

MEETING THE CHALLENGE OF BURNOUT

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BURNOUT AMONG HEALTH CARE PROFESSIONALS

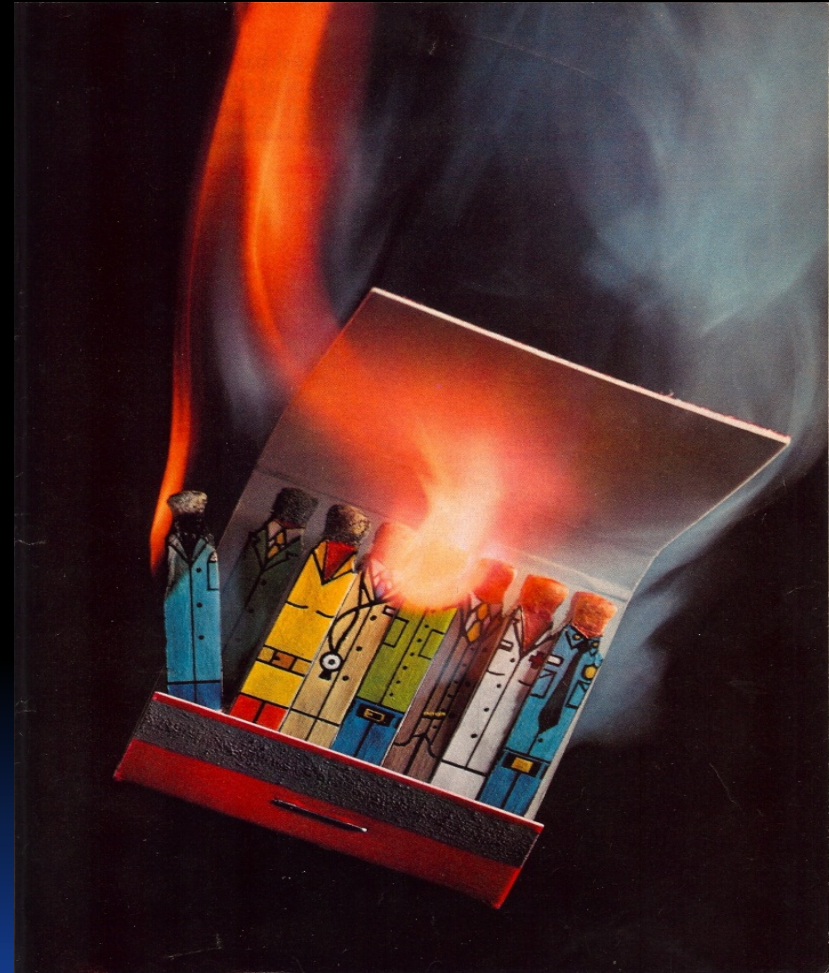
- Health care has been the primary occupation for research on burnout, for several decades
- Burnout is linked to:
 - Poor quality of patient care
 - More medical errors
 - Dysfunctional relationships with colleagues
 - Greater risk of substance abuse
 - Greater risk of depression and suicidal ideation
 - Stronger intention to leave the medical profession

IS BURNOUT A PROBLEM OF THE PERSON OR THE SITUATION?

- **Burnout is often mistakenly labeled a problem of individual health care providers, leaving the underlying systemic and cultural problems unaddressed.**
 - **“The fact that almost one in two US physicians has symptoms of burnout implies that the origins of this problem are rooted in the environment and care delivery system rather than in the personal characteristics of a few susceptible individuals.” [Mayo Clinic, 2012]**

BURNOUT INVOLVES BOTH PERSON AND SITUATION

- **BURNED-OUT
PEOPLE**
- **ON-FIRE JOB
ENVIRONMENT**
- *We need to rethink the
problem, the solutions,
and the process of
improvement*



