



# Burnout Among Healthcare Professionals

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## EXECUTIVE

### SUMMARY

- From many accounts healthcare professionals are at increased risk for professional burnout. Professional burnout is generally described as prolonged stress that impairs one's ability to perform his or her job in demanding situations.
- Precursors to professional burnout include, but are not limited to, employee workload, chronic fatigue, compassion fatigue, balance between family and career, sickness absence, and loss of confidence.
- Administrators must watch for early signs of professional burnout to improve retention and promote employee morale. To reduce professional burnout, administrators must implement strategies to reduce burnout while also promoting productivity.
- When professional burnout occurs, management must consider each employee's generational differences. All generations have differing values, beliefs, and opinions that influence his or her work ethic in regard to employee productivity.

The term "burnout" was first introduced by Freudenberger, a clinical psychologist who used it to describe the physical and emotional exhaustion he observed in employees of healthcare facilities.<sup>1</sup> This phenomenon Freudenberger observed is currently evident in occupations other than healthcare; however, this literature review focuses on burnout among healthcare professionals. Currently, the most widely used research instrument to measure occupational burnout is the Maslach Burnout Inventory (MBI).<sup>2</sup> According to Maslach and Jackson, occupational burnout is "a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do people work of some kind."<sup>2</sup> MBI is a 22 item self-assessment tool that measures the 3 burnout elements as aforementioned. The emotional exhaustion scale measures how frequently an individual feels overextended emotionally by his or her work environment. The second scale measures depersonalization, which evaluates how an individual responds to colleagues and students in an impersonal manner. The personal accomplishment scale assesses how frequently the respondent experiences positive feelings from success and accomplishment at work.

### Literature Review Strategy

A literature search was performed using bibliographic databases as well as retrieving full text interlibrary loan articles. The following databases were searched: Academic Search Premier, CINAHL, EBSCO, and ERIC. Initial search terms were: professional burnout, chronic fatigue, occupational stress, job satisfaction, employee turnover, Maslach Burnout

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Inventory (MBI), and burnout patterns. Search years were limited to 2000–2006 and 56 articles were retrieved. Most articles were excluded because there was an excessive number of articles devoted to the health ramifications of professional burnout which were not appropriate to the scope of this paper.

This research topic is of particular importance to healthcare professionals, where the delivery of healthcare services must be paramount. “Burned out” healthcare professionals are more likely to deliver services which are suboptimal which could potentially result in disaster. This literature review identifies some of the occupational health ramifications from burnout, employee coping strategies, predictors and patterns of burnout, and possible preventive measures that can be taken by employers and employees to reduce the likelihood of burnout formation or progression.

### **Health Ramifications**

Many researchers agree that professional burnout develops from physical, emotional, and psychological exhaustion.<sup>3,4</sup> Some manifestations stemming from physical exhaustion are fatigue, insomnia, and weight fluctuations. Smith also states fatigue can be chronic or acute. Chronic fatigue develops when a person suffers from fatigue longer than 6 months. After prolonged chronic fatigue, the individual generally exhibits emotional exhaustion. This behavior typically develops into depression. Ekstedt and Fagerberg explain emotional exhaustion of burnout in 8 stages: inner incentive, feeling responsible, bodily and psychological manifestations, fatigue, threatened self-image, cutting off, and reaching the bottom line.<sup>5</sup> The researchers add that the respondents do not necessarily experience the previously mentioned experiences of burnout in any particular order, making burnout difficult to eradicate. These respondents experiencing depression and burnout feel “trapped.”<sup>5</sup>

The third source of burnout that has health ramifications is psychological exhaustion. This form of exhaustion is identifiable in healthcare as compassion fatigue. Walvoord states

compassion fatigue is a job-related stressor often overlooked.<sup>6</sup> Compassion fatigue is defined as a secondary traumatic stress, secondary victimization, and is often referred to as compassion burnout. When compassion burnout occurs, the integrity of the relationship between the healthcare provider and the patient is compromised. The healthcare professional displays behavior showing he or she is detached from the needs of the patient, resulting in substandard care.

Another contributor to psychological exhaustion is grief that healthcare professionals experience when their patients die. There is an adequate amount of literature on the topics of how to handle grief experienced by patient’s family members and bereavement in relation to the patient; however, there is little research on the subject of psychological exhaustion and grieving processes experienced by the healthcare provider, upon his or her patient dying. Frequently, healthcare professionals follow patients throughout their illness and in some instances provide care for them daily. Macauley found that the topic of healthcare professionals coping with grief and psychological exhaustion is frequently not addressed, which significantly increases the possibility of burnout behaviors.<sup>7</sup>

