Preventing the Burnout Syndrome by Creating a Healthy & Healing Environment

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Original Article

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Background

Occupational burnout is a significant global problem that has impacted clinical outcomes, patient safety, and patient-centered care across healthcare settings (World Health Organization) [WHO], 2019. The classic definition of burnout, as defined by Dr. Christina Maslach, is "a psychologic syndrome involving emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment (Maslach & Jackson, 1982). Burnout affects cognitive, behavioral and emotional aspects of human behavior. It also interferes with how individuals process and interact with others at an individual and organizational level. Others have noted that burn-out individuals tend to focus on negative things rather than positive emotions (Bianchi & Laurent, 2015).

Nurse and physician burnout was recognized before the COVID-19 pandemic as a growing problem. Evidence now suggests that more than 50% of nurses, physician assistants and physicians report syndromes of burnout. The problem has become even more pronounced when the work environment contributes stressors associated with technological advancements, EMRs, increased patient acuity, and financial cost cutting measures.

It is now recognized that individuals and organizations burnout. As a public health issue, burnout and well-being are multifactorial and recognize that individuals and organizations contribute significant factors to the burnout syndrome. It appears that burnout rates are rising across specialties and settings resulting in increase of costs to individuals and organizations (National Academy of Medicine [NAM]), 2018. What is needed is a clear map to make decisions on clinical burnout. Healthcare workers (HCW) need confidential access to wellness activities, support systems and mental health consultation. A new model is needed to further refine the work-life balance and create a caring corporate culture. Healthcare leaders need to rethink how to support employees across disciplines when it comes to burnout and well-being.

Causes

In the initial phases of burnout, it is essential to address burnout on an individual level and this requires recognizing the symptoms. Contributors to burnout and well-being are multifactorial but 2 main drivers are evident in the literature: institutional factors and individual factors. Health system issues are major contributors to burnout. There appears to be agreement among the professions that fixing the burnout problem means addressing personal factors and system factors simultaneously. Burnout results from a combination of factors and from cumulative stressors working in combination. Failure to recognize both sources and stressors leaves important drivers of burnout unaddressed. High levels of burnout within a work setting will be accompanied by strong emotions: frustration, anger, doubt, apathy, distrust, cynicism, distrust of leaders (Fred & Scheid, 2018). Burnout also contributes to medical errors, high turnover rates, patient dissatisfaction, financial losses and poor quality of care (Hall, Johnson, Watt, Tsysa, O'Connor, 2016) which in turn accelerated institutional stress.

Most authors suggest that a disruptive healthcare environment has a profound impact on individual stress and behaviors associated with coping in a stressful work environment. Sources of stress include: pandemic related events; working long hours in stressful situations; workforce shortages; technological advances; market competition; leadership fatigue; and excessive acceleration in getting results. Others suggest: loss of independence; long-time documenting in the electronic health record (EHR); lack of flexibility; pressure for perfectionism; administrative burdens; government regulation has increased physician burnout. Healthcare workers are in high-risk occupations and need increased emotional support in difficult times (Rehler, K., Adair, K.C., Sexton, B, 2021). The negative effects of burnout at an individual level includes headaches, anger, anxiety, reduced personal accomplishments, job dissatisfaction, feelings of energy depletion, emotional exhaustion, reduced access to positive emotions, low productivity, poor sleeping, poorer immune functions, depression, and feelings of hopelessness.

Treatmen and Interventions

Increasing the level of resources in the organization is critical to addressing burnout and well-being. The most common method to measure the impact of stress is to use the Maslach Burnout Inventory first described in 1981 (Maslach & Johnson, 1981). Mitigating burnout among medical-clinical disciplines requires system-based solutions and building structures and strategies that support wellness. Kutch (Sept/Oct 2022) suggests that digital technologies can be used to create digital therapeutics that provide confidential support and treatment for mental health issues. Digital therapies give 24/7 access from multiple locations. Stronger employee-assistance programs (EAPs) are needed to support all employees in healthcare organizations across clinical disciplines and healthcare settings.

Shanafelt & Noseworthy (2017) discussed a program in the United Kingdom that promotes employee engagement to reduce burnout to include rewards and incentives, aligning values, and strengthening culture. In the United States, another study was launched by the National Academy of Medicine (2018) *ACTION Collaborative on Clinical Well-Being and Resilience to address HCW burnout*. A recent article in the American Journal of Public Health looked at work redesign strategies for the 21st century (Lovejoy, M., Kelly, E.L., Kubzansky, L.D. Berkman, L.F., 2021). These strategies included: increasing worker control; moderating job demands: providing training aimed at enhancing social relations at work. Corporate wellness programs have been used to improve the health of employees but have not adequately addressed burnout and well-being.

Updating the Job Strain Model can provide a powerful leverage against burnout and enhancing health and well-being. The model suggests that: workers need more control over tasks to be performed; increased autonomy; greater schedule flexibility; social support systems and increasing social relations in the workplace. Evidence-based interventions have historically focused on individual coping skills in contrast to organizational interventions combating burnout. Miotto, et al (2020) suggests that healthcare organizations need more mental health support groups from a variety of clinical and non-clinical disciplines. The authors reference a 3-tiered public mental health model (a pyramid) for disaster intervention. Others suggest that well-being is driven by individual level factors/interventions and organizational (environmental) level factors/interventions. Gibson, et al (2009) suggest that healthcare workers need increased emotional intelligence including: self-awareness; self-management; social awareness and relationship management to reduce burnout and increase well-being skills. Weidman, (2022) suggests that each healthcare organization is unique and managers will need to design strategies that work for their organization in a given geographic area. Some strategies include: telework; telehealth; redesigned benefit packages; educational opportunities for career growth. The EU has recognized the deepening healthcare staffing crises tied to aging and future burnout issues with an aging workforce. Figueroa, et al (2019) used a rapid evidence assessment (REA) methodology to analyze the evolving changes of health systems to epidemiological, demographic and societal shifts. The current challenges and priorities for health leadership and workforce management globally are not well understood. Cross cultural studies are needed to understand effective treatments for burnout.

A culture that embraces engagement and commitment will have less burnout in most situations. Organizations need to: re-examine current policies & procedures; utilize flextime; focus on life-long learning; building teams; trust. Traditional psychological barriers related to stigma and stereotyping must be reduced to provide workers with a willingness to seek and use mental health services. Healthcare systems need to identify and build factors that increase resilience and positive emotions: meaningful work; opportunities for personal growth; support systems for colleagues; leaders who support and promote autonomy; creating cultures that offer psychological safety. Organizational support of well-being is primarily focused on making systemic changes to the work environment including: demands and resources; work schedules; interactions with leaders; workload; workflow; work-life balance; and increasing the time allowed to see patients. Strengthening social connections outside of work and within the work environment is essential. Finally, physician leadership is needed to implement changes focusing on improved patient outcomes, increased provider satisfaction and decreased physician burnout (Sullivan, 2022).

Conclusion

Healthcare worker (HCW) burnout is a very complex issue with multifaceted causes. Assessing current strategies, both at the individual level and organizational level, is critical to addressing professional burnout in the clinical professions. Burnout is an international problem that adversely impacts the delivery of high-quality care. Future efforts necessitate shaping a new culture that supports a health and healing environment. A healthy culture recognizes burnout as a psychological and physical problem that can be prevented, diagnosed and successfully treated. Although hard to define at times, a healthy culture could include: positive values; embracing attitudes; providing support guidelines for employees; creating a climate where there is a shared learning environment; improved communications (Menaker, R. & Wampfer, E., July 2022). Organizational leaders need to empower, energize and inspire people who work for them. The major challenge is to design new strategies and structures that support well-being. The impact of the work environment on burnout and well-being can't be understated. The individual and the organization have a shared responsibility in addressing burnout. Because burnout is a multi-factorial problem, positive actions need to be taken at the institutional, state, national and global levels. Evidence-based practices that have been sufficiently tested need to be used. The National Academics of Sciences, Engineering, and Medicine [NASEM], 2019 released a report *Taking Action Against Clinical Burnout: A Systems Approach to Professional Well-Being* (NASEM, 2019). The report outlined several recommenda-

tions focused on well-being for healthcare systems. Healthcare organizations need to develop and implement burnout interventions that make a difference, are sustainable, and reduce stress across health care settings.

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