RETHINKING THE PROBLEM

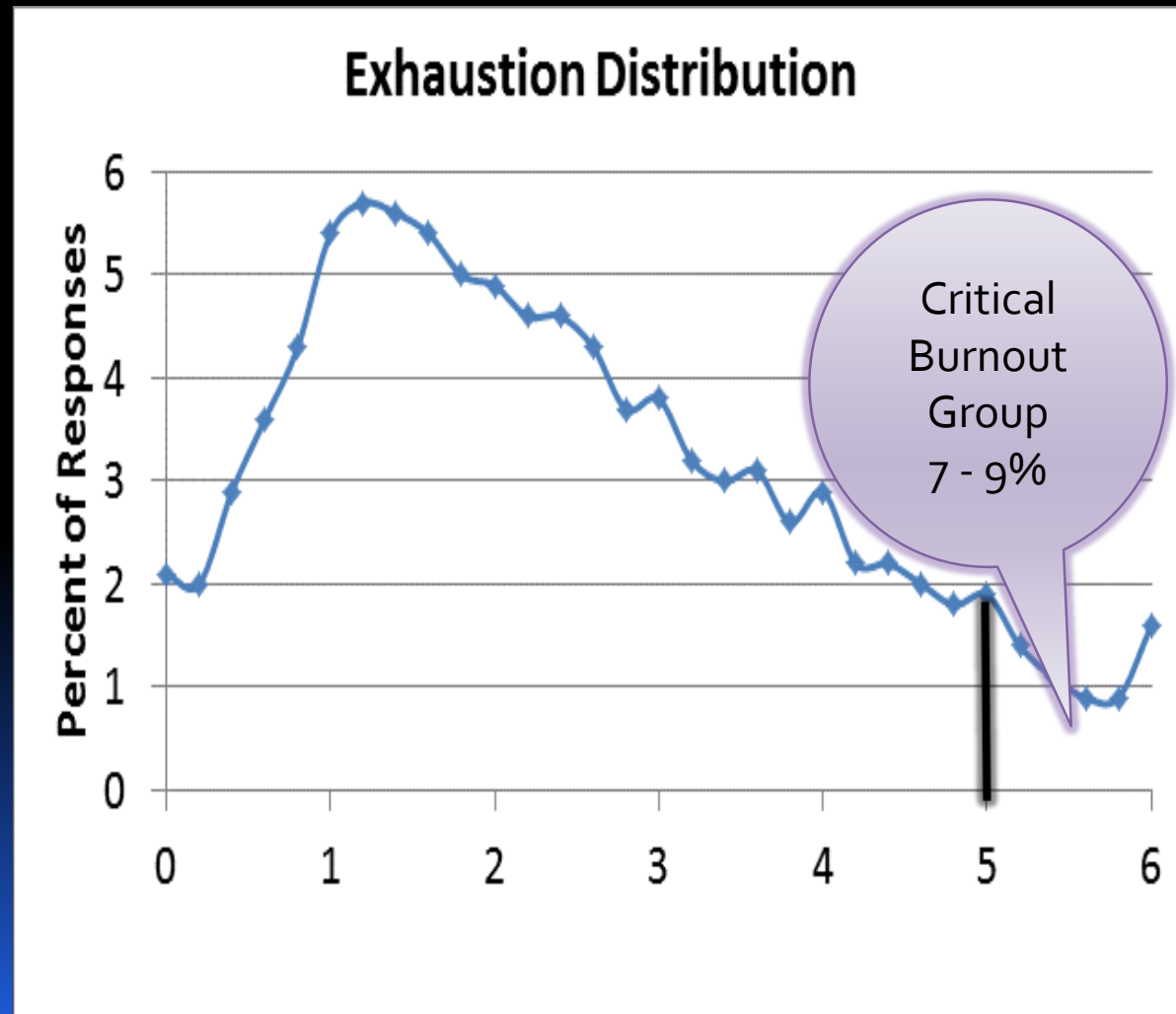
- **Burnout is:**
 - An experience in response to chronic job stressors
 - **Exhaustion** (stress response)
 - **Cynicism** (negative response to job and others)
 - **Inefficacy** (negative response to self)
- **Burnout is NOT:**
 - Only one of these three dimensions
 - A psychological disease or clinical deficit
 - But it can be a step in path towards depression or anxiety
 - Diagnosed by a cut-off score
 - No clinical research has established such a diagnosis
 - A synonym for all kinds of other problems
 - Such as boredom, lack of creativity, laziness, workaholism
- **Burnout should be viewed as a red flag, a warning signal that things are not going well in the relationship between people and their workplaces.**

MEASUREMENT ISSUES

- **Many measures of burnout**
 - They differ in various ways (content, response format, scoring) so not always comparable
 - Some have not been validated
- **Respondents may not give true answers**
 - Lack of confidentiality
 - Negative effect of “diagnosis”
- **Potential for inaccurate statement of the burnout problem**
 - Bimodal (yes-no) vs. continuum

