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Ethics

Healthcare burnout – extent and interventions

Introduction

The relationships that healthcare providers develop with their patients and families require ongoing, intense levels of personal, emotional contact. Although such relationships can be rewarding and engaging, they can also be quite stressful; particularly in the healthcare setting where prevailing norms are to be selfless, to work long hours and to go the extra mile. An organisational environment shaped by various social, political and economic factors may also result in work settings that are high in demands and low in resources.[1]

Sub-Saharan Africa bears 25% of the global disease burden, yet has only 3% of the world's healthcare workers. Local medical centres are often understaffed, poorly equipped and overcrowded. Increased patient numbers, inadequate rest, sleep pattern disturbances and more frequent overtime shifts place additional stress on the practitioner. South African healthcare workers have a higher prevalence of burnout and stress-related mental disorders than the general population and report higher rates of burnout than their international peers.[2,3]

Healthcare worker burnout is an important problem. It has a strong impact on quality of life, a corresponding decrease in quality of care provided and an evident economic burden on the healthcare system. Both male and female health professionals have among the highest suicide rates. The individual and social impacts of burnout highlight the need for preventive interventions and early identification in the work environment.[4-6]

KEY MESSAGES

- South African healthcare workers have a higher prevalence of burnout compared to the general population and their international peers
- Healthcare worker burnout has a strong impact on quality of life and quality of care provided; it also places an economic burden on the healthcare system
- Key dimensions of burnout are overwhelming exhaustion, feelings of cynicism and a sense of ineffectiveness
- Burnout can be viewed as a problem of the healthcare organisation, rooted in issues related to the working environment and culture
- Healthcare practitioners based in different settings or at different stages of their career might face unique challenges with different needs, with different rates of burnout
- Key domains identified as contributing to the development of burnout include workload, control, reward, community, fairness, values and job-person incongruity
- Burnout is a significant predictor of a range of physical consequences, psychological effects and professional outcomes
- A successful intervention should consider the broad range of stressors and incorporate a variety of therapeutic tools.

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Defining burnout

Burnout is a psychological syndrome that emerges as a prolonged response to chronic interpersonal work-related stressors. Three key dimensions of burnout have been described: overwhelming exhaustion, feelings of cynicism and detachment, and a sense of ineffectiveness and lack of accomplishment (Table 1); it is necessary to place the individual stress experience within a social context and involve the person's conception of both self and others.[1,4]

Table 1. Key dimensions of burnout

Exhaustion 	• Wearing out • Loss of energy • Depletion • Debilitation • Fatigue
Cynicism 	• Negative or inappropriate attitudes towards patients • Irritability • Loss of idealism • Withdrawal • Depersonalisation/dehumanisation
Inefficacy 	• Reduced productivity or capability • Low morale • Inability to cope • Feelings of personal or professional inadequacy

South African healthcare workers have a higher prevalence of burnout and stress-related mental disorders than the general population and report higher rates of burnout than their international peers

Recently, there has been a shift towards viewing burnout as a problem of the healthcare organisation, rooted in issues related to the working environment and culture. Different factors specific to the workplace can set the stage for burnout, while the nature of personality influences interpretation of work characteristics and different coping strategies for stressors and interactions associated with the work environment. The high-risk personality profile is characterised by high neuroticism, low agreeableness, introversion and negative affectivity. Even though individual factors play a role in burnout, the relationship with organisational factors seems to be much stronger, which suggests that burnout is more of a social phenomenon than an individual one.[5,7]

Our understanding of burnout may be broadened by paying attention to its positive antithesis, identified as 'engagement' and characterised by the components of vigour, dedication and absorption. Work engagement can be described as a persistent, positive affective-motivational state of fulfilment (resilience).[1]

Reflecting different conceptualisations of burnout components, many tools have been developed for assessment and research (Table 2). The Maslach Burnout Inventory (MBI), specifically designed to assess the three dimensions of the burnout experience, is considered the standard tool and has been translated into and validated in many languages. Other burnout inventory measures focus on exhaustion alone, differentiating between various aspects of exhaustion.[1]

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Table 2. Assessment of burnout	
Tool	**Assessment measures**
Maslach Burnout Inventory – Human Services Survey for Medical Personnel (MBI-HSS(MP))	• Exhaustion • Cynicism • Inefficiency
Bergen Burnout Inventory (BBI)	• Exhaustion at work • Cynicism about the meaning of work • Sense of inadequacy at work
Oldenburg Burnout Inventory (OLBI)	• Exhaustion at work • Disengagement from work
Shirom-Melamed Burnout Measure (SMBM)	• Physical fatigue • Emotional exhaustion • Cognitive weariness
Copenhagen Burnout Inventory (CBI)	• Physical exhaustion • Psychological exhaustion
Spanish Burnout Inventory (SBI)	• Enthusiasm for the job • Psychological exhaustion • Indolence • Guilt

Who is at risk of burnout?