### **Job Satisfaction**

Walvoord states job satisfaction and job stress are inversely related.<sup>6</sup> High levels of job satisfaction are also inversely related to emotional exhaustion and depersonalization; however, a weakness in this researcher’s concept is detailing the degree of job satisfaction or dissatisfaction experienced by the individual. A landmark study was performed by Herzberg describing the differing levels of job satisfaction.<sup>8</sup> The researcher’s scale was 2 separate factors with one area being “satisfiers” or motivational factors and “dissatisfiers” or hygiene factors.<sup>8</sup> Herzberg states “satisfiers” are viewed as being associated with intrinsic motivators, while “dissatisfiers” are connected with extrinsic factors. Herzberg lists some employee dissatisfiers to be salary, working conditions with peers, managers, and company policy. Some examples

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of intrinsic motivators are recognition, responsibility, achievement, and advancement. Knight states that reducing job dissatisfaction in employees will ultimately improve burnout behaviors; this is an inherent need for an equitable balance of intrinsic and extrinsic rewards.<sup>9</sup> Employers who are concerned with their employee's level of job satisfaction will monitor and try to balance these variables for improving retention. Job dissatisfaction is shown to be a good predictor of burnout among nursing personnel in a study done by Kalliath and Morris.<sup>10</sup> The researchers concluded higher levels of burnout in employees were directly related to the employee's degree of job satisfaction.<sup>10</sup>

### **Coping Strategies**

Coping is generally defined as providing a response to a threat. Evans et al suggest 3 ways respondents react to burnout.<sup>11</sup> The first is problem focused coping, where the respondent finds a method for stopping the source of the stress. Evans et al describe the problem focused coping strategy to be internal locus of control driven, where the respondent displays active coping.<sup>11</sup> This style of coping is followed by a form of behavior where the healthcare professional takes a proactive stance in coping with burnout issues. Secondly, there is emotion focused coping, where the respondent feels he or she must tolerate the stress source without control over it. On the other hand, with emotion focused coping with burnout, healthcare professionals are more affected by extrinsic factors than intrinsic factors, such as self-esteem. Lastly, the coping strategy found to be the least productive and efficient was avoidant coping, which is widely based around denial. The healthcare professional simply tries to avoid the stimulus at all cost. The avoidant coping strategy ultimately develops into disengagement. Disengagement by the respondent can be a behavioral disengagement or mental disengagement. Behavioral disengagement occurs when the respondent completely loses interest in the goal with which the stressor interfered. In mental disengagement, the respondent distracts his or herself into thinking about the goal with which the stressor is interfering.

One preventive measure to help alleviate burnout precursors is using humor as a coping strategy. There is little current research available on this coping strategy; however, Talbot found that humor had a definitive effect on the attitude of the work environment.<sup>12</sup> Talbot also found using humor as a coping strategy to reduce burnout precursors "promoted job satisfaction and fostered collegial relationships."<sup>12</sup> The

medical environment imposes great stressors on healthcare professionals. Talbot suggests using humor as a personal coping mechanism. Respondents who used humor as a coping mechanism had a higher self-assessment of personal accomplishment. Coping strategies and social support help moderate the impact of burnout related stressors on all around well being. Not all coping mechanisms are productive; low social support and high job stress are associated with greater use of disengagement (avoidant coping).

### **Predictors of Burnout**

Healthcare employers look to predictors, indicators, and patterns as professional burnout becomes more prevalent. One burnout predictor that has received a considerable amount of attention is sickness absence and the management of this issue. Johnson, Coghan, and Crawford found sickness absence cannot be eradicated; however, the patterns can be reduced by devising strategies to provide solutions when these patterns arise.<sup>13</sup> This predictor of burnout is of particular importance to employers in healthcare management because of patient care issues. Excessive absence patterns by employees cause staffing issues, which places strain on patient flow rates and patient care standards. Sickness absence is generally defined as absence attributed to injury and illness deemed by the employer. Johnson et al also found when management tries to implement stricter policies that are directed towards controlling employee sickness absence, the employees react by retracting.<sup>13</sup> This strategy increases sickness absence rates and reduces employee morale, which compounds the feelings of burnout. Duijts et al conducted a study involving predictors of sickness absence related to professional burnout.<sup>14</sup> The researchers found, unequivocally, that sickness absence is directly related to low job control and low decision making by subordinates. Once sickness absence becomes a pattern by the healthcare professional, Duijts et al delineated some options in the management and prevention of this burnout precursor.<sup>14</sup>

The researchers found 3 levels of intervention preventing sickness absence. The first preventive measure is primary prevention, where the focus is on the employees who are not immediately at risk for this behavior. The next preventive measure is secondary prevention, where the focus is on the employees who are suspected to be at risk for this behavior or who are already intermittently abusing sick leave. Lastly is tertiary prevention, which focuses on those healthcare professionals who abuse sick leave privileges and

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need immediate intervention by management to reduce further deterioration of his or her credibility. One common weakness of research studies related to patterns of abuse and early intervention to reduce sickness absence is the lack of a screening instrument. A screening instrument would identify healthcare professionals at risk for this behavior.

