

## The Cure for Burnout and Implicit Bias – Emotional Intelligence

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Emotional Intelligence (EI) is one of the most misunderstood yet important skills that professionals in healthcare, and really any profession, should develop and aspire to master [1]. And it is vital to note that the first person that we all must influence is ourselves [2]. Two of the skills of EI are self-awareness, self-management (two others being relationship management and social awareness).

Two ever present challenges that all healthcare professionals will at some point have to address are:

1. Burnout
2. Implicit bias

These two challenges are topics in seminars, grand rounds, conferences, hallways, coffee shops and pubs. Interestingly, if you really ‘peel the onion’ back, the antidote for each of these challenges are the skills of Emotional Intelligence – specifically self-awareness and self-management.

### Burnout

Burnout can include being psychologically, emotionally, or physically depleted or exhausted (or a combination of these). Signs of burnout can include depression, anxiety, short temper, mental lapses, or illness. The first step to address burnout is simply recognizing the symptoms or being aware of them – the skill of self-awareness). *Humans can't address a problem if they don't know it exists.* Once identified, then what steps should be taken to mitigate the burnout – which leads to the skills of self-management? There are numerous factors that contribute to burnout – organizational culture, leader behaviors, peer behaviors, individual identity, family history, DNA, and others. In the literature, resilience, via the skills of self-awareness and self-management, is most often suggested as the cure for burnout [3].

Resilience is the ability to either work through or bounce back from some type of acute or long-term adversity or trauma (psychological, emotional, physical, or social) – being burned out. A ball bouncing from the ground back up can be used as a metaphor for resilience. Burnout is a serious problem for healthcare professionals and thusly the need for ‘real time’ resilience – meaning in the present moment for these individuals. As the

current environment with the Covid 19 pandemic has showed, with the constant threat of infection and extreme stress placed on healthcare workers, environments that are volatile, uncertain, complex and ambiguous (VUCA) are some of the most challenging in the world. Thus, it is especially imperative for those working in healthcare to learn and practice the skills of resilience – specifically self-awareness and self-management.

The research on resilience is informed from the literature in positive psychology with its focus on “learned optimism” [4]. Martin Seligman is considered the “father” of positive psychology. Decades of research on resilience underscores the central themes of the positive psychology movement [5]. Positive psychology emphasizes positive states, traits, institutions, cultures, and social relationships. Peterson, Park and Seligman note that building and developing character strengths help develop resilience [6]. The character strengths of courage, teamwork, optimism, honesty, persistence, leadership, and self-regulation seem to be important mediators of success in situations characterized by significant cognitive, emotional, and physical challenges [7].

At its most fundamental level, the resilient individual must be *self-aware* and be able to *self-manage* (two components of emotional intelligence). Self-awareness is required so the individual can see, feel and begin to understand the adversity they are experiencing – one cannot address a problem if they do not recognize it. Self-management is required so the individual can take the necessary steps to mitigate and recover from the trauma or adversity – “learned optimism.” *Resilience, a result of being self-aware and able to self-manage, is a learned skill – it can be taught.* Additionally, to be most effective, *resiliency skills must be habitually practiced.*

In late 2009, in response to high rates of post-traumatic stress, the U.S. Army teamed with the University of Pennsylvania’s positive psychology department to develop a Comprehensive Soldier Fitness (CSF) program with a purpose of enhancing resilience in soldiers and their families. “The program was meant to provide soldiers *the skills* needed to be more resilient in the face of adversity” [8]. A significant portion of this project focused specifically on teaching skills of emotional and cognitive

regulation, impulse control and causal analysis. These three skills are classic examples of *self-awareness* and *self-regulation*. For example, the “ABC” (activation event, belief, consequences), “avoid thinking traps” (errors in thinking), and “detect icebergs” (deep seeded mental models) skills literally teach individuals how to practice self-awareness and self-regulation [9]. These skills are real-time resilience with emotional intelligence being foundational to skill mastery.

Psychological resilience is the ability to recover from psychological trauma and/or failure. Often this type of trauma is a result of only cognitively focusing on the event (what happened to me) and not how to move on and recover from it. Examples are saying to oneself:

“I am just a failure and cannot do anything right”

“This is too hard and I can’t do it.”

“I am just so stupid.”