Healthcare practitioners based in different settings or at different stages of their career might face unique challenges with different needs. Different incidence rates of burnout occur across medical specialties; those at greatest risk work in the primary healthcare environment, including pharmacy and at the front line of care - emergency medicine, family medicine, internal medicine, critical care, oncology, obstetrics/gynaecology, paediatrics and general surgery.[5,7-9]

Healthcare workers of all ages are prone to burnout; however, junior staff are particularly vulnerable. Transition to clinical practice during undergraduate studies and internship presents occasion for intense anxiety, uncertainty and fear caused by feelings of limited knowledge and lack of experience. Heavy workloads and high quantities of educational content, lack of leisure time and limited contact with family and friends also lessen the quality of life in the young practitioner. Less experienced pharmacists, such as those performing their community service year, are expected to perform the duties and responsibilities of qualified, registered pharmacists. Newly qualified pharmacists lack the necessary experience and this contributes to higher stress levels and possible dispensing errors.[3,9,10]

Female physicians have been shown to be 1.6 times more likely to experience burnout than male colleagues. This has been ascribed to lower reported average income and greater difficulty in reconciling family life and work. That females are still a minority in medicine may add social pressure to their position.[5]

The nursing profession demands high levels of social responsibility. Stressful situations that nurses must routinely cope with include obligatory rotating shifts and, in certain cases, care of the terminally ill. Among HIV and chronic disease nurses, burnout may be exacerbated by the challenging nature of these patient populations, including multiple hospitalisations, poor treatment adherence and the high likelihood of mortality.[11,12]

Pharmacists who perform primarily non-distributive duties (direct patient care, drug information, teaching or research, and management or administration) experience lower levels of burnout than those involved primarily in drug distribution. Daily demands of the job and the professional pharmacy role, counter prescribing and time pressures may contribute to emotional exhaustion and depersonalisation.[10]

How do I help a colleague with signs of burnout?

It can be difficult to identify symptoms of burnout in oneself; and often, after being encouraged to recover, many sufferers wish that they had sought help earlier. When observing signs of burnout in a colleague, it can be difficult to initiate a conversation about your concerns and changes in their behaviour - it feels awkward, takes courage and might make them uncomfortable. Talk in private, be tactful and sensitive, empathic and without judgement. Initial efforts to help may be met with hostility or responses such as 'I'm just tired', 'You don't understand, nobody else can do this', 'I'll be fine once this is done', or 'It's not me, it's everyone and everything else'. Persevere (without harassing) if there is no immediate engagement, as they may feel differently about your concerns when they have had time to reflect. Encourage your colleague to honestly assess their situation and identify potential causes; and assist in creating a realistic, practical way forward aimed at sustained improvement over time, providing regular encouragement to follow through. If uncomfortable having a personal conversation with a colleague, send a link to a burnout stress test to a group of colleagues and initiate group conversations without targeting the individual.

If patient care is being jeopardised, or you fear that a colleague may be at risk of suicide, you may have to take more direct action depending on how urgent you deem the situation.

Medical practitioners are ethically, morally and professionally bound to assist, report and treat impaired colleagues. Difficulties in reporting a colleague include fear of repercussions, loyalty issues, misplaced empathy and compassion, perceived 'professional jealousy', long-standing therapeutic relationships, familiarity with loss of objectivity and choosing to take personal responsibility for the colleague and their illness. It is helpful to remember that the aim is not to punish the practitioner, but rather to assess whether they are impaired and, if so, to assist them to obtain appropriate treatment. Consent is not required to report an impaired colleague who is also a patient, but it is preferable to encourage them to self-report.

If patient care is being jeopardised, or you fear that a colleague may be at risk of suicide, you may have to take more direct action depending on how urgent you deem the situation

Development of burnout

Seven key domains have been identified as contributing to the development of burnout: workload, control, reward, community, fairness, values and job-person incongruity.[1]

