EDITORIAL INTRODUCTION

WORK–LIFE BALANCE AND BURNOUT CRUCIALLY CONCERN THE WORK ENVIRONMENT AND RELATIONSHIPS

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ABSTRACT

So important to every health practitioner and person involved in health systems, this volume of the journal devotes all four issues to the topic of work–life balance and burnout, applying specifically a person- and people-centered approach. The first issue of the volume addresses this topic by considering international perspectives on health care systems, risk factors for burnout in physicians, a sociological perspective on burnout, and the concept of well-being. All four of these articles underscore the crucial role of the work environment and relationships, rather than locating burnout and work–life balance as a solitary characteristic of an individual. In health systems, the work environment and relationships have not been addressed adequately in a person- and people-centered way, considering the high prevalence rates of burnout worldwide. The work environment and relationships, highlighted by the second article's empirical examination of risk factors for burnout among 2,486 participants, are about the fostering of cooperation, empathy, and shared values. Congruently, the sociological reflection of the third article identifies burnout as a particular social configuration, which is interrelated with the dynamic intersubjective features of well-being highlighted in the fourth article.

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Crucially informative to every health practitioner and person involved in health systems, a full volume is devoted to the topic of work–life balance and burnout. This is most topical for the *International Journal of Person Centered Medicine*, for work–life balance and burnout are qualities ascribed specifically to a person individually as well as people collectively. The "who" features thus centrally in the topics of work–life balance and burnout, being people in their various roles including patients and clinicians, employers, and employees. This inclusive take on who the people are, is now well-established in person-centered medicine. So is the explicit emphasis on positive health and well-being, exemplified in the pursuit of a good work–life balance among both patients and clinicians.

Since work–life balance and burnout are qualities ascribed specifically to a person, it may come as a surprise that all four articles of the first issue in this volume of *International Journal of Person Centered Medicine* do not locate burnout or work–life balance as a solitary characteristic of an individual, but all underscore the crucial role of the work environment and relationships [1–4].

In health systems, as focus of the first article [1], the work environment and relationships have not been addressed adequately in a person- and people-centered way, considering the high prevalence rates of burnout worldwide. A person- and people-centered approach provides radically for an increased understanding of person- and people-centered attitudes in the promotion of training in well-being and the prevention and management of burnout among physicians and health care professionals.

With a 59% national prevalence rate of burnout in the United States, residents reported significantly increased stress, poorer mental health, and decreased empathy, mindfulness, resilience, self-compassion, and confidence in providing compassionate care. Reports have been similar in the rest of the world. This state of affairs may be addressed by changing health systems at three levels in training, health prevention and promotion, and stress reduction: modifying the organizational structure and work processes; improving the fit between the organization and the individual clinician through professional development programs in fostering a better adaption to the work environment; and individual-level actions in reducing stress and poor health symptoms through effective coping and promoting healthy

behavior. To this end, the first article [1] proposes standards for a person- and people-centered cybernetic approach by which a healthy work environment may be established and sustained. These are authentic leadership, meaningful recognition, skilled communication, true collaboration, effective decision making, and appropriate staffing. These standards and the three levels at which health systems should change would address the increasing complexities of health systems and associated misuse of human resources. An example of addressing burnout at the level of health systems in Germany will feature in the next issue of this volume.

The work environment and relationships, highlighted by the second article's empirical examination of risk factors for burnout among 2,486 physicians in Brazil [2], are about the fostering of cooperation, empathy and shared values. In addition, burnout was associated with workload, age, sex, work environment, psychiatric history, quality of the relationships with family and friends, leisure and physical activity, having suicidal ideation in the last month, and alcohol abuse. Those physicians who were not undergoing psychological treatment, but nevertheless felt they should be in treatment, actually had more symptoms. Stigma in seeking care appears as a significant impediment to getting help.

Highlighting stigma, cooperation, empathy, shared values, work environment, and relationships attests to the intrinsic social and societal features of life–work balance and burnout. The third article affords a sociological perspective on these features [3]. Accordingly, sociology examines the rules by which society organizes itself including the interpretative paradigms by which members of society define their rules within a behavioral and meaning-creating context. From this sociological perspective, burnout is less a question of individual pathology than a challenging social configuration that may contribute toward a focus on resource saving and sustainability. This configuration is controversial and subject to social negotiating processes in aspiring toward a concrete utopian moment and a claim to self-realization in meaningful work.

Counteracting burnout requires congruently that this societal configuration is challenged socially in interactions with both an individual and society. To this end, the third article [3] identifies professional teams as being apt for embarking on processes that aim for strengthening their sense of coherence, mutual support, empowerment, and professional development.

The sociological reflection of the third article that identifies burnout as a social and societal phenomenon at its core (notwithstanding its other features) is supported by the fourth article's consideration of the intersubjective and value-laden qualities of well-being and health counter-positioned against burnout.

The connections between burnout and well-being are further expounded in next issue of this volume, conceptually as well as empirically among young

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physicians in Japan, medical students in Brazil, and in systemic provisions for medical practitioners in Germany.

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