we start?

**J J** It is understanding more about burnout and its impact on people so you know what to look for, but also helping them learn skills to effectively manage stress. For example, a lot of my friends attempt to maintain an exercise routine, and I try to encourage them in that. But oftentimes busyness, interruptions, the tyranny of the urgent keep us from exercising regularly until I began sharing with my friends that exercise is good for the brain and it usually creates a question. Well, what do you mean? I say, when you exercise there is neural therapeutic factor called brain-derived neurotrophic factor or BDNF that's produced in your muscles and it travels through your blood system to your brain.

In your brain, it triggers a process that actually replaces brain cells and it cleans out the old brain cells and replaces them with new. If you get at least 153 minutes of high intensity exercise over more than one session during your week, you're producing enough BDNF to keep that process of reviewing your brain physiologically going. The other side of that coin is, if you're not exercising regularly in that matter, it's going to impact your performance.

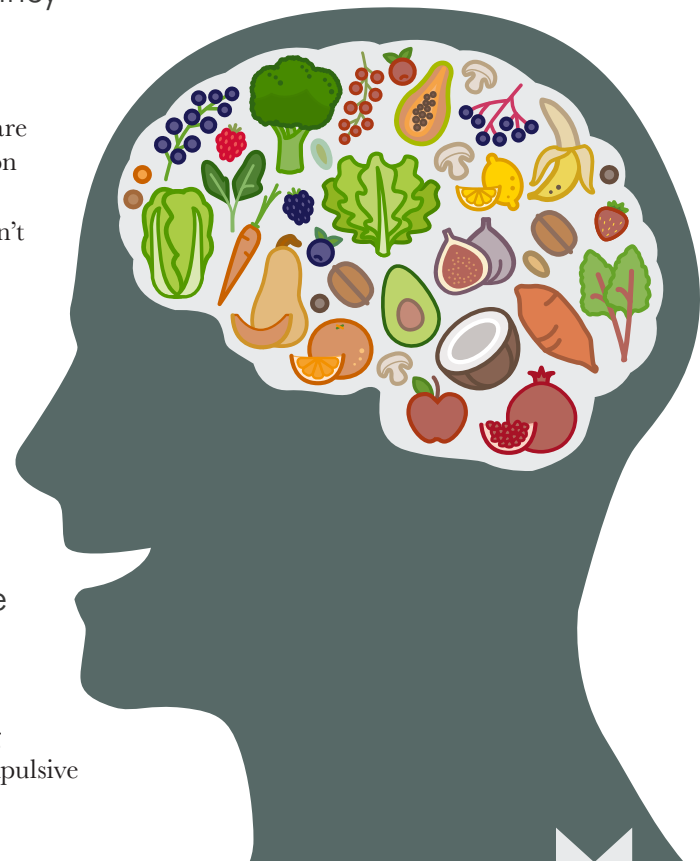
★ **R P** I love the reframing of exercise as a strategy for brain health. To me, that's more attractive than necessarily having big muscles. I think a lot of people would exercise more if they thought about the impact on their brains.

**J J** You know that of the 46 nutrients our body needs for health, 38 of them are used by the brain and the brain uses 28% of all the energy reserves to function properly. That organ is the most important thing we have. Though we can't live without our organs, nothing in life will function well for us if our brain isn't healthy.

★ **R P** Something that I want to talk about that a lot of organizations really don't dive into is mental illness—especially self-harm and suicide and really particularly suicide. I know that is something that you're passionate about solving as well. Talk to me about the prevalence of suicide amongst working people? What is the scope of the problem?

**J J** Yes, suicide is tragic no matter the cause. Even if it's someone just seeking attention or experimenting and it's an accidental suicide. Or even if it's an impulsive

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response to some traumatic deeply hurtful, deeply saddening incident it's still tragic. But the most tragic suicides of all are the ones that begin with someone moving down a pathway toward a crisis in life that they could've interrupted, that others around them could've interrupted and halted that progress through, before it becomes a final a solution for them. One of the difficulties in the late third stage and fourth stage of burnout is that neurologically, our prefrontal cortex has begun to function below par. Our short-term memory is affected, our sense of paranoia and fear is increased, our sense of self is distorted negatively and our ability to process thoughts and our ability to reason is impacted.

The challenge for us as individuals is how hard it is to recognize when someone's in that stage of burnout moving towards a crisis, a suicide attempt or an actual successful suicide. Recognizing that though they may sound rational, we know from the science they are not thinking straight and that something needs to be done. The other tragedy is all the people that suicide affects. For every suicide in this country by an individual, there are 30 other individuals who attempted suicide and were not successful.

For each of those individuals, there's up to 100 people in their life—family, friends, colleagues, coworkers, loved ones—who are negatively impacted by that attempt. So now you have 11 suicides per hundred thousand population in the United States. Out of those 11 now, you have 33,000 people that are impacted negatively by that event. We not only have the individual that took or attempted to take his or her life to deal with, we have the ripple effect of everyone else touched by that. Some of them who might be experiencing a time in their lives or similar triggers that are leading them down a similar path. From that perspective, it becomes a public health issue whether it's here in the United States or international.

