

Society of Occupational Medicine Webinar

Burnout in healthcare:
Risk factors and solutions



Burnout in healthcare: Risk factors and solutions

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 - Overview of guide: Prof. Gail Kinman
 - Panel discussion of key issues: authors and contributors
 - Questions



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June 2023



Almost 60% of frontline healthcare workers experienced mental health disorder during first lockdown

A study of 1,194 frontline healthcare staff, including pharmacists, found that 58% reported experiencing mental health problems



NHS staff with mental health concerns quadruple during pandemic

By [Name] on 29 Apr 2021 in **Anxiety, Stress, Mental health Research, Occupational Health**

The responses collected from the 1,119 healthcare workers surveyed indicated they're stressed out and stretched too thin: 93% were experiencing stress, 86% reported experiencing anxiety, 77% reported frustration, 76% reported exhaustion and burnout, and 75% said they were overwhelmed.

More than 1 in 4 healthcare workers seek mental health support during Covid

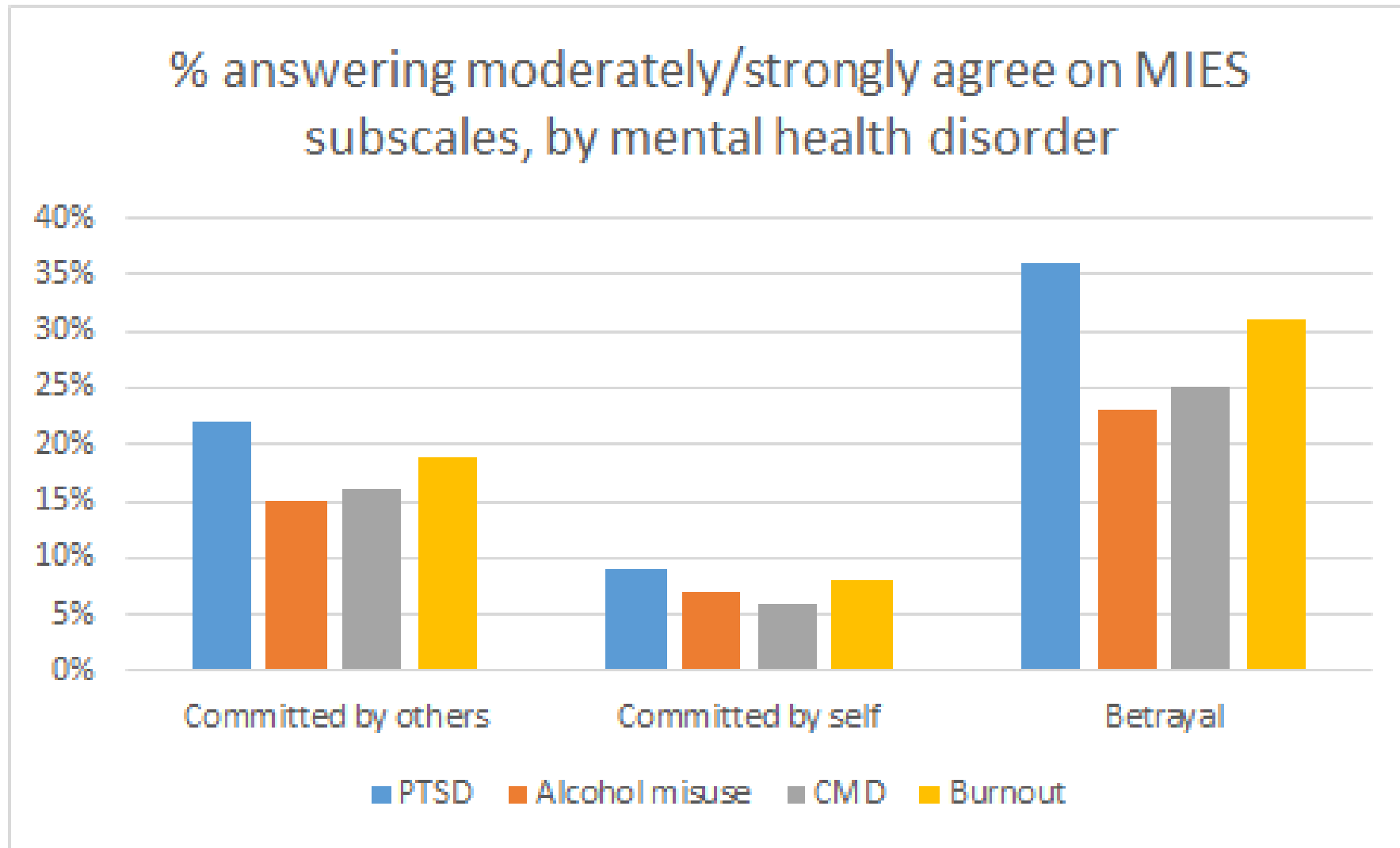
The harsh impact of the Covid pandemic on healthcare workers' mental, physical, and emotional wellbeing has been laid bare in a study showing how the impact intensified the longer the pandemic dragged on.