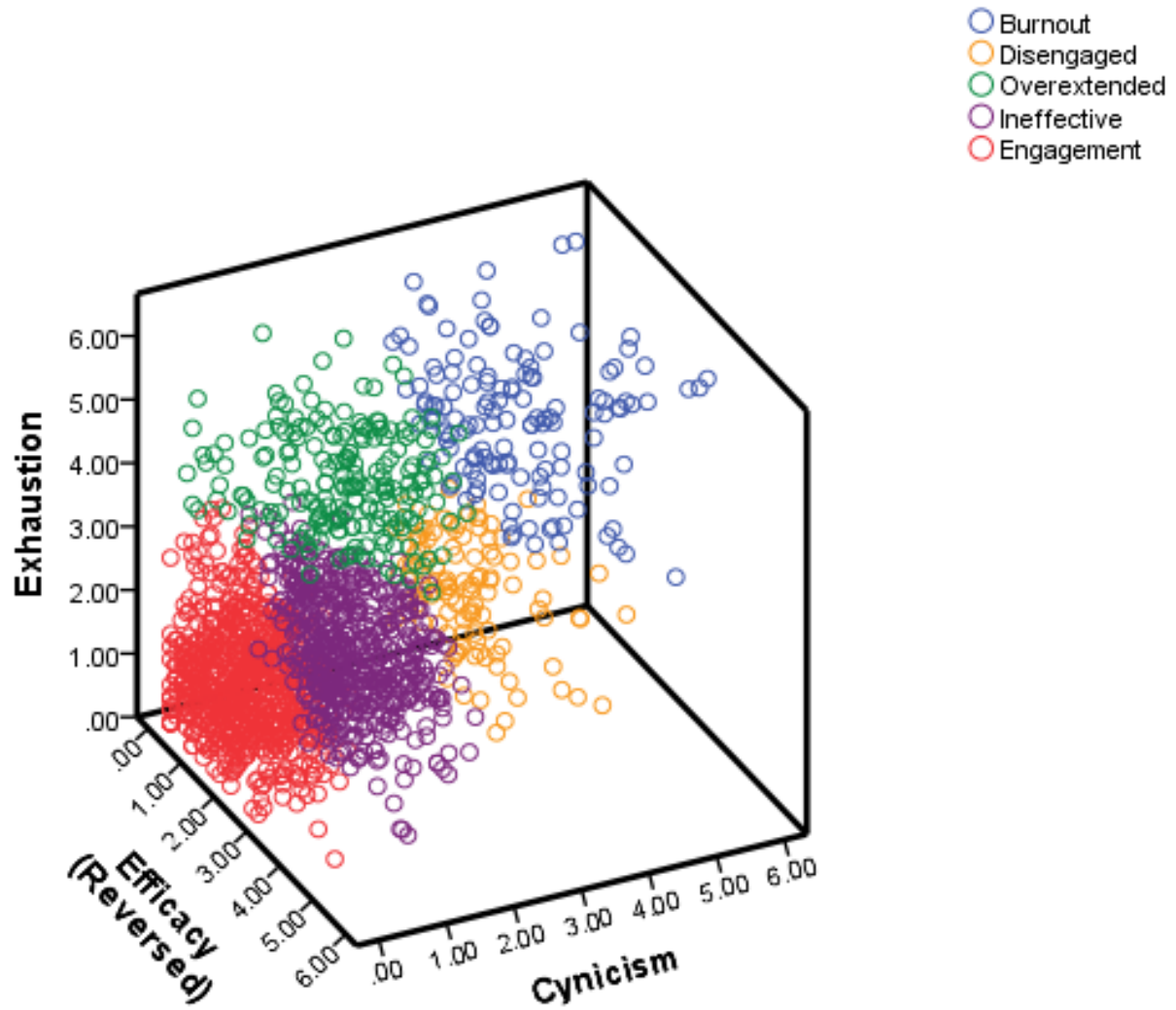
How Many Health Care Workers Are Burned Out?

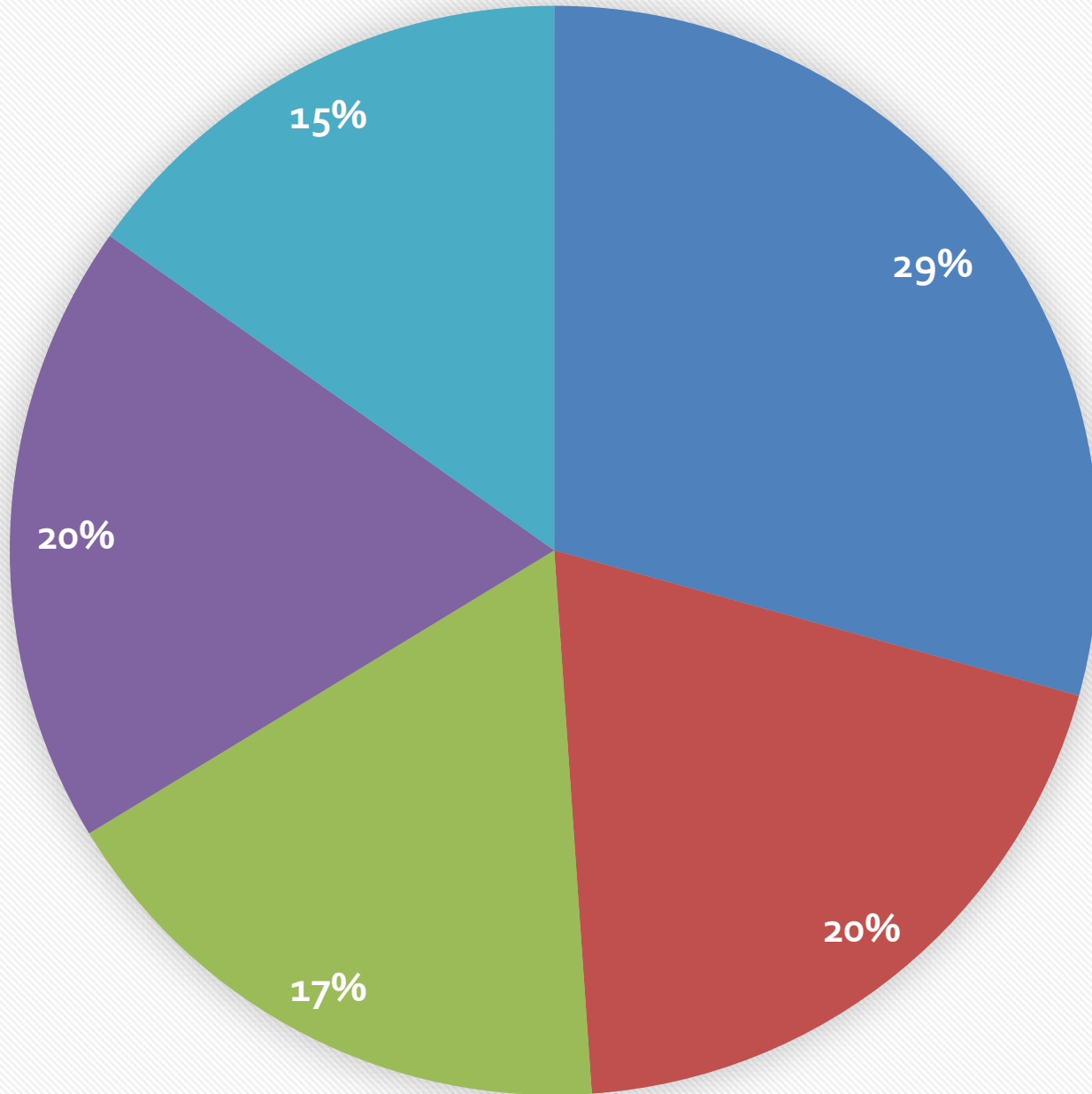
- Those whose average score on the Exhaustion scale is “Several times a week” or “Every day”
- But what are their scores on both Cynicism and Inefficacy?



