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Job Burnout: What is it and How Can Managers Address it?

Scenario: Gwen rolls over in bed, looks at the clock and sighs. One more hour of sleep, that's all she needs. Or maybe 100 more hours of sleep. Every bone in her body begs her to call out sick again, but her manager recently warned her to not miss any more work. Gwen drags herself out of bed and into the car. When she arrives at work, she is informed that two RNs and a CNA have called out and she is the charge nurse. Immediately, there is a squabble about patient assignments because no one wants to take care of the demanding patient in the end room. On top of everything, Gwen's back is aching from an old on-the-job injury. It's a miracle she can put one foot in front of the other by the end of shift. Well, Gwen thinks to herself, at least she doesn't have to touch anyone today.

Employee turnover has been clearly linked to job dissatisfaction and job burnout. Job satisfaction is defined as the "pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences" (Locke, 1983). Job burnout is "a prolonged response to chronic emotional and interpersonal stressors on the job" (Maslach, 2003).
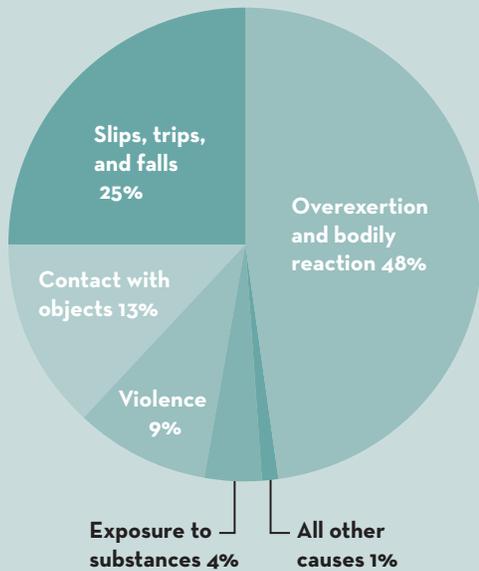
Although organizations are responsible for job dissatisfaction and burnout, previous measures to combat these issues involved removing the affected employee from the