



ICPCM Newsletter

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Burnout: A moral, political and ethical dilemma

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Introduction

Burnout is a global phenomenon which significantly affects health care workers. The NHS is the biggest employer in the UK, with approximately 1.5 million workers, making it the fifth largest workforce in the world. The NHS reflects many of the challenges facing health care systems globally.

With the increasing demands and workloads placed on modern health care systems, there is growing concern about burnout which has escalated in the health care sector over the last few decades with evidence that it clearly affects the delivery and quality of care provided to patients. [1] The current drive to deliver person centered care is now embedded in the training and educational curriculum in countries such as the UK with government policies and strategies in place to support the implementation of the model to improve outcomes and efficiencies. [2] Urgent action is required to retain and sustain health care professionals within the health sector environment if this is to happen.

Recognising symptoms of burnout in the workforce is essential but dealing with the root causes is even more important in order to transform the culture in the longer term. If staff are to effectively deliver person centered care, it is paramount that health care organisations approach the issue by promoting staff wellbeing and engaging the work force in a “person centered” manner to reduce burnout. It is essential to have a healthy workforce if we are to improve the health of our populations and treat patients using a person centered model of care.

Definition and Causes of Burnout: impact on staff

Burnout is a syndrome characterised by depersonalisation, emotional exhaustion and a loss of sense of achievement. There is currently no validated internationally agreed

definition, although current research has presented causal factors and development models to show what the term burnout generally refers to. One of the most common self evaluation instruments quoted in the international literature is the Maslach Burnout Inventory. [3]

Those attracted to the health care sector often demonstrate personality traits highlighted by Maslach which include; highly ambitious, suppressing own needs, feeling irreplaceable, hard working, difficulty delegating, need for recognition and, as a result, eventually become overburdened. These traits can therefore lead to the development of burnout in health care workers due to the interplay between the types of person attracted to the health care role and the current working environment.

The environment within which health is being delivered has, in many areas, become difficult, with demoralisation of the work force due to underfunding. This can lead to unsafe and understaffed wards, a bullying and/or blame culture when things go wrong and a sense of being undervalued and undermined. Increasing public expectations and unrealistic government targets can lead to tensions and disappointment in the healthcare system, yet health care professionals are still often being held accountable for failures to regulators when standards are not met. [4]

Since the 2008 global economic crisis, austerity measures have been implemented in many countries which have impacted on health care systems. Lack of pay rises, pension changes and erosion of terms and conditions have led to doctors reducing their working hours, retiring prematurely and moving to different countries for a better work life balance - all of which have impacted on systems already at breaking point in some instances. [5]

Surveys have demonstrated an increasing trend in bullying/blame cultures within health systems due to the above pressures which has also resulted in rising levels of sickness amongst health care professionals.[6] Recent survey data analysed 1472 health care professionals in the UK reported that 20% of staff felt bullied by other staff. 80% of staff reported that the state of their health was affecting patient care. [6]

Accounts of staff who raise concerns being victimised and subjected to malicious complaints, often with their careers being ended prematurely, have become regularly featured in the Press and Public Inquiries such as the Sir Robert Francis report. [7] In this inquiry report 30% of people who had raised a concern said they felt unsafe after they had done so, with 18% of staff saying they did not trust the system so they would not speak out and 15% feared being victimised if they did so.

An international review of burnout in mental health care professionals in 33 countries demonstrated: 40% emotional exhaustion, 22% depersonalisation, 19% low levels of personal accomplishment. Role clarity, a sense of professional autonomy, a sense of being treated fairly and access to regular supervision were quoted as protective factors.

Heavy workload and relationships along with working in generic teams were considered risk factors for burnout within mental health professionals in the study sample. [8]

In another international study looking at psychiatric trainees in 22 countries, burnout was reported at 37% overall in the respondents with risk factors of long working hours, psychiatry not being their first choice of career and a lack of supervision.[9]

Doctors' surveys have demonstrated the increase in mental health problems and suicides in doctors who come under investigation or face formal disciplinary action. The IMPACT cross sectional survey was conducted in the UK and included 7926 doctors. It examined the impact of complaints on doctors' welfare, health and clinical practice. 26.3% were quoted as suffering moderate to severe depression and 15.3% reported thoughts of suicide when under investigation by the UK regulator for doctors. [10]

There is strong evidence now that burnout has an adverse effect on the quality of care delivered, patient safety and patient satisfaction. Staff experiencing burnout feel fatigued and at times unable to face the demands of their job, or able to make a meaningful contribution. Burnout reduces productivity and performance in doctors and is linked to higher rates of prescribing and ordering excess diagnostic tests.

Staff are now disengaging from health care systems for a variety of reasons. The NHS is now experiencing an escalation of staff vacancies with staff leaving due to the pressure of work, taking early retirement or leaving their profession.

Currently in the UK there are campaigns by staff unions attempting to promote a positive workplace culture to help colleagues struggling in challenging work environments. Wellbeing support services are promoting self care and self awareness in order to improve wellbeing and resilience in health care staff. Some counselling services have been made available to health care professionals to offer confidential peer support. Workshops are now focusing on self help techniques such as mindfulness training, encouraging physical activities, managing fatigue and bullying and harassment in the workplace. The aim is to try to promote a healthy work place and encourage a more human and person centred approach. However, this input remains limited and late in the day with little indication at a government level of a willingness to recognise the extent of the problems. [11]

Conclusion

Burnout is a global phenomenon now increasingly recognised in health care workers. Left unchecked it can lead to lack of productivity, poor quality of care for patients, work absences and concerning mental illness and suicide in staff

Improving the health of the work force and addressing staff burnout is a moral and ethical imperative.

Preventing burnout in health care systems is feasible. Proactive approaches include: recalibrating the public expectations set by governments, clarifying roles and levels of responsibility and accountability, providing a safe and positive work environment for staff and patients and enabling economic transparency and a reality based approach to health care given the recognised increasing health demands of our populations versus limited funds.

Urgent action is required to improve the health and wellbeing of the health care workforce. If staff are to effectively deliver person centered care and improve the health of our nations, it is paramount that health care organisations promote staff wellbeing and engage the work force in a “person centered” manner to reduce burnout.

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