Many researchers agree that the most predictive pattern of burnout is the timeframe that precedes it.<sup>5,15</sup> The research participants consistently reported, "being in a never-ending pattern that forced them to focus even harder on responsibilities and their capacity to cope with the enduring stress."<sup>5</sup> Akroyd, Caison, and Adams cite differently examined levels of radiographer burnout as compared to other healthcare professionals and found radiographers had similar levels of burnout as registered nurses and lower levels of emotional exhaustion and depersonalization compared to radiation therapists.<sup>15</sup> Workplace, stress, and social support were all predictors of the first 2 stages of burnout in the time preceding it.

#### Relationship Between Age and Burnout

There is little doubt high levels of professional burnout may have harmful effects on the individual experiencing burnout symptoms, but it also may cause substandard care being delivered to patients. One aspect of professional burnout that little empirical research has been conducted on is the relationship of the healthcare professional's age on the acceleration of burnout. Akroyd and Adams observed the younger generation of employees displayed symptoms of professional burnout more frequently than those 30 or 40 years and older.<sup>16</sup> The effects of age on burnout among radiation therapists who had 10 years of experience or less had significantly higher measures for depersonalization and emotional exhaustion. This study is suggestive that radiation therapists (with 10 years or more experience) have developed adaptive coping strategies to deal with stress and precursors to burnout.

#### Prevention Strategies

Healthcare organizations must devise strategies to reduce healthcare employee burnout while increasing employee work performance. Sadovich suggests some strategies by management to alleviate burnout including: flexible work arrangements, employee growth and learning, cross-training, and change in working conditions.<sup>17</sup> The work arrangements factor addresses inappropriate staffing or understaffing. The idea of employee growth and learning addresses providing

employees with challenging projects. The ability to provide cross-training to employees to learn a new skill will improve morale. The change in working conditions includes varying work hours, schedules, monetary rewards, and granting employees the ability to decide on their own. Fink suggests administrators should have existing policies for preventing burnout symptoms by healthcare professionals before employment.<sup>18</sup>

An institution should develop a policy directing each department to develop a prevention or intervention program to address burnout. Each department will have its own unique stressors and while each program will have similarities they must be customized to meet this need. As an example, one research study used the Work Excitement Model and their findings suggest departments should use this tool to decrease burnout.<sup>17</sup> Fink suggests departments should form a committee comprised of staff and the department manager to identify concerns, develop solutions, and make recommendations to administration.<sup>18</sup>

Walvoord found another method of reducing burnout behavior, which is to debrief healthcare professionals after emotional encounters, whether with coworkers or patients.<sup>6</sup> This preventive strategy allows the healthcare professional to express emotions and concerns without an inappropriate reaction. Burnout emotions resulting in turnover could be prevented by the use of debriefing reports.<sup>19</sup> The research conducted by Sitzman suggests several preventive strategies for reducing professional burnout specific to sonographers. These strategies include: accepting responsibility to change environment, searching for opportunities, prioritizing daily activities, balancing of professional goals, recording and communicating daily activities, and simply requesting help when needed. Penny suggests some resolutions for reducing stressors in sonography departments, such as demanding work schedules, stressors caused from clinical correlation ambiguity, and taking call hours.<sup>20</sup> Steps to reduce stressors with demanding work schedules could be ensuring equal workloads, allowing alternate shifts, setting fixed lunch schedules, or allowing flexible work schedules. Penny describes clinical correlation ambiguity as the inability of a sonographer to obtain a detailed patient history and relay this information with the sonographic findings. Penny suggests monthly meetings with personnel to review random exams to prevent this stressor, and also indicates patient follow-up and diagnostic testing will produce a better understanding of physiology and pathology to create a team work environment. Penny also indicates that increasing the call-back pay, reducing unnecessary call-backs,

and distributing call-back hours equally would greatly reduce this stressor as a precursor to sonographer burnout.

Department staff are not the only ones affected by burnout; managers must also recognize symptoms and take an active approach to prevent job burnout. Simons suggests 6 prevention steps for managers.<sup>21</sup> (1) Develop a sense of purpose, meaningful work, and making a difference. Managers who enjoy their work have high job satisfaction and lower burnout rates. (2) Keep a positive attitude. Managers cannot control all situations. However, they can choose their reaction and must stay upbeat and positive. (3) Take care of oneself. Managers need to eat healthy, exercise, and take recovery breaks throughout the day to rejuvenate and sustain energy levels. (4) Control the helium hand syndrome. Stop raising your hand every time a volunteer is needed. Over commitment will cause job burnout. It is better to do a smaller number of jobs well than many inadequately. (5) Draw a line. Separate work and personal life; leave work at work. (6) Keep options open. Sometimes a job is not a proper fit. This does not mean the manager or the institution is bad, it is simply a poor fit. One should not stay in a toxic environment, but should explore new opportunities.