FIVE MBI PROFILES OF WORK EXPERIENCE

- **BURNOUT**
 - Three high negative scores
- **DISENGAGED**
 - One high negative score -- Cynicism
- **OVEREXTENDED**
 - One high negative score -- Exhaustion
- **INEFFECTIVE**
 - One high negative score -- Inefficacy
- **ENGAGEMENT**
 - No negative scores (all three are positive)





- Engaged
- Ineffective
- Overextended
- Disengaged
- Burned Out

SIX STRATEGIC AREAS

- **Workload**
- **Control**
- **Reward**
- **Community**
- **Fairness**
- **Values**

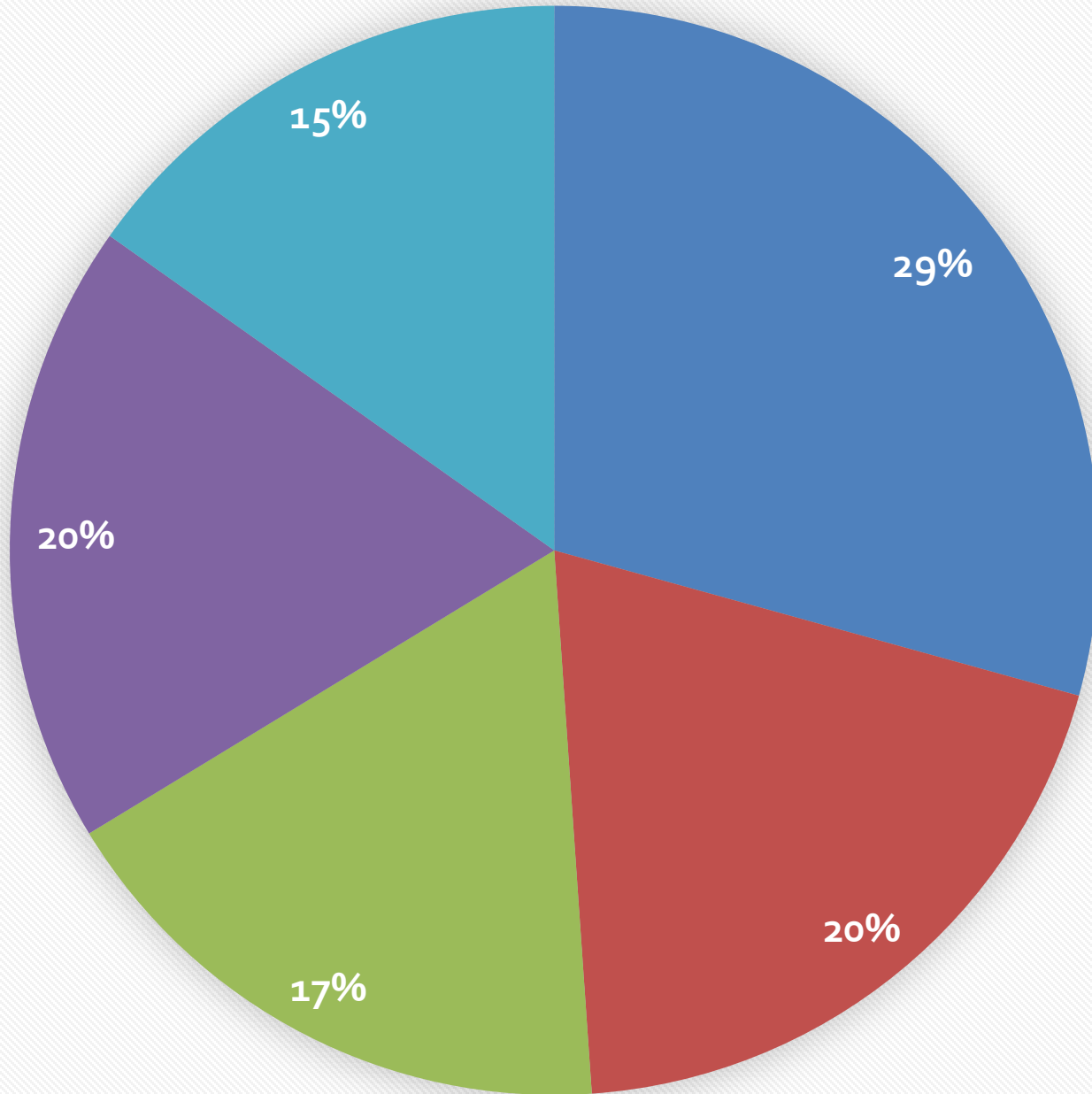


JOB-PERSON MISMATCH

- ◆ Demand Overload
- ◆ Lack of Control
- ◆ Insufficient Reward
- ◆ Breakdown of Community
- ◆ Absence of Fairness
- ◆ Value Conflicts

