

COMPANION BOOKLET FOR PROFESSOR

Toolkit for the prevention of burnout syndrome in
College and University students



CONSORTIUM NATIONAL
DE FORMATION EN SANTÉ

Volet Université d'Ottawa

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cnfs.ca

The *Consortium national de formation en santé (CNFS)* is a consortium of post-secondary educational institutions offering French-language programs in various health disciplines. CNFS's mission is to ensure the implementation of an expanded post-secondary network of French-language training and research that improves access to health and social services for Francophone minority communities (FMCs).

The University of Ottawa is one of 16 CNFS partner institutions. At the University of Ottawa, CNFS

is helping to provide greater access to programs of study in the healthcare field to Francophones from minority communities. This contribution translates into increased capacity in a dozen disciplines offered by the Faculties of Health Sciences, Social Sciences and Medicine.

These programs also help increase the presence and contribution of French-speaking healthcare professionals to fully meet the health needs of their communities and make a significant contribution to their well-being and growth.

Editorial

The CNFS – University of Ottawa Chapter team designed this workbook as a complement to the training developed as part of the *Toolkit for the prevention of burnout syndrome in college and university students project*.

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BACKGROUND

A survey published in 2016 conducted in more than 41 academic institutions in Canada, amounting to approximately 44,000 college and university students, shows that one-third of them suffer from a mental health problem that can have a negative impact, not only on their well-being, but also on their academic success (Global and Mail Education, 2021).

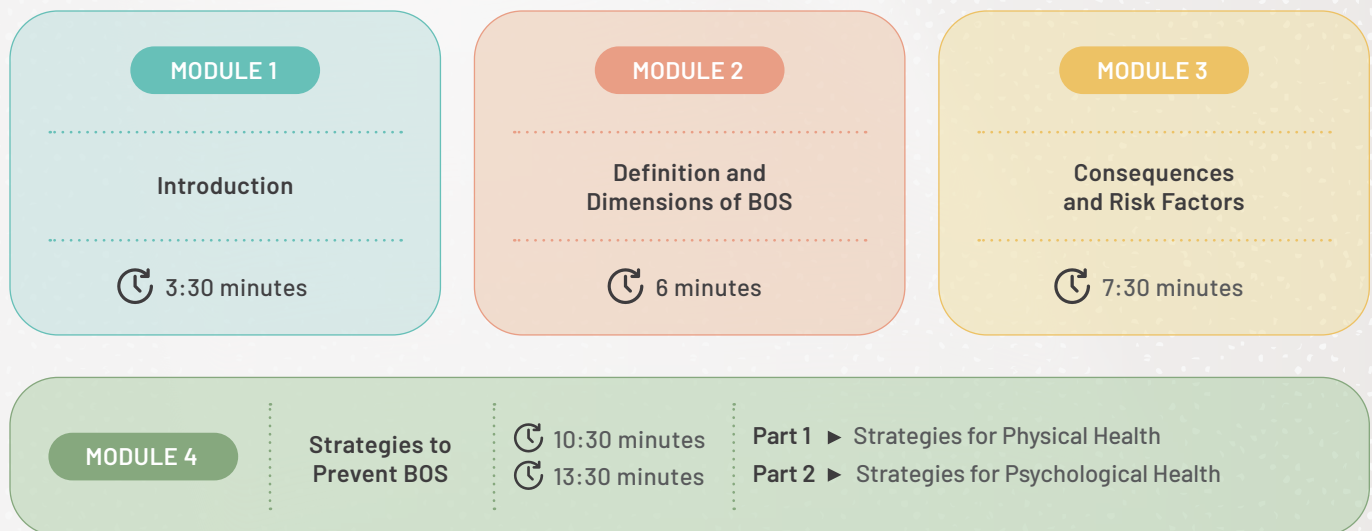
The *Toolkit for the prevention of burnout syndrome in College and University students* was designed to prevent the onset of professional or student burnout syndrome (BOS).

This kit, combined with your support, will enable students to:

- ▶ Differentiate between the three dimensions of BOS
- ▶ Identify individual risk factors present in their academic environment, clinical rotations and future workplaces
- ▶ Identify the consequences of BOS on the individual and on healthcare
- ▶ Implement strategies that reduce the risk of developing BOS

This Kit Includes


- ▶ **A 50-minute training session**, divided into four modules, presented in video format, interspersed with 20 to 25 minutes of reflection time.



