

# Assessing burnout in neonatal abstinence syndrome service providers in Rural West Virginia to increase accessibility and impact of high quality, evidence based services

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## Background

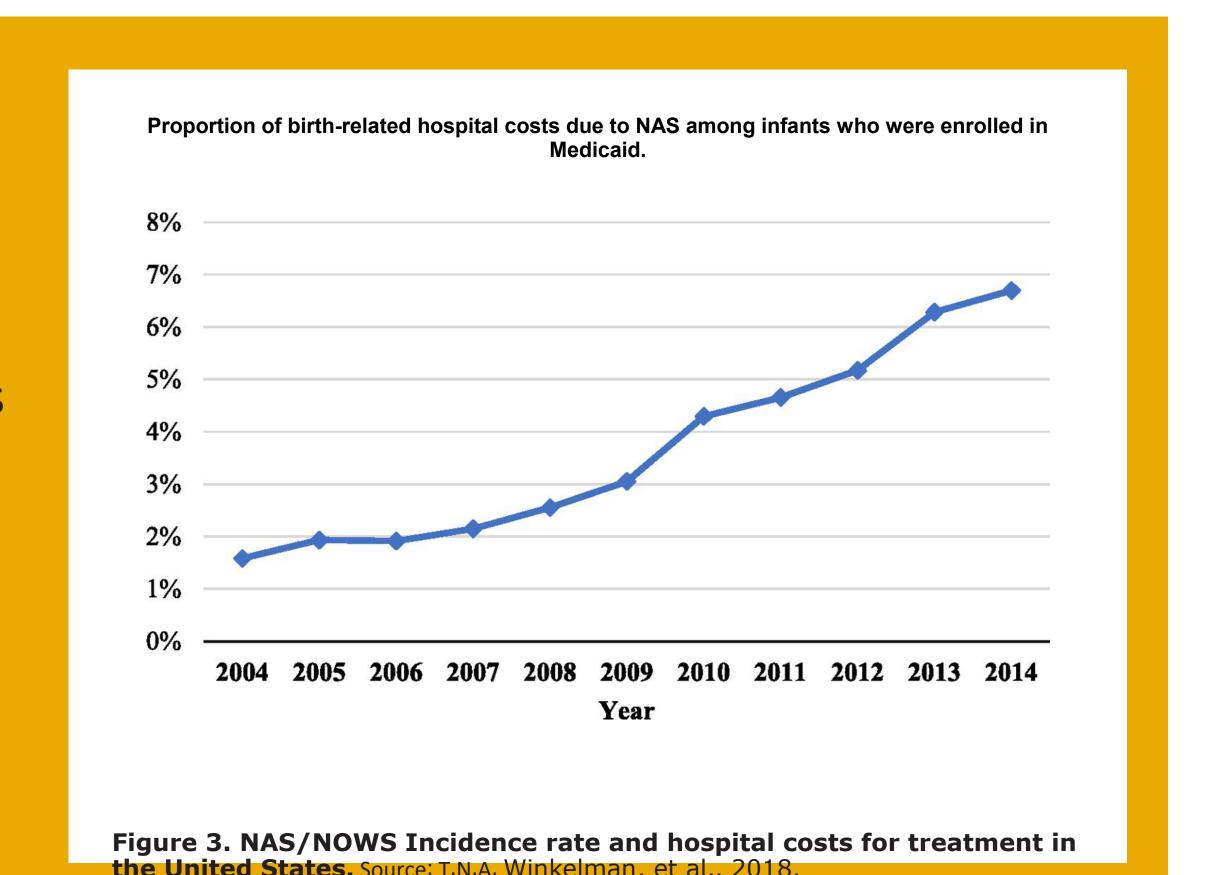
Previous literature has examined the effects of burnout on providers, but not much has been reviewed on providers who experience burnout related to providing services to neonatal abstinence syndrome impacted infants within rural West Virginia. For this study we are identifying providers as health care workers including physicians and nurses, social workers (government and public, private and nonprofit) and allied health workers.

Research has shown working within the substance use field as a service provider can cause increased feelings of burnout. Within the state the number of providers who are providing services to individuals experiencing substance use is increasing, due to the increasing number of individuals using substances in West Virginia. Below are statistics and figures related to the increase of substance use and neonatal abstinence syndrome diagnoses in West Virginia.

- In West Virginia in 2017 there were 833 deaths due to opioids. The rate was 49.2 per 100,000 persons. This rate was double from the rate in 2010 and triple the national average of deaths from opioid use.<sup>4</sup>
- The number of opioid prescriptions written in West Virginia in 2017 per person was 81.3 per 100 persons, compared to the national average of 58.7.4

# Objectives

The purpose of this study was to examine service providers in rural West Virginia within the substance use field, specifically those working with neonatal abstinence syndrome diagnosed infants and their families, and determine if they are experiencing burnout and what they have attempted to alleviate the symptoms they have.



## Methods and description of program

An online survey reviewed experiences of secondary trauma, resiliency and burnout among service providers who provide services to neonatal abstinence syndrome diagnosed infants. The survey was distributed through listservs developed by home visiting programs and patient navigators at the IMPACT demonstration sites.

Information collected included experiences of secondary trauma, burnout, resiliency and the symptoms experienced. A focus was also placed on whether the service providers were having feelings of wanting to leave their current position due to symptoms of burnout.

Information collected is continuing to be analyzed to determine correlations between burnout and the services they provide. Currently, the IMPACT program is developing modules to be put on an online learning portal in areas identified through focus groups as needing more education. Some of those topics are substance use neonatal abstinence syndrome, education and employment, stigma, mental health and addressing challenging behaviors. For home visiting providers within the state IMPACT is working with the WVHVP to develop a community of practice to assist in creating peer to peer networks and outlets to assist them with education and improved quality of work.

If you would like to participate in this study and provide information based on your experiences scan the QR code listed. All information received is anonymous and there is no-risk to the participant for completing the survey.



## Findings and results

Feedback received has requested more support within the workplace, options for workplace counseling and training requests. Specific requests related to training are to provide education on the effects secondary trauma can have on a provider and education on how to increase resiliency within the field.

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A study completed with 20,000 physicians in 2013 and repeated in 2017 by United Healthcare Professionals found the following statistics<sup>5</sup>:

- 40 percent of physicians experienced burnout in 2013
- In 2017, the burnout rate among the same physicians had increased to 51 percent for a 25 percent increase rate
- Physicians still in training reported burnout of 78 percent
- 43 percent of nursing staff reported emotional exhaustion and burnout in the hospital setting

Throughout both studies it was consistently reported that while there is knowledge burnout exists, there is little effective training available to prevent or manage feelings of burnout

## QR code



## Conclusions

We have received information identifying burnout and secondary trauma are being experienced by service providers, but more effective trainings and workplace support are currently needed. By determining the burnout experienced by these service providers, the program hopes to develop trainings which will provide education on burnout to reduce service provider turnover and increase the quality of services being provided.

### References

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