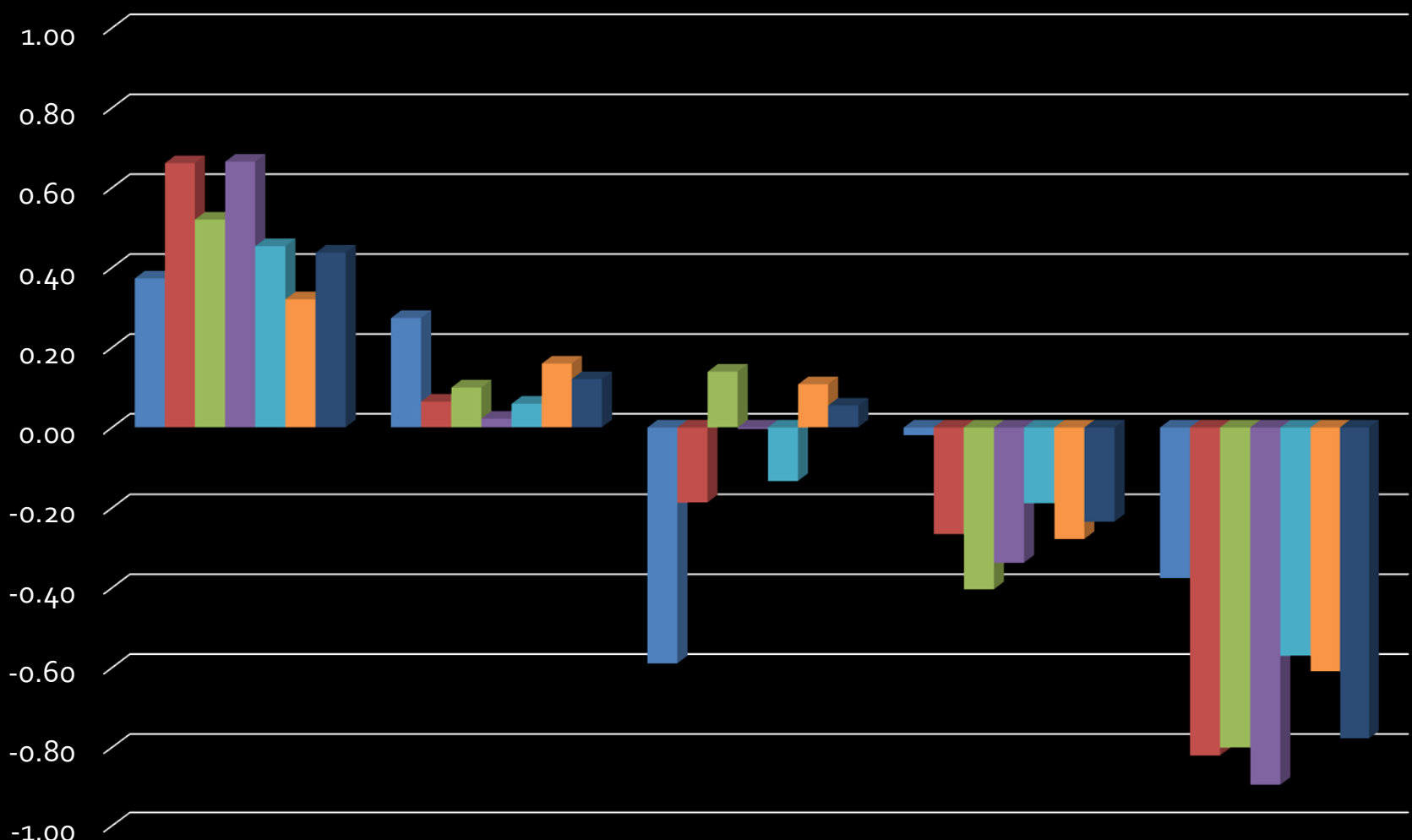
More Mismatches = More Burnout





- Engaged
- Ineffective
- Overextended
- Disengaged
- Burned Out

Areas of Worklife

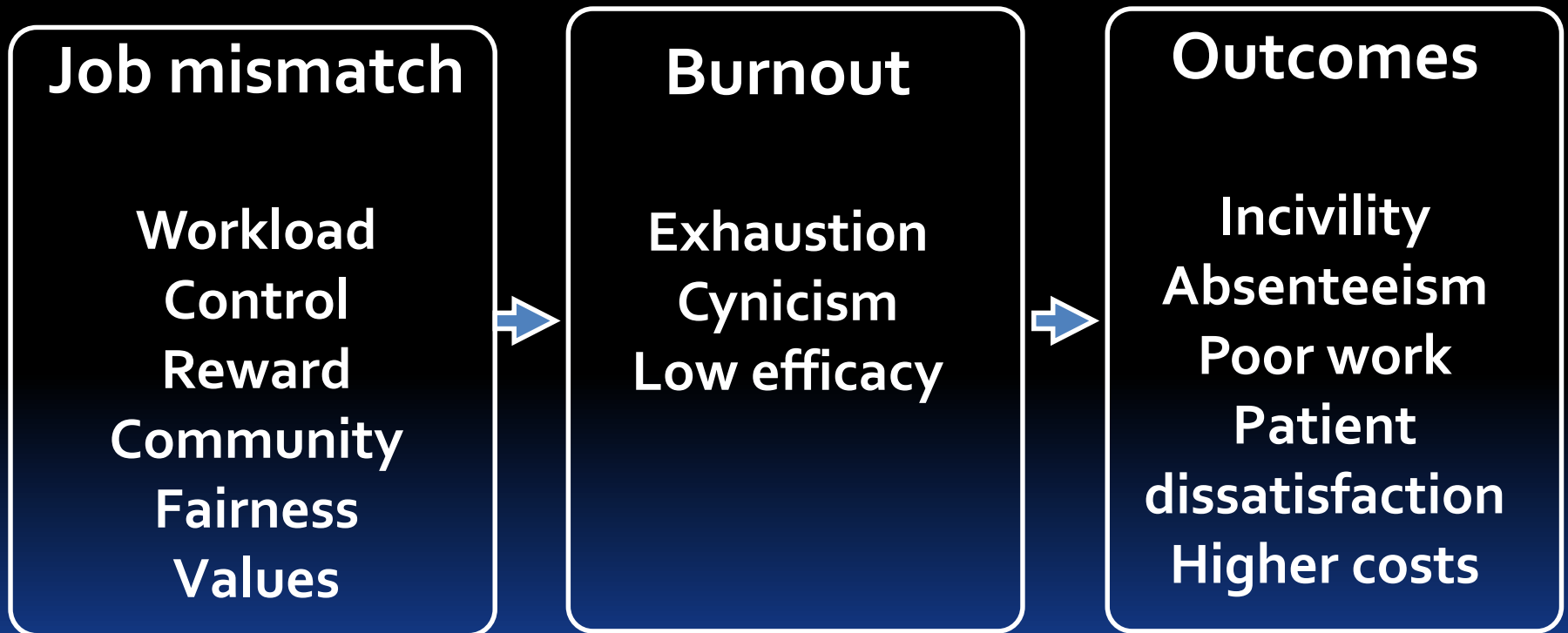


■ Workload ■ Control ■ Admin ■ Reward ■ Cmtty ■ Fair ■ Values

RETHINKING THE SOLUTIONS

- Problems with focusing on the individual only
 - Blaming the victim
 - Implicit message: “You have to tolerate bad workplaces”
 - Helping the individual to cope better with the job situation, but **NOT** trying to improve the situation
 - Giving highly stressful workplaces a “free pass” – even though working conditions are the key sources
- What will “success” look like?
 - Do not frame the important outcome as “lower individual scores on burnout”
 - Burnout scores will not change until chronic stressors are changed
 - Important outcomes should be clearly defined and assessed
- Need a more systemic framework
 - Define in terms of units or departments (comparable to safety measures)

THE MEDIATION ROLE OF BURNOUT



HEALTHY WORKPLACE: A NEW MODEL?