“Patients are dying and I can’t help”

Solely focusing on the event or external locus of control (things you cannot control) are examples of a lack of psychological resilience. Being proficient with the “ABC” skills, as a result of being self-aware and being able to self-manage, helps the individual bounce back (the ball metaphor) from the adversity. The resilient individual would understand that their focus needs to be on the internal locus of control, or rather on the thoughts and actions that they themselves can do to influence their burnout situation. They might say to themselves:

“I made a mistake but I will learn from it and not make it again”

“I am confident in my abilities and am doing the best I can do”

Emotional resilience is the ability to recover from emotional adversity or trauma. The tragic and unexpected death of a patient or close loved one would be an example of this. Intentionally and habitually practicing *specific teachable skills* (again, “learned optimism”) as part of being self-aware and practicing self-management helps the individual rebound from emotional adversity.

Physical resilience is the ability to recover from physical adversity usually caused by lack of sleep, nutrition, high stress, and/or long hours of physical activity. It could also be caused by an accident (i.e., a car wreck). Clearly being in excellent health and being physically fit are keys to physical resilience. Proper rest, exercise, and diet, as outcomes of being self-aware and self-managing, are great practice for maintaining physical resilience.

It is important to note that psychological, emotional, and physical resilience are often interconnected. If one is physically exhausted it will often affect their psychological and emotional well-being, and thus their decision making [10]. The unfit and unhealthy individual, lacking physical resilience, will likely not thrive in a busy and hectic healthcare environment and put patients and others at risk.

The importance of being physically, psychologically, and emotionally resilient, as a requirement to safely function in the 24/7 world of healthcare and/or a healthcare crisis, cannot be over emphasized. The need for healthcare professionals to make eth-

ically sound decisions *requires* them to be resilient. The challenging world of hospitals characterized as causing stress and exhaustion, are (by definition) the leading cause of *moral disengagement* [11].

Moral disengagement describes how an individual disengages from moral reasoning (stops thinking about it) and can act immorally without hurting their self-image – basically acting mindlessly. Moral disengagement is often a by-product of a person being physically, mentally, and emotionally exhausted – a leading cause of unethical and unsafe behaviors. Healthcare workers must never be captive by moral disengagement. As such, they must be resilient.

It is important to note that how leaders in healthcare set, reinforce, and role model the cultures in their organizations speaks directly to how resilient the individuals can be in that context. Organizations that value resilience (as seen and felt by the actions of everyone in the organization) will have more resilient organizations. And the converse of this is also true. Mandating or encouraging burned out individuals to ‘just suck it up and drive on’ doesn’t work. And organizational culture has been described as ‘the worst behavior that will be tolerated in an organization.’

To summarize this challenge, the first step to address burnout is to recognize it (self-awareness). Then, what does the individual do about it (self-management)?

### Implicit Bias

Implicit bias can occur both at a cognitive and an emotional level. The first step to address an implicit bias is recognition (self-awareness). Then, what do you do about it (self-management)? We note that unconscious or implicit (mostly negative) bias has been widely reported in the news lately – and rightly so. The murder of George Floyd brought this topic to the top of the news cycle. The antidote to this cognitive and affective construct is being self-aware and self-managing. For example, if I am a fanatical Manchester United football fan and I see someone with a Liverpool shirt on, my feelings, and subsequent thinking, might immediately go to a negative thought—an unconscious or implicit bias. Am I aware this is happening?! If I am self-aware the answer is yes, if not, then no.

Our argument here is that a person *can be* conscious of such biases, due to their thoughts and behaviors, and the associated emotions that accompany those initial, unfiltered thoughts. And we should be. But if we are not self-aware, we may not be aware of the bias (our thinking).

Just to highlight the point – *we can’t address a challenge/bias unless we are aware of it*. And we can’t take it for granted that we are self-aware. *If I’m not aware of a bias, how can I do anything with it?!*

We often only hear about implicit bias in terms of race, religion, sexual orientation and gender, but people can and do have biases over an endless number of things – blue and/or white-collar workers, the military, law enforcement, politicians, or college affiliation. The list is endless. And the biases are not uniformly negative. If leaders can have a negative bias toward associates

or subordinates for a particular tattoo or speech pattern, they can also have inappropriate displays of positive bias that result in unfair treatment of other coworkers that undermines good order and discipline – as in cases of sexual harassment.

### Summary

Emotional intelligence, specifically self-awareness and self-management, are skills that can be scaled from 0-100 (a complete lack to mastery). There are numerous ways to learn about, develop, and practice EI. The references cited below are a good start point and there certainly are many others [12]. As with any behavioral or cognitive change, the first step is a willingness or commitment to change. Then start slowly and develop a daily routine, much like an exercise regimen, to practice. Often, having a training partner or coach is helpful.

It can be argued that we are over-simplifying the ‘power’ of EI to address these and other challenges. Our respectful response is “EI is easy to understand, but very difficult to learn and master.” Nonetheless, just like surgery, or tennis, or cooking, the skills of EI are skills that we can all practice and practice and practice.... and master [13-22].

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