Burnout in the Health Care Professions: A Public Health Concern

Richard C. McKinnies, Ph.D, RT(R)(T), CMD, Sandra K. Collins MBA, Ph.D., Kevin S. Collins Ph.D., RT(R)(T), CMD, and Savanah N. Hopkins, B.S, PHR

Southern Illinois University Carbondale – School of Health Sciences

Background Information

- Occupational burnout has been defined by some as a reaction to on-the-job stress.
- Given the nature of the work, healthcare professionals are thought to be more predisposed to occupational burnout than those in other professions given their exposure to the psychological, physical, and social issues with which patients present. (1,3)
- Crisis levels of burnout are being reported for some groups of health care professionals and noted by some as a significant public health concern. (4)
- Given burnout’s potential linkages to depression and suicide, educators should be mindful of occupational burnout as a curriculum issue. (2)

Categories of Occupational Burnout

The ongoing pressure for healthcare professionals to provide the best possible patient care in a fast-paced environment, which is often wrought with emotional intensity, can predispose healthcare professionals in all areas to occupational burnout. Occupational burnout is known to progress in linear order of three categorical stages. (1,3)

1. Effort-reward imbalance and/or emotional exhaustion
2. Depersonalization
3. Reduced sense of self-efficacy and/or personal accomplishment

Negative Consequences

The negative consequences of occupational burnout are well documented. The causes of burnout include five main factors:

1. The profession itself. A central characteristic of being any healthcare professional is that the role can be stressful given the nature of the work. Patients are often sick, hurt, scared, or dying and this creates a high-stress environment.
2. The specific role. Work stressors come from factors such as work schedules, compensation models, politics, personality conflicts, and leadership styles.
3. Work-life balance. Most healthcare professionals are not adequately trained about work/personal life balance. Health care professionals are often expected to keep working until the work is done. To do anything else is often perceived as a weakness. Ignoring personal needs including the need to recharge the energy drained from working in a high-stress environment can facilitate a downward spiral of burnout.
4. Education and conditioning. Workaholics, superheroes, perfectionists, and micromanagers are cultivated in training programs and academic settings. The same traits that make health care professionals successful might also be the ones that lead to occupational burnout later.
5. Leadership of supervisors. There is a direct correlation with occupational burnout and the immediate supervisor. Work satisfaction and stress levels have been found to be associated with the dramatic and direct outcomes of leadership, especially the leadership skills of the immediate supervisor. (1)

The aforementioned causes of occupational burnout were associated with studies on physician burnout. However, they provide an overview of where educators in the health professions can modify curriculum in other areas of health care education.

Addressing Occupational Burnout

- Occupational burnout is real and the consequences can be detrimental to healthcare professionals, the organization, and society. (6)
- A recent survey conducted by the Massachusetts Medical Society labeled burnout of America’s physicians a public health crisis linking it to depression, suicide, and the mental health of physicians. (6)
- Addressing occupational burnout is a multipart process, but educators should face the potential issue assertively and promptly. (2) Teaching students techniques ranging from flexible work hours to assuring technology reduces the professional’s time and effort rather than causes more work is a start. (9)
- Artificial intelligence and machine learning are also worthy topics for educators to add to their curriculum since this form of technology may provide a means by which to automate complex work processes to alleviate occupational burnout. (10)
- There are ways for educators to increase awareness about occupational burnout in their courses. Identifying it as a complex syndrome is vital and facilitating students’ understanding that operational solutions may fall short of facilitating treatment for occupational burnout and its negative consequences. (11)

Underlying themes correlating with increased levels of occupational burnout involve changes in the delivery of care, electronic health record implementation, less time to spend with individual patients, excess patient record maintenance and documentation, daunting regulatory mandates, unreasonable performance expectations, and higher patient volumes. (6)

Negative consequences are linked to reduced quality of patient care, higher healthcare costs, high employee turnover, and increased rates of depression and suicide. (1)

Conclusion

- Occupational burnout of physicians and nurses have potentially been studied the most extensively leaving the need for specific studies for other healthcare professionals. (13)
- Although updated research is necessary, there are studies that show occupational burnout of healthcare professionals has been consistent over time and across countries. Previous studies identify the health care profession itself along with long overtime hours as the most significant contributing factors leading to occupational burnout in the healthcare profession. (2)
- Previous studies give educators the opportunity to help future health care professionals understand occupational burnout, identify it, and find solutions for it including how it is identified as a public health concern and linked to suicide and depression which may require professional treatment. (4,11,15)

References