- ▶ **A student workbook (this document)** for recording answers to the questions found in the training modules. This enables participants to document their reflective process throughout the course.
- ▶ **A companion booklet** for professors that provides additional information to enrich classroom discussions with students. Questions, content and teaching methods are suggested.

HOW IT WORKS

OPTION 1


 **50-minute self-directed learning.** It is possible to take breaks throughout the training. The complete viewing can be spread over several days.

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The following approaches are proposed:

- ▶ Set aside time in class or in the students' schedule to complete the training.
- ▶ Ask students to watch the module videos, follow the instructions and answer the reflection questions in the *student workbook*.
- ▶ Allow time for further reflection before and after each module as suggested in the workbook. This will make the training even more beneficial!
- ▶ You can then ask students to hand in their workbook in PDF* format.
- ▶ You can give them feedback or grade their workbooks by choosing the evaluation method that is right for you.

OPTION 2

 **150-minute in-class training** with reflection facilitated by the instructor in real time.

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When training is carried out in real time, the instructor may do the following:

- ▶ Reserve class time in your schedule as part of a course.
- ▶ Follow the instructions in the Professor's Guide.
- ▶ Ask you to answer the pre- and post- module reflection questions in your workbook.
- ▶ Dive deeper into module topics covered during the training and suggest additional questions related to these through class discussion or in small groups.
- ▶ Determine whether your workbook must be handed in and whether it will be graded.

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Note: The length of each reflection is offered as a guide only. We invite you to respond at your own pace.

CONTENT AND REFLECTION QUESTIONS FOR STUDENTS

Note: To feel comfortable leading the discussion with your students, the CNFS – University of Ottawa Chapter recommends that you take the following online workshop: *Cheminer vers le mieux-être : Contrer l'épuisement professionnel par la résilience*

► cnfs.ca/professionnels-de-la-sante/formation-professionnelle/ateliers-en-ligne

► Before viewing Module 1 - Introduction

Explain the background and workshop objectives to students by referring to **page 4** of this booklet. You may then ask if they know of any colleagues or friends who have suffered from burnout syndrome (BOS), or if they are concerned about this syndrome.

Additional Information

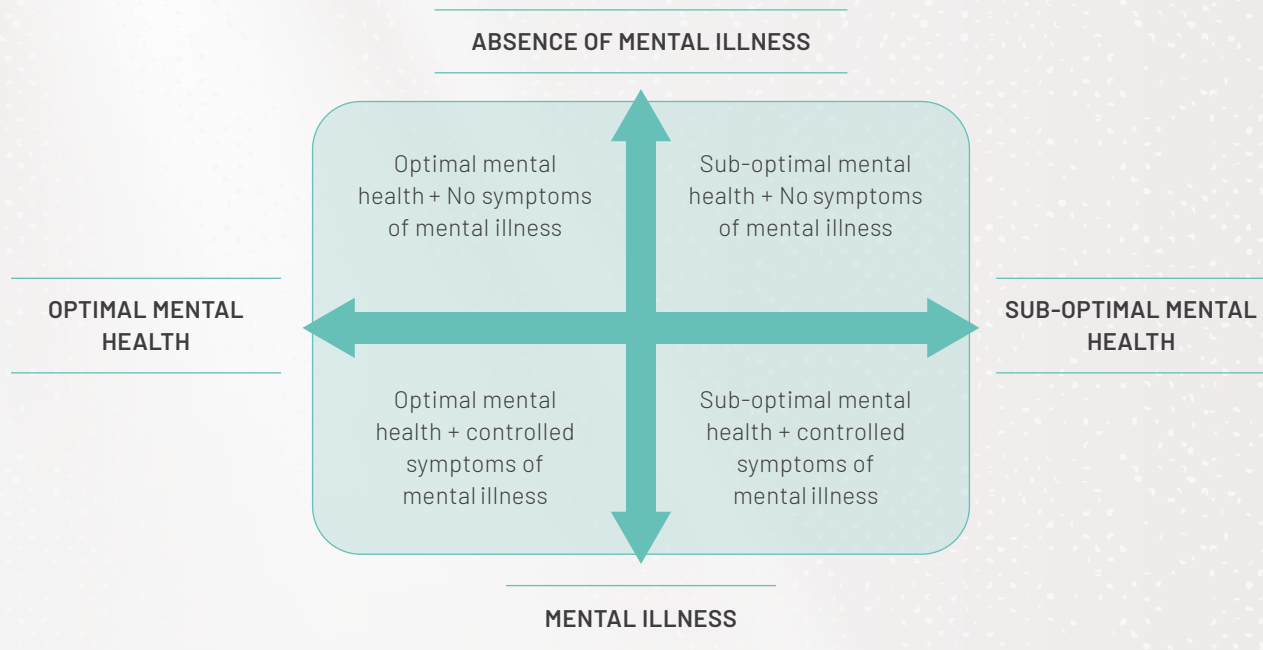
You may want to take some time to talk about mental health in general. If so, here are some ideas for additional questions and content.