★ **RP** Very recently a very dear friend of ours lost her 38 year old son to suicide. We talked about what resources she had available through her employer while she was going through this. It had us all thinking about whether it is enough to point them to an EAP resource and just hope they make that phone call? How can we better help people who are either suffering from mental illness themselves or dealing with a loved one who is suffering?

JJ An EAP is a great place to start, but that's not the end of it. What is really helpful is recognizing that employees need a safety net that's more than just an EAP intervention—that our workforce needs to develop some savvy about burnout in themselves and in other people.

Our managers, supervisors, leaders in organizations need to be mindful about the implications of a growing level of stress and burnout in the employee workforce that will show up organizationally, not just symptomatically in individuals so that they

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can be prepared to address quickly something that seems to be going in the wrong direction. Oftentimes a simple change in corporate culture will remove the stress that's impacting performance and endangering the health of the employees. It's not even a personal intervention into their life or their work; it's something about the organization that's become toxic that can be turned around dramatically.

★ **RP** Do you have an example of an organization that was struggling with this? Can you paint the picture of what this company looked like before you intervened and what things they did to help change their culture or to create a healthier workplace and reduce the likelihood of burnout?

**JJ** Yeah, you bet. There are usually three major causes of toxicity in an organizational culture. One could be related to their views of human capital management. Is an employee a person or are they a tool? If an employee feels like they're a tool and they're being misused or overused or abused, that's going to have an impact in the corporate culture. Another major cause of toxicity in the corporate culture is the bellwether personalities—people who are just toxic and spread that toxicity to others around them. The third and the most common cause of toxicity in an organizational culture where it didn't exist before is a change in systems that didn't take into account the change in skillset or concepts or adaptability that the employee workforce would need.

I'll give you a great example of that. Not too many years ago, legislation came through that required healthcare professionals now to use electronic medical record keeping. You can't just write notes anymore. You have to enter all the data into a database. It's more thorough information and more readily available to other healthcare providers. It's more secure in terms of the privacy rights of the patients. It's not just hospitals and physicians; it's dentists in dental care. It's rehab physiologists. It's psychologists. It's counselors. Anybody involved in any kind of healthcare now has to keep electronic medical records.

So they came up with wonderful computer systems that a hospital or a health system or counseling practice could purchase and put in place. But they didn't evaluate thoroughly the impact this change in methodology—from an old manual system to a new digital system—what impact that was going to have in people that need to learn how to use the system. People that have to maintain the system in terms of code changes and computer upgrades. So, in my particular instance as a hospital administrator, I had physicians that were spending maybe 4 to 6 hours a week charting manually, they were having to spend 18 to 20 hours a week learning how to do that digitally and finding the time and space to do it themselves.

So, they began to spend longer hours in the physician offices and in their hospital offices mastering this new digital software. Even once it's mastered, it's very thorough and there's minimal errors, but it also takes twice as long to do it compared to the old way of doing it. So now you've got a physician who is spending 50 to 60 hours a week in their practice delivering care to people; now spending 60 to

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80 hours. That, down the road if it keeps up, contributes to greater medical errors, greater medical history entry errors or lowering of quality of patient care. In our particular hospital, we noticed all the quality measures and satisfaction measures decreasing. As we begin to look into it further, we realize it was the impact of electronic medical record keeping, and it was shifting our culture.

In that process, the culture became more toxic because we're applying a systemic answer to a problem in a way to which it is impossible to comply without causing injury. So, we found new ways to do that. In finding new ways to maintain our standards of electronic record-keeping and hiring a couple of staff to help with training and to help administer the record-keeping itself, so the physician is only involved in entering the information. It was a quick fix and the money we paid for the 1.5 FTEs we had hired to help the physicians move through that exercise with far fewer obstacles.

★ **RP** That's a great example. Thank you for sharing that. The change management piece is such an overlooked but critical component, whether it's electronic medical records or any other shiny system. I'm sure that happens to a lot of organizations trying to improve but experiencing those unintended consequences. So how I'd like to end this is to ask you what advice you would give to readers who want to take just one step toward preventing their employees or loved ones from becoming burned out?

**JJ** Well, I think there are three things, one just for yourself and two for others. Don't underestimate the importance of eating right, exercising right and sleeping right. Not just physically in your body or emotionally in your feelings, but there's good medical science behind it. The neurology of those things is such that, if you don't even understand the science of eating right, sleeping right and exercising right; most people are going to avoid burnout. The second thing would be to educate yourselves regarding the four stages of burnout and what to do when you see them in your own life or the life of others. The third thing as an employer that we can do is provide resources that incorporate the science of wellness and well-being in a way that integrates them in the holistic programs built around the keys that we've discussed.

I'm just encouraged that there are more and more people, more organizations, with a growing awareness of the stewardship of our mind, body and spirit. That it takes a whole person to do great things, and we want to do great things. 🏠

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