DEC 08, 2020 | MORE ON WORKFORCE

Healthcare workers experiencing burnout, stress due to COVID-19 pandemic

Stress, anxiety, frustration, burnout and feelings of being overwhelmed were the most common feelings reported by those on the front lines.

Types of potentially morally injurious events (PMIEs) in HCWs



Scope and contents of guide

- Designed for OH and associated roles in healthcare, but relevant in other sectors.
- Provides an overview of the nature, causes and signs of burnout.
- Identifies the prevalence of burnout in healthcare and the key risk factors.
- Highlights the implications of burnout for wellbeing and performance.
- Provides examples of multi-level strategies to manage burnout.
- Includes case studies to illustrate key issues and identify best practice.

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Supporting occupational health
and wellbeing professionals

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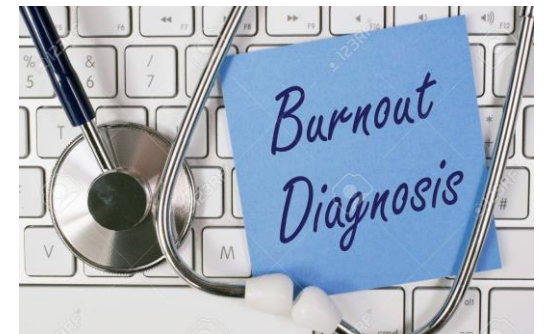


What is burnout?

“A state of physical and emotional exhaustion due to excessive and prolonged interpersonal work-related stressors.”

Not a medical condition, but a syndrome resulting from chronic, unmanaged workplace stress (WHO ICD-11).

A particular risk for people working in ‘human services’, or ‘caring’ roles that are emotionally demanding



The three dimensions of burnout



Emotional exhaustion

Feeling over-extended and drained of mental and physical energy

Depersonalisation/cynicism

Active disengagement from the job and negative attitudes towards patients or colleagues

Reduced professional efficacy

Poor sense of achievement and loss of purpose

What are the signs of burnout?



Emotional changes

Anger/frustration; anxiety, fear, panic; feeling overwhelmed, helpless, trapped; emotional numbness or blunting

Cognitive changes

Lack of concentration; procrastination; increased cynicism/suspicion; rumination over minor offences; doubts about competence

Physical changes

Insomnia and chronic fatigue; medically unexplained symptoms, increased vulnerability to infectious disease

Social changes

Feeling alienated from others; social withdrawal and isolation; a sense of being alone in the world

Behavioural changes

Irritability; lack of empathy and compassion; poor self-care; self-medication; lost sense of humour

Concerns about a lack of awareness of signs and symptoms

Burnout in healthcare



- Healthcare workers are particularly vulnerable
- Risks increased during pandemic
- NHS Staff Survey (2022) 636,000 people working in various roles in 215 Trusts
- Overall 'score' for burnout used*

*Copenhagen Burnout Inventory

% of respondents that said 'often' or 'always'	
46.3%	they feel worn out at the end of their working day/shift (q12e) (2021: 46.7%)
39.9%	their work frustrates them (q12c) (2021: 39.5%)
37.4%	they find their work emotionally exhausting (q12a) (2021: 38.2%)
34.0%	they feel burnt out because of their work (q12b) (2021: 34.5%)
31.8%	they do not have enough energy for family and friends during leisure time (q12g) (2021: 31.5%)
30.8%	they feel exhausted at the thought of another day/shift at work (q12d) (2021: 31.2%)
21.4%	they feel that every working hour is tiring for them (q12f) (2021: 21.2%)