- Work overload reduces the ability to meet job demands and, if chronic, there is little opportunity to rest, recover and restore balance. Opportunities to refine existing skills and become effective in new areas of activity are compromised.
- Lack of control is significantly associated with burnout where employees have no or little influence on decisions that affect their work, professional autonomy or access to necessary resources.
- Insufficient recognition and reward (financial, institutional, social) increases vulnerability to burnout. Both the work and the workers are devalued, and this is closely associated with feelings of inefficacy.
- Community encompasses ongoing relationships with colleagues and patients. When these are characterised by a lack of support and trust and by unresolved interpersonal conflict, there is a greater risk of burnout.
- Fairness, the extent to which decisions at the workplace are perceived as being equitable, is affected by the quality of the procedures and the treatment of the practitioner during the decision-making process. Cynicism, anger and hostility are likely to arise when people feel they are not being treated with the appropriate respect.
- Values, the ideals and motivations that originally attract people to their work, influence goals and expectations. They are the connection between the worker and workplace beyond the utilitarian exchange of time for money or advancement. Burnout rates are greater when employees find themselves making a trade-off between

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work they want to do and work they must do, reflecting the gap between individual and organisational values.
- Job-person incongruity reflects the misalignment between personality and work expectations. The greater the perceived mismatch between the person and the job, the greater the likelihood of burnout.

What are the external factors commonly associated with burnout?

South African hospital pharmacists report job-resource stressors that include unavailability of medicines from suppliers, frequent interruptions, poorly motivated workers who are not doing their job, inadequate salary and insufficient staff to handle the workload, inadequate support by supervisors, uncooperative attitudes of other healthcare professionals, and poor or inadequate equipment

While contextual and individual factors are related to burnout, contextual factors appear to play the predominant role. Contextual factors include organisational or management structure and style, workload, sleep deprivation, resources, financial compensation, practice setting, patient characteristics, career progression opportunities, work community and feedback.[9]

Organisational constraints, beyond lack of resources, can have a major impact on rates of burnout. When rules from government, medical insurance and hospitals limit autonomous decision-making on when to see each patient, how much time to spend with them, the kinds of tests to perform and treatments to prescribe, burnout rates increase. Furthermore, administration of electronic health records (EHRs) adds to the workload while not contributing to improved patient care, as most EHRs are designed to facilitate billing and focus more on processes than on outcomes.[8]

Futility, the sense of powerlessness that arises from healthcare work within low-income populations and the inability to do anything about the root causes of medical issues, leads to burnout. Nurses describe job-related stressors caused by a lack of resources as including poorly motivated colleagues with uncooperative attitudes, unavailability of medicine stock and inadequate equipment, insufficient staff to handle the workload with inadequate supervisory support, inadequate salary and a lack of recognition for good work.[8,10]

In South Africa, HIV/AIDS and the increasing prevalence of non-communicable diseases places a greater burden on carers, usually of the nursing and pharmacy staff. Specific additional duties associated with caring for patients receiving chronic medications include providing adherence counselling, advising on side effect prevention and management, and assisting patients to obtain social grants. Nurses and health educators often encounter secondary HIV/AIDS stigma, with consequent ostracism by the community because of their caregiving role.[12]

Pharmacists are responsible for handling both the increased demand for prescription medication, party fuelled by the increase in age of the population, and the need for clinical pharmacy services. Job demand stressors include working overtime and emergency hours, stock control and uncooperative attitudes of other healthcare professionals. Hospital pharmacists in South Africa, especially in the public sector, are confronted with a high workload and a shortage of staff, unavailability of medicines from suppliers, frequent interruptions and inadequate support from supervisors. Pharmacy-specific stressors include issues associated with payment from debtors and medical aids and payment of creditors.[10]

Consequences of burnout

Burnout is a significant predictor of a range of physical consequences, psychological effects and professional outcomes (Table 3). Cardiovascular disease, musculoskeletal pain, depressive symptoms, psychotropic and antidepressant treatment, job dissatisfaction and absenteeism are consistent effects of burnout. Associated manifestations include headache, insomnia, tension, anger, narrow-mindedness, impaired memory, decreased attention and thoughts of quitting or early retirement. Physical exhaustion and moral distress can be prominent.[4,8]

What is the impact of burnout on health?

Burnout has a complex relationship with health, in that poor health contributes to burnout and burnout contributes to poor health. It has been suggested that the biological mechanisms resulting from prolonged stress may cause physical health to deteriorate. Among prospectively investigated physical consequences of burnout, cardiovascular disease and pain stand out. Potential mechanisms linking burnout to cardiovascular disease include its associations with components of the metabolic syndrome, dysregulation of the HPA axis, inflammation, sleep disorders, reduced immunity, changes in blood coagulation and fibrinolysis, and adoption of poor health behaviours such as lack of physical activity, smoking and increased alcohol and substance misuse. There is high correlation between burnout and depression. Burnt out healthcare workers are also at increased risk of needle-stick injuries and motor vehicle accidents.[1,4,9]

What is the impact of burnout in the workplace?