► **Question to ask:** Is an individual without an observable mental illness necessarily in good mental health?

**The World
Health
Organization
(WHO)
defines mental
health as:**

“A state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development.” (WHO, 2022)

CONTENT AND REFLECTION QUESTIONS FOR STUDENTS



The distinction between **mental illness and mental health** is a complex one to grasp. It can be better understood with the help of this diagram. On this diagram, at one end of the horizontal axis is optimal mental health, and at the other is non-optimal mental health. On the vertical axis, at one end is the absence of mental illness and at the other, the presence of mental illness. The diagram illustrates that even if a person is mentally ill, it is still possible to enjoy optimal mental health.

Now that you covered the basics, you can delve deeper into the topic. To do so, follow the instructions below.

Explain the **difference** between **expectation** and **intention**.

Expectations relate to expected results, while intention refers to the processes or things to be done to achieve these results. By having an intention, we are more open to different possible outcomes and can thus learn more and achieve a potentially better result.

Now, ask students to use their workbooks to write down an intention they would like to see fulfilled and an expectation they wish to achieve at the end of this training.

CONTENT AND REFLECTION QUESTIONS FOR STUDENTS

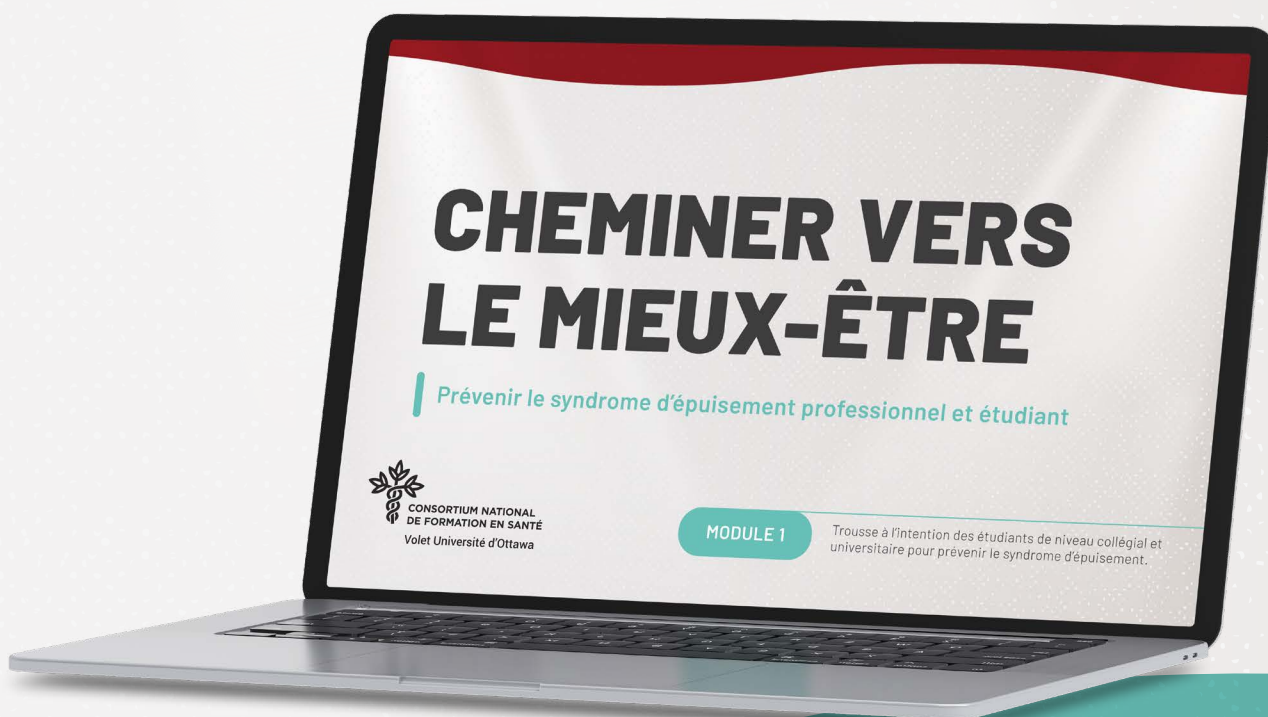
Note: This can be found in the *Student Workbook*.