## Conclusion

Professional burnout among healthcare professionals begins with physical and emotional exhaustion. It evolves over time with consistent demanding circumstances. Maslach indicates "burnout can not be viewed as either present or not present but rather as a continuous variable that increases or decreases."<sup>22</sup> Administrators must stay vigilant in recognizing warning signs of these behaviors. With the appropriate actions and strategies, administrators can reduce burnout among healthcare professionals while increasing employee productivity and morale. Moreover, there is still a gap in the knowledge base of empirical research regarding experiences of the healthcare professional in the time preceding burnout. This question is of particular importance to administrators for burnout prevention. ☸

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## AHRA Home-Study Resources

## Burnout Among Healthcare Professionals

### Home-Study Test



#### 1.0 Category A credit • Expiration date 12-31-2009

Carefully read the following multiple choice questions. Mark your answers on the answer sheet found on page 38 and mail or fax the answer sheet to:

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#### Questions

**Instructions: Choose the answer that is most correct.**

- Who first introduced the term “burnout”?**
  - Freud
  - Wood
  - Killion
  - Freudenberger
- Initially, the term “burnout” was used to describe the physical and emotional exhaustion observed in employees of:**
  - Computer companies
  - Healthcare facilities
  - Department stores
  - Businesses
- What is currently the most widely used research instrument to measure occupational burnout?**
  - Maslach Burnout Inventory (MBI)
  - Martins Business Inventory (MBI)
  - Memory Board Investment (MBI)
  - None of the above
- What are the burnout elements measured by MBI?**
  - Emotional exhaustion scale
  - Depersonalization scale
  - Personal accomplishment scale
  - All of the above
- The MBI scale that measures how frequently an individual feels overextended emotionally by his or her work environment is the:**
  - Personal accomplishment scale
  - Emotional exhaustion scale
  - Depersonalization scale
  - None of the above
- What is the MBI scale that evaluates how an individual responds to colleagues and students in an impersonal manner?**
  - Personal accomplishment scale
  - Emotional exhaustion scale
  - Depersonalization scale
  - None of the above
- “Burned out” healthcare professionals are more likely to deliver services which are:**
  - Suboptimal
  - Satisfactory
  - Superior
  - Standard

- 8. What are some of the manifestations stemming from physical exhaustion?**
- Fatigue
  - Insomnia
  - Weight fluctuations
  - All of the above
- 9. Prolonged chronic fatigue caused by emotional exhaustion will typically develop into:**
- Muscle damage
  - Speech problems
  - Depression
  - None of the above
- 10. Psychological exhaustion is identifiable in healthcare as:**
- Compassion fatigue
  - Self-image fatigue
  - Weight fluctuations
  - None of the above
- 11. According to Walvoord, job satisfaction and job stress are:**
- Directionally proportional
  - Inversely related
  - Statistically significant
  - None of the above
- 12. Herzberg conducted a landmark study describing the differing levels of:**
- Burnout
  - Job satisfaction
  - Depression
  - Fatigue
- 13. According to Herzberg, which of the following is (are) true?**
- Satisfiers are associated with intrinsic motivators
  - Dissatisfiers are associated with extrinsic factors
  - Both a and b are true
  - None of the above
- 14. Herzberg found that salary, working conditions with peers, managers, and company policy are:**
- Satisfiers
  - Intrinsic motivators
  - Dissatisfiers
  - None of the above
- 15. According to Herzberg, which of the following are examples of intrinsic motivators?**
- Recognition
  - Achievement
  - Advancement
  - All of the above
- 16. Problem focused coping is driven by a(an):**
- Internal locus of control
  - External locus of control
  - Both a and b
  - None of the above
- 17. According to the authors, which coping strategy has been found to be the least productive and efficient in dealing with stress?**
- Problem focused coping
  - Avoidant coping
  - Using humor as a coping strategy
  - None of the above
- 18. Which of the following may be used as a preventive measure to help alleviate burnout precursors?**
- Problem focused coping
  - Avoidant coping
  - Using humor as a coping strategy
  - None of the above
- 19. According to the literature, what is the most common predictor of burnout?**
- Staffing issues
  - Sickness absence
  - Employee morale
  - None of the above
- 20. Previous studies have found that radiographers have:**
- Similar levels of burnout as registered nurses
  - Lower levels of emotional exhaustion compared to radiation therapists
  - Lower levels of depersonalization compared to radiation therapists
  - All of the above



# ANSWER SHEET

## AHRA Home-Study Resources

### Burnout Among Healthcare Professionals

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