

# Academic Health Centers: Psychologists' Practices, Stressors, And Wellbeing

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## Abstract

It has been determined that burnout is very common among doctors and other health professionals. Relatively little, though, has been written about psychologist burnout. The current study examines the research on burnout, stressors, and professional wellness in active psychologists. Stress levels, burnout, and work satisfaction among health service psychologists in academic health centers (AHCs) were investigated based on a survey of Association for Psychologists in Academic Health Centers members (n = 93). Respondents reported varying degrees of burnout: 0% reported no symptoms, 59% reported occasional stress, 12% reported symptoms that persisted, 18% reported burning out, and 3% reported being totally burned out. The majority of respondents talked about working "at full capacity" (41%) or being "overextended" (39%). Notwithstanding these reservations, the majority of respondents expressed satisfaction with their jobs (42% "very satisfied," 44% "somewhat satisfied") and suggested careers as medical psychologists (50% strongly; 34% moderately). Clinical load, pay, lack of protected time for research, teaching, education, and supervision, lack of psychologists to meet demand, and non-billable clinical activities were the most frequently cited sources of stress. Workload and burnout were linked to lower levels of professional satisfaction, which is in line with the literature on physicians. The current study examines findings from the larger literature on burnout among health professionals and fills a gap in the literature on the stress psychologists encounter in AHCs. More knowledge is required regarding the variables that influence health service psychologist burnout, risk factor identification and modification, and preventative measures.

## Introduction:

Psychologists are exposed to a variety of stressors that affect their state of wellness and make coping difficult (Berjot, 2017) as a result of their clinical and other professional activities. The work environments and populations that psychologists serve can have a significant impact on stress levels and burnout risk. The need to better understand the causes of stress, burnout rates, and risk mitigation strategies for psychologists working in particular healthcare settings is highlighted by evidence that burnout can be linked to work environments (Rupert & Morgan, 2005). In a similar vein, characteristics that impact professional wellness defined as the enduring quality in one's professional functioning over time and in the face of professional and personal stressors should be examined (Coster & Schwebel, 1997).

Academic health centers are special practice settings that frequently act as safety net facilities, offering patients and communities primary healthcare as well as specialized services (such as transplants) for extensive injuries and complex diseases that might not otherwise be available in the area. Compared to other medical facilities, AHCs have more complicated missions. Additionally, they train the upcoming generation of health professionals and support innovative research. Over the past ten years, a large body of research has concentrated on burnout, stressors, and professional wellness in AHCs (Shanafelt et al., 2015).

## Stressors and Burnout in AHCs:

According to burnout is characterized by a combination of decreased physical, emotional, and self-efficacious energy as well as a feeling of detachment from the perceived significance and goal of one's work. In fields that work with people, like healthcare and education, it has long been acknowledged as an occupational hazard (Maslach & Leiter, 2016). created the term "burnout" to refer to the depersonalization, emotional exhaustion, and lack of feelings of

accomplishment that human service workers may experience as a result of working for extended periods of time in emotionally taxing environments, like the medical and psychological fields (Leiter, 1997).

Indeed, there has been a legitimate rise in health professionals' concerns about burnout in recent years. According to the National Academy of Sciences, burnout poses an underappreciated risk to providing safe, high-quality care (Dyrbye et al., 2017). and suggested adding enhancing health professionals' quality of life to the triple aims of health reform—improving patient care and the patient experience, population health, and cost reduction as the fourth goal.

### **Burnout and Stress in Health Professional Fields:**

Health professionals from all fields are impacted by stress and burnout. In addition to having some distinct roles, responsibilities, and challenges, the health professions have many common objectives, opportunities, resources, and difficulties. The multifaceted realities influencing clinicians' stress levels are indicated by the National Academy of Medicine's conceptual model of factors affecting clinician well-being and resilience (Brigham et al., 2018).

Physicians' and residents' physical health is negatively impacted by stress and burnout. Physician burnout is also linked to higher mortality ratios, higher rates of physician turnover, higher rates of medical errors and safety concerns, lower patient satisfaction, lower-than-ideal patient care quality, and higher rates of substance abuse among physicians (Benos, 2006).

### **Other Medical Experts:**

Physicians are not the only ones who experience stress and burnout. Since stress is becoming more widely recognized as a pressing national issue, research on it is expanding across all professions. Numerous health professionals, including nurses, dentists, physician assistants, pharmacists, audiologists, respiratory therapists, and others, have been observed to suffer from high levels of stress and burnout despite the diverse stressors and protective factors that vary across disciplines. Both at the individual and institutional levels, there is concern about the rise in burnout among health professionals due to rising healthcare costs for provider care, higher turnover, and rising rates of early retirement from the profession (Pololi & Knight, 2005).

### **Recommendations:**

- It is important to recognize the study's limitations, which include the small sample size. It was an exploratory study. It is advised that future, more extensive surveys of health service psychologists employed by AHCs be conducted in order to assess the reproducibility of these results, measure any changes, and enable analyses of covariates like gender, race, ethnicity, etc. The survey's psychometrics have not been assessed because it was created specifically for this study. Nonetheless, items were developed using established techniques for assessing burnout and related concepts. It is necessary to conduct more research with longer, validated measures.
- It is necessary to conduct research on the causes of stress as well as opportunities and tactics for advancing wellness at the individual and institutional levels. Prevention and intervention initiatives can benefit from additional research to determine predictors of burnout and elements linked to resilience in the face of the stressors that AHC psychologists frequently encounter. Future studies ought to focus on elements that affect psychologists in medical culture just as much as they do other medical professionals.

### **Conclusion:**

The skill sets of psychologists include expertise in developing, implementing, and assessing program-level wellness interventions; fostering professional wellness; and developing resilience skills at the individual level. Therefore, it is recommended that APAHC, other professional associations, and institutional leaders look into ways to use psychologists' knowledge and skills to help and lead in addressing burnout, wellness, resilience, and the clinical phenomena that are related to these issues (such as anxiety, depression, suicide, and disability) in their coworkers and across the healthcare workforce.

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