<https://www.nhsstaffsurveys.com/results/>

Burnout risk in healthcare



Physicians

Review of 182 studies = up to 72% signs of EE, 68% D and 63% LPA

GPs and critical care at higher risk

GMC survey: Trainees at increasing risk (63% in 2022)

Nurses and midwives

Review = up to 51% signs of EE, 32% D and 30% LPA

NHS survey (2022): 39.7% reported 'often' or 'always'

Critical care at higher risk

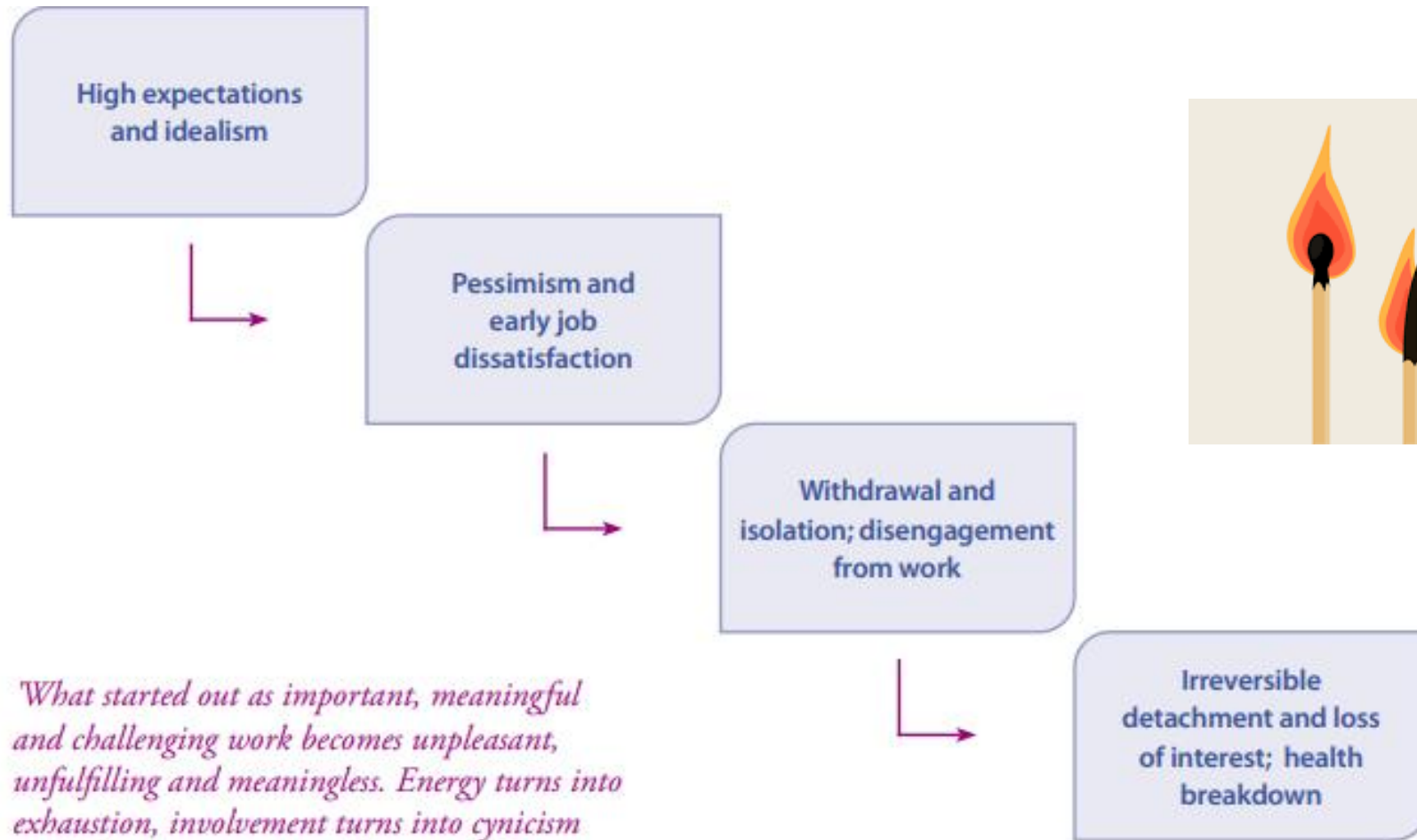
Ambulance (operational)

