CAMRT Position Statement

Reducing the Prevalence of MRT Burnout

Mental illness is the leading cause of disability in Canada,[1,2] with healthcare professionals 1.5 times more likely to be absent from work due to illness or disability than any other workforce sector.[3] Closely related to this phenomenon is burnout, a significantly underappreciated and stigmatized personal, professional and public safety issue.[4] Although classified as an occupational hazard and not a medical condition,[5] multiple studies have documented the detrimental effects of burnout on psychological, physical, and professional wellbeing.[6–8] Burnout is complex, in that poor health contributes to burnout and burnout contributes to poor health.[9]

Burnout consists of three components of chronic stress:

1. **emotional exhaustion** (emotionally overwhelmed by demands),
2. **depersonalization** (feelings of detachment and dehumanization), and
3. **decreased sense of personal accomplishment** (feelings of inadequacy, failure, and poor professional self-esteem).[1]

Research indicates that medical radiation technologists (MRTs) are subject to chronic stress that can be emotionally draining and lead to burnout.[10,11] In the recent mental health survey undertaken by CAMRT and its partners, emotional exhaustion and burnout were prevalent across MRTs, with more than 57% of MRTs in all disciplines reporting moderate or high levels of emotional exhaustion.[12] These results are consistent with other health professions.[10,13–16] Prolonged periods of employee burnout can have negative implications for health professions, patient care, and health system. The impact of stress on mental wellbeing can be exasperated during times of uncertainty, such as a pandemic.[17]

- Individuals may experience depression, anxiety, post-traumatic stress disorder, vicarious trauma, weight changes, increased substance use, headaches, mood swings, insomnia, muscle tension, hypertension, gastrointestinal disorders, flu episodes, and even suicide.[10,18–20]
- Burnout among MRTs may also lead to decreased quality of patient care.[21–23] Patient care may be impacted by a lack of adherence to practice guidelines or policies and procedures, communication errors, medical errors, poor patient outcomes, and issues associated with other safety metrics.[24–27]
- Employee burnout may lead to several implications including quality and safety issues which may result in legal and professional liabilities, increased absenteeism and presenteeism, low job satisfaction, reduced productivity, and compensation claims.[27–29]

Burnout can be caused by the nature of the work as well as organization-based factors, such as shift work, and supporting trauma-based and palliative patients.[4,19,30,31] A conceptual framework suggests that ‘high burnout’ jobs are those with a high frequency of interactions, and the need to control

emotions while interacting with the public.[32] Other authors consider burnout as a characteristic of workgroups rather than simply an individual syndrome, indicating a need to examine burnout at the system level.[33] Nonetheless, data regarding potential causes of MRT burnout remains limited.[29]

Recommendations

1. CAMRT strongly encourages health leaders to create psychologically healthy workplaces by adhering to the National Standard of Canada for Psychological Health and Safety in the Workplace and actively support the broader movement for improved mental health.
    a. Healthcare organizations should support employees and provide Employment Assistance Programs that include mental health services for prevention, early intervention, and on-going treatment.
    b. Healthcare organizations should support and strive to provide mental health leave for their workers, just as sick days are supported for physical needs, and reduce the stigma associated with this type of leave.

2. CAMRT strongly encourages further research on the causes of burnout in healthcare professionals, and specifically within the medical radiation technology professions where data gaps have been identified.

3. CAMRT strongly encourages MRTs to recognize the implications of burnout and take an active role in the Canadian mental health movement.
    a. MRTs should practice mental health self-awareness through reflective practice in accordance with the Member Code of Ethics and Professional Conduct, taking the necessary steps to prevent or minimize burnout.
    b. In a way that best suits the individual, MRTs can actively contribute to local, regional, and/or national destigmatizing of burnout and mental health issues. Examples include, but are not limited to:
        i. modelling positive behaviours to improve workplace culture towards mental health,
        ii. holding open conversations about mental health to increase awareness,
        iii. putting up posters in support of mental health destigmatization,
        iv. contributing to mental health initiatives in the workplace, and
        v. participating in regional and national mental health campaigns.

CAMRT believes that burnout in the MRT profession would be best addressed as a systemic problem with systemic interventions directed at changes in the workplace. These interventions include those targeting workflow, autonomy, isolation, communication, teamwork, and building resiliency skills.[34,35] Promotion and prevention efforts aimed at healthcare professionals, like MRTs, in their workplace could in turn make a considerable difference in the health and lives of Canadians under the care of these professionals.[36]

As the national association, CAMRT is an advocate for the profession. With this comes the active and evidence-informed choice to foster initiatives that reduce burnout and improve mental health wellbeing in the workplace for its membership. CAMRT will continue to conduct research and complete projects, such as the National Mental Health Survey, and will build upon these to develop effective resources for its membership.

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