▶ Reflection 1 🕒 3 minutes

Please state an **EXPECTATION**, i.e. a goal or result you wish to achieve by the end of this training course.

- ▶ Following this training, I would like to:
- ▶ And now, please formulate an **INTENTION**, i.e. the way in which you would like to undertake the process (Bloom, 2022, 21:30) and therefore experience this training (e.g. allow me to take time for myself, welcome what is to come with kindness, be non-judgmental during the training, etc.).

- ▶ Indicate that you are about to **begin MODULE 1 - Introduction**. Advise your students to take notes in their workbooks.



CONTENT AND REFLECTION QUESTIONS FOR STUDENTS

► Before viewing Module 2 - Definition and Dimensions

Ask students **to write down their definition** of burnout syndrome (BOS).

Note: This can be found in the *Student Workbook*.

► Reflection 2 🕒 2 minutes

Please write down your **DEFINITION** of burnout syndrome.



- Indicate that you are going to **start MODULE 2 - Definition and Dimensions**. Advise your students to take notes in their workbooks.

► After viewing Module 2

Ask students to reread their initial definition and refine it with the new information they have received.

Note: This can be found in the *Student Workbook*.

► Reflection 3 🕒 2 minutes

Following the viewing of Module 2, you may be able to refine the definition of BOS you wrote earlier. What elements could you add or modify to make it more accurate?

To animate the discussion, you can point out elements that were new to many students. You may also ask how they think this new knowledge will help them recognize the warning signs of BOS (3 R's approach).

CONTENT AND REFLECTION QUESTIONS FOR STUDENTS

► Before viewing Module 3 - Consequences and Risk Factors

Ask students to complete Reflections 4 and 5.

Note: This can be found in the *Student Workbook*.

► Reflection 4 🕒 2 minutes

Please name some of the consequences of BOS that may occur:

- in the individual (student or professional) affected by it
- in the workplace

► Reflection 5 🕒 2 minutes

Now think about five risk factors that increase your likelihood of suffering from BOS.

🔑 Hint: risk factors can be linked to the individual, to studies, to the environment, etc.

- Indicate that you are about to start **MODULE 3 - Consequences and Risk Factors**. Advise your students to take notes in their workbooks



CONTENT AND REFLECTION QUESTIONS FOR STUDENTS

► After viewing Module 3

You may ask students how the consequences of BOS would differ for an individual also experiencing depression.

Additional information

1

One of the first distinctions is symptomatology. In depression, there is a definitive presence of low mood or loss of interest or enjoyment, whereas this is not necessarily the case in BOS. In BOS, the individual may continue to take an interest in the elements surrounding his or her personal life.

2

Furthermore, the symptoms of depression would be present in all occupations, whereas in BOS they would be experienced during activities related to the individual's professional life.

3

There are also differences in the speed of onset. Depression can appear much more quickly than BOS. In fact, depression can be diagnosed by the presence of symptoms over two weeks, whereas BOS usually takes one to five years to set in.

4

In addition, depression is a well-defined diagnosis in the DSM-5, whereas BOS is a syndrome.

► Now, ask students to reread their answers from Reflection 5 and modify them if necessary in Reflection 6.