NHS survey (2022): 49.3 reported burnout 'often' or 'always'

Study = up to 53% burnout and 87% D,
Lone responders at higher risk

Many studies of healthcare workers find high levels of job satisfaction, engagement and personal achievement alongside high levels of stress and burnout

Burnout is a process: A 'typical' trajectory



Early detection and intervention are crucial



'What started out as important, meaningful and challenging work becomes unpleasant, unfulfilling and meaningless. Energy turns into exhaustion, involvement turns into cynicism and efficacy turns into ineffectiveness.'

- Agha, endocrinologist

Organisational risk factors for burnout in healthcare

Occupational cultures that encourage self-sacrifice and see burnout as an 'inevitable cost of caring'

Workload pressure; bureaucracy; long hours; low staffing levels/lack of cover; few breaks

Lack of autonomy and input into decision-making; lack of respect and appreciation; role ambiguity; lack of resources; poor relationships/bullying/aggression

Poor leadership and management; lack of support; poor communication; excessive/poorly managed change

Job insecurity/precarious employment

Value conflicts/moral injury; feelings of injustice/unfairness; poor psychosocial safety climate; stigmatisation of help seeking/barriers to seeking support

Individual risk factors for burnout in healthcare

Job experience

Risk can reduce over time, but note the 'healthy worker effect'

Orientations towards the job and relationships

Dysfunctional workaholism; few outside interests; over-involvement; a 'rescuing' tendency

Personality and background

Maladaptive perfectionism; introversion; Type A BP; passive coping style; poor emotional regulation skills; history of trauma

Work-life balance

Weak boundaries between domains; excessive rumination/difficulties 'switching off'; lack of opportunity for recovery

Ethnic minority populations; neurodiversity

Burnout: implications for patients

Patient safety: via impaired reactions/decision making; errors; some evidence for higher mortality

Impaired teamwork: via increased team conflict; impaired communication processes; social withdrawal

Patient interaction and care: via compassion fatigue; lack of engagement; carelessness

Patient satisfaction: via depersonalisation/cynicism; low motivation and energy; higher turnover/absenteeism/presenteeism

BUT considerable efforts made to ensure that patients do not suffer; performance is often maintained until crisis point

Managing burnout in healthcare: A multi-level approach

Primary interventions

Strategies that attempt to prevent burnout: e.g. identifying the risks (such as heavy workload and lack of support); implementing and evaluating interventions; monitoring the workforce; training managers and employees.

Secondary interventions

Strategies that attempt to improve people's ability to cope with challenging aspects of their work and reverse or reduce any ill-health caused by chronic exposure to such conditions: these initiatives can be at the team and the individual level.

Tertiary interventions

Strategies that seek to rehabilitate people experiencing burnout and adapt their working conditions to their needs and circumstances.



Primary interventions: Change the organisation

Assess the **psychosocial safety climate**: the shared belief that workers feel their wellbeing is supported

Assess the risks and tackle them at source (e.g. HSE MS plus job-specific hazards)

Train line managers to identify burnout and support employee wellbeing; increase awareness of available resources and ensure they are accessible

Take a **personalised approach** to managing wellbeing (e.g. Wellness Action Plans)

Increase opportunities for **autonomy** and **support** from managers and colleagues

Key pathways to tackle burnout in healthcare



Can be used to inform interventions

Secondary interventions: Help people cope more effectively in a high-pressure environment

Strategies needed to support **physical, mental and social** wellbeing

Building a **supportive network**; enhancing team support; identifying signs of struggle

Prioritising **self-care**, enhancing self-compassion and avoiding dysfunctional perfectionism

Promoting **reflection** and **emotional literacy**

Protecting **boundaries** and prioritising recovery; enhancing **'e-resilience'**

Useful interventions include Schwartz Rounds, peer coaching, emotional writing/journaling; mindfulness; boundary-management

Digital interventions can be helpful

Tertiary interventions: A key role for OH

Informing strategy and **communicating** best practice on wellbeing and how to avoid burnout