- Sustainable Workload
- Choice and Control
- Recognition and Reward
- Supportive Work Community
- Fairness, Respect and Social Justice
- Clear Values and Meaningful Work



BETTER STRATEGIES FOCUS ON BOTH PERSON AND SITUATION

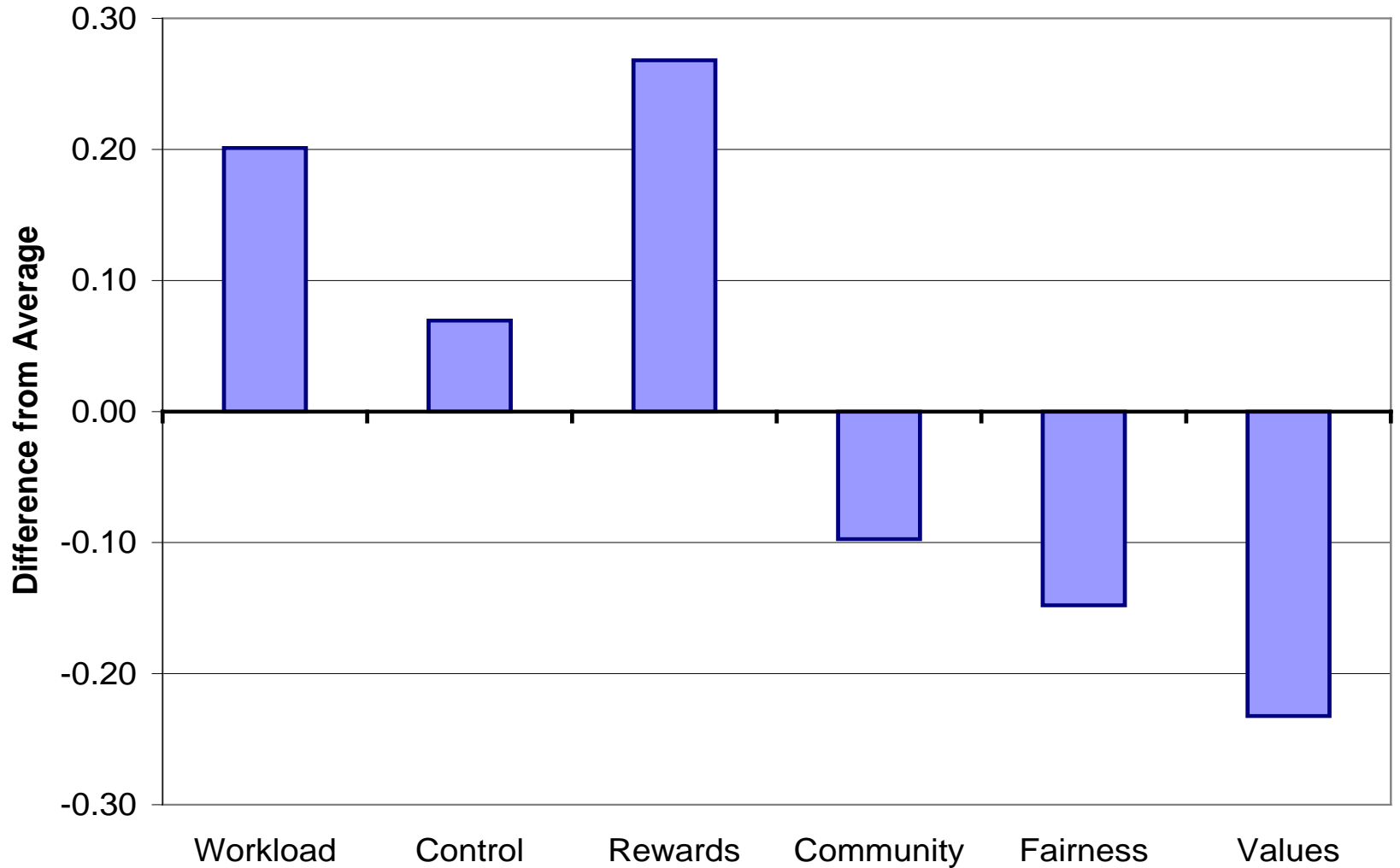
- Building engagement
- Regular organizational assessments
- Early detection and prevention