CONTENT AND REFLECTION QUESTIONS FOR STUDENTS

Note: This can be found in the *Student Workbook*.

► Reflection 6 1 minute

Look back at the five risk factors you identified earlier. Are they still a priority? If not, add the ones that stood out to you.

To **lead the discussion**, you may ask students:

- If they think certain professionals are more at risk than others.
- If, according to them, age, gender, marital status, socioeconomic status, level of education and geographic region are considered risk factors for the onset of BOS.
- How psycho-cognitive aspects such as decision-making style, coping strategies and emotion management influence the onset of BOS symptoms.

Additional Information

► Work environment and professions

Les professionnels travaillant dans les urgences
Professionals working in emergency departments suffer higher levels of BOS compared to professionals in other fields, due to the high-pressure environment generated by the unpredictable nature of their work.

One third of midwives and nurses in the obstetrics and gynaecology field suffer from a high level of BOS.

In the mental health field, social workers and nurses are at greater risk of emotional exhaustion.

According to recent data, 40% of mental health

professionals suffer from BOS. The professionals included in the review were physicians, nurses, social workers, psychologists and occupational therapists. More specifically, if we refer to the three dimensions of BOSS.

40% exhibited emotional **exhaustion**

22% experienced **dehumanization** of the helping relationship

19% had a low **sense of accomplishment**

These figures are more or less the same for physicians, with a higher percentage. (34%) of low sense of accomplishment.

CONTENT AND REFLECTION QUESTIONS FOR STUDENTS

► Gender, marital status, socioeconomic status and level of education

There is no consensus on the link between the three dimensions of BOS and the various socio-demographic aspects.

► Age

There doesn't seem to be a consensus in the literature on age and its influence on BOS. Some claim that age increases the risk of experiencing emotional exhaustion and dehumanization. On the other hand, this data is contradicted by the fact that a sense of personal accomplishment increases with age, and that age therefore has a partially protective effect.

► Geographical area

The dimension of personal fulfillment is reported to be lower in Europe than in North America.

Furthermore, although the incidence of BOS varies widely across Europe, from 4.3% in Finland to 20.6% in Slovenia, it appears to be higher in countries outside the European Union than within it; respectively, 17% vs. 10%. These differences can be explained by very variable workloads between countries.

► Psycho-cognitive aspects

Decision-making styles

Broadly speaking, there are **five decision-making styles** for dealing with a situation.

STYLE	CHARACTERISTICS
Rational	The individual will demonstrate thorough research and logical evaluation of alternatives
Avoidant	The individual will tend to postpone and avoid making decisions
Dependent	The individual will seek advice and guidance from others
Intuitive	The individual will rely on the confidence they have in their intuitions and feelings.
Spontaneous	The individual has a sense of immediacy and wants to get through the decision-making process as quickly as possible

Individuals demonstrating rational and avoidance-based decision-making would be more likely to develop BOS.

CONTENT AND REFLECTION QUESTIONS FOR STUDENTS

Adaptation Strategy

The literature also mentions the influence of coping strategies in the development of BOS. These innumerable strategies correspond to the way in which individuals deploy behavioral or psychological efforts to control, tolerate or reduce the effects of stressful events they experience.

Individuals using inadequate coping strategies such as those based on avoidance to cope with a stressful situation would be more likely to develop BOS.



Managing Emotions

A final psycho-cognitive component that plays an important role in the establishment of BOS is emotion management. Demonstrating difficulty in discerning and expressing emotions is correlated with and could even be predictive of BOS. These individuals tend to focus their attention on external events rather than on the emotional repercussions they generate. This may predispose them to cynicism and, ultimately, a low level of personal fulfillment.



CONTENT AND REFLECTION QUESTIONS FOR STUDENTS

► Before viewing Module 4 - Part 1: Strategies for Physical Health

The following reflections can be completed individually or in groups:

- **Individual:** Ask your students to complete Reflection 7.
- **Groups:** To facilitate discussion, you may ask students to work in small groups and discuss the strategies they use to improve their physical well-being. Then ask them to write their answers on large sheets of paper on the wall, or in the chat box if you're teaching online.

Note: This can be found in the *Student Workbook*

► Reflection 7 🕒 3 minutes

What strategies do you adopt to improve your physical well-being?

- Indicate that you are about to **START MODULE 4 - PART 1: STRATEGIES FOR PHYSICAL HEALTH**. Advise your students to take notes in their workbooks.



► Before viewing Module 4 - Part 2: Strategies for Psychological Health

To facilitate the discussion, you may ask students if the strategies they use are similar to those proposed in the workshop. Invite them to share any strategies that weren't mentioned and to describe how they feel when employing them.

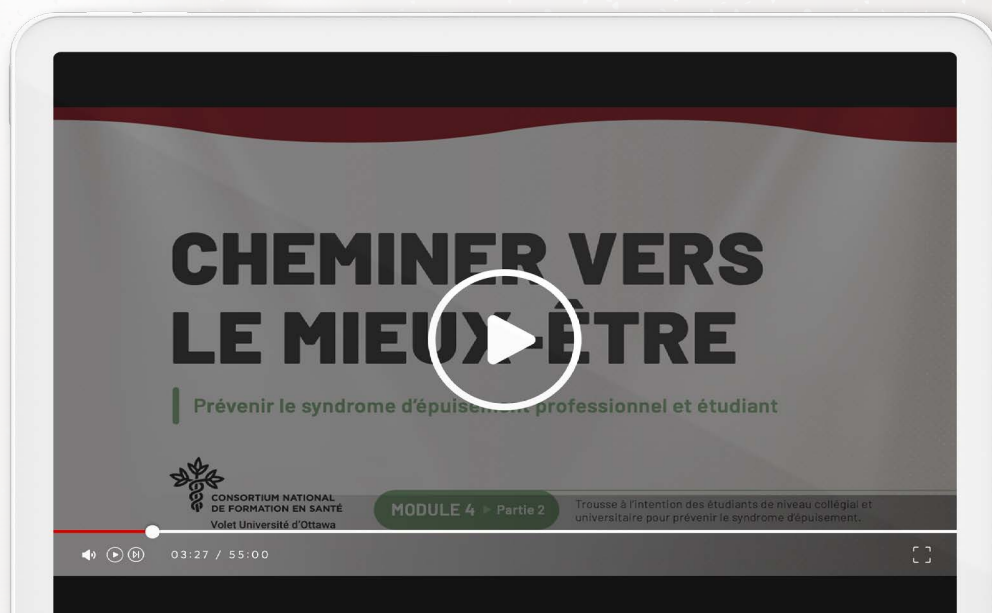
Now ask students to complete Reflection 8 individually or in small groups.

Note: This can be found in the *Student Workbook*.

► Reflection 8 🕒 3 minutes

What strategies do you adopt to improve your psychological well-being?

CONTENT AND REFLECTION QUESTIONS FOR STUDENTS



- ▶ Indicate that you are about to **START MODULE 4 - PART 2: STRATEGIES FOR PSYCHOLOGICAL HEALTH**. Advise your students to take notes in their workbooks.

▶ After viewing Module 4 - Part 2

To lead the discussion, you may ask students whether the strategies they use are similar to those proposed in the workshop. Invite them to share any strategies that weren't mentioned and to describe how they feel when employing them.

Before wrapping up the training session, review the strategies that students have written on the wall or in the chat box.

Ask them to indicate whether the new knowledge acquired in Module 4 has enabled them to discover new strategies or motivated them to adopt more.

Now invite students to complete reflections 9 and 10, which are personal reflections

TRAINING EVALUATION

Note: This can be found in the *Student Workbook*.

► Reflection 9 🕒 2 minutes

Look back at your expectations and intentions as expressed in Reflection 1. Did the training meet your expectations and make your intentions a reality? If so, how do you think it will change the way you work in the future?

► Reflection 10 🕒 2 minutes

You already knew and applied several strategies in your daily life.

Take a moment here to determine how you can continue to take care of yourself and recharge your batteries to prevent BOS.

The last step is to draw up your commitment plan:

- In the coming weeks, I commit to adopting the following strategies to improve my physical and psychological well-being:

Thank you for contributing to the well-being of your students!

- **Your feedback is important to us.** Please take a few minutes to complete the training evaluation.





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