Monitoring staff wellbeing to identify early warning signs; being aware of co-occurring illness; identifying patterns

Raising awareness of the signs of burnout and the risk factors; **identifying** what managers need to know

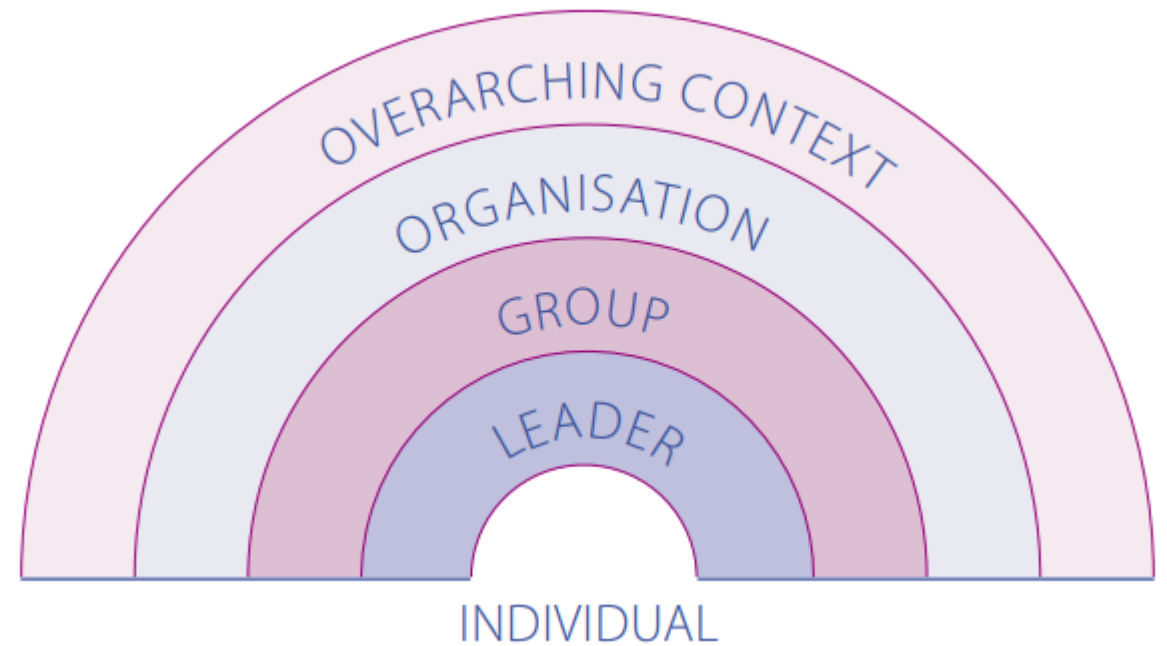
Treatment

Providing coaching, CBT and psychotherapy if required

Supporting return to work via planning, providing tools and resources; monitoring progress

A holistic approach to managing burnout and supporting wellbeing

The IGLOO model provides a framework to identify challenges, issues and potential intervention activities that can be implemented at each level



Managing burnout in healthcare: Key points

- See it as an organisational not an individual problem
- Provide information on the signs of burnout – view it as a developmental process that can intensify over time
- Identify the causes and take appropriate action at multiple levels
- Communicate the risks of overload; set reasonable expectations
- Ensure people are assured of their value to their organisation
- Use recommended measures/frameworks to assess burnout and evaluate interventions
- Provide training, support and time for managers
- Raise awareness of the support that is available and ensure it is accessible to everyone in the organisation
- Ensure active participation and commitment by all
- Ensure that managing burnout is a continuous process

- *“Burnout is the sum total of hundreds and thousands of tiny betrayals of purpose, each one so minute that it hardly attracts notice”*
(Gunderman, 2014)
- Need to ensure that *“any damage is only temporary, and that people will succeed in their struggle to restore their emotional integrity”*
(Lazarus, 1999)



Panel discussion

- Anne Harriss and Janet O'Neill: *What is the role of OH practitioners in preventing and managing burnout?*
- Nina Parson: *How can we manage burnout in healthcare among people who are neurodiverse?*
- Alan Dovey: *What is the role of psychological therapies in 'treating' burnout?*
- Dr. Kevin Teoh and Prof Gail Kinman: *What are the priorities for future research and practice?*