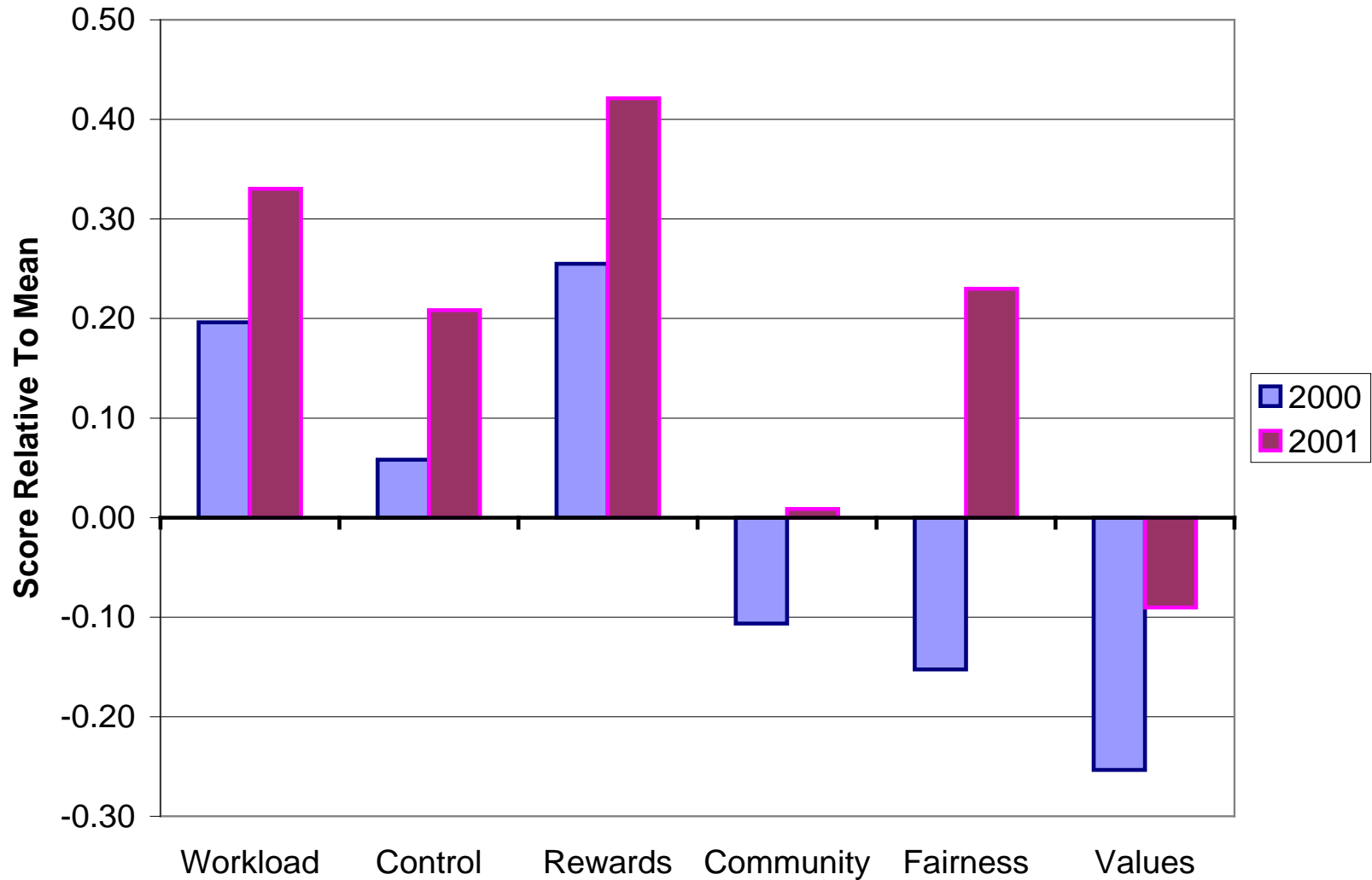
ORGANIZATIONAL “CHECK-UPS”

- Large organizations with a variety of employees
- Participation by 80-90% of employees
- **Collaborative** planning process for organizational change
- Positive improvements in the workplace at the time of second Check-up

FAIRNESS: FIRST ASSESSMENT



ONE YEAR LATER



BUILDING ENGAGEMENT

Work engagement is the positive opposite of burnout

- ◆ **Energy** vs. exhaustion
- ◆ **Involvement** vs. cynicism
- ◆ **Efficacy** vs. inefficacy

Efforts to achieve a positive goal may be better than trying to reduce a negative problem



IMPROVING COMMUNITY

- Civility, Respect, and Engagement at Work (CREW)
 - Developed and tested in hospital settings
 - Six-month team process to build a supportive work community
 - Results show:
 - Lower burnout
 - Less absenteeism
 - More civility
 - workengagement.com/crew



QUALITIES OF SUCCESSFUL CHANGE PROCESSES

- **URGENCY**
 - *Critical importance, end goal*
- **TARGETED**
 - *Clear target, strategic leverage points*
- **COLLABORATIVE**
 - *Continuous employee participation*
- **SUSTAINED**
 - *Ongoing commitment over time*
- **EVALUATED**
 - *Measurement of progress*



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CONCLUSIONS

- **Burnout is more of a chronic situational process than an individual problem.**
- **Improvements in social work environments can help prevent burnout and build engagement.**
- **Social improvements rely on the reciprocal relationships between colleagues.**
- **The six areas of job-person fit can be a valuable diagnostic tool to identify where meaningful improvements can be developed and implemented.**