Because burnout diminishes opportunities for positive experiences at work, it is frequently associated with decreased job satisfaction and job withdrawal, low organisational commitment, absenteeism, intention to leave the job and high staff turnover. People who are experiencing burnout can have a negative impact on their colleagues, both by causing greater personal conflict and by disrupting job tasks. Thus, burnout can be 'contagious' and perpetuate itself through social interactions on the job.[1,4,7]

Burnout lowers productivity and efficiency of health systems and, ultimately, impairs quality of patient care and satisfaction. The phenomenon of 'presenteeism', when people come to work even when sick, leads to a loss of productivity, increased clinical errors and suboptimal patient care. Burnout increases the risk for interpersonal conflict. South African patients reported that acrimonious relationships with nurses led some to cease their clinic visits, with consequent poor health outcomes. Thus, burnout among nurses may have devastating consequences for patient well-being.[1,4,8,12]

Table 3. Physical, psychological and occupational consequences of burnout investigated in prospective studies[4]
**Significant findings*

Physical	• Obesity • Hyperlipidaemia • Type 2 diabetes* • Large waist circumference, high body mass index, metabolic syndrome, hypertension, high triglycerides, low HDL cholesterol, high LDL cholesterol and impaired fasting glucose • Hypercholesterolaemia (total cholesterol)* • Coronary heart disease* • Hospitalisation for cardiovascular disease* • Hospitalisation for musculoskeletal disorder • Musculoskeletal pain* • Changes in pain experiences – overall pain*, neck-shoulder pain*, back pain*, pain-related disability*, headache, pain in the entire body, pain intensity and frequency • Prolonged fatigue* • Respiratory infections and gastrointestinal problems* • Severe injuries* • Mortality below 45 years of age*
Psychological	• Insomnia*, changes in levels of insomnia* • Incidence and persistence of insomnia and sleep disturbances • Depressive symptoms* • Psychotropic and antidepressant treatment* • Hospitalisation for mental disorders* • Symptoms of psychological ill-health*
Occupational	• Job dissatisfaction* • Absenteeism* • New disability pension* • Job demands*, job resources* • Presenteeism*

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Strategies to prevent and treat burnout

A successful intervention should consider the broad range of stressors and incorporate a variety of therapeutic tools. Most 'cures' focus on stress-reduction training, which addresses only one aspect of many systemic factors and may not be sufficient to diminish rates of burnout. Physician-directed interventions are associated with small, significant reductions in burnout, whereas organisation-directed interventions are associated with higher treatment effects.[5,7,8]

New generations of healthcare practitioners should begin burnout prevention training early in their careers, to develop a skill set and personal belief system that improves resilience

Various strategies have been proposed to assist healthcare systems and practitioners to develop coping mechanisms and resilience (Table 4). It is important to focus on rest, recovery and support. Common recommendations include changing work patterns (working less, taking more breaks, avoiding overtime, rotating shift work, work-life balance); developing coping skills (cognitive restructuring, conflict resolution, time management); obtaining social support from both colleagues and family; utilising relaxation strategies; promoting good health and fitness; and developing a better self-understanding through self-analytic techniques, counselling or therapy.[1,2,5]

New generations of healthcare practitioners should begin burnout prevention training early in their careers, to develop a skill set and personal belief system that improves resilience. 'A dynamic, evolving process of positive attitudes and multiple effective strategies', resilience permits the professional to manage the combination of volume, intensity and controllability of workload, assisted by external supports within and beyond work. Resilience combines discrete personal traits alongside experience, leading to positive adaptation; this becomes manifest in individuals' continuing to perform well, adapting to changing circumstances, and maintaining a sense of professional and personal fulfilment. This is likely to be underpinned by traits of high self-determination, high persistence and harm avoidance.[6]

Table 4. Strategies to assist healthcare workers avoid burnout[9]

Focus of strategy	Strategy
Increased resilience among individuals	• Mentoring programmes • Developing life skills – boundary setting, finding work-life balance and self-care • Reflective practice • Balint groups (A small group of practitioners who meet regularly to present clinical cases with the aim of better understanding and improvement of the practitioner-patient relationship) • Mindfulness training • Maintaining certain attitudes – acceptance and realism, self-awareness and reflexivity, recognising when change is necessary and appreciating the good things in life
Improving the work environment and job satisfaction	• Practising patient-centredness • Increasing continuity of care • Developing and supporting healthcare workers to practise in their field of interest • Reducing frustration – ensuring that sufficient equipment and support are available • Measuring burnout levels and developing a strategy • Using locums or contract posts during periods of annual leave or maternity leave of permanent staff • Appointing adequate staff numbers
Increased professional autonomy	• Allowing for adjustment to working schedules and working hours • Allowing for planned leave – also for birthdays, family responsibilities and participation in other interests • Using flexible working hours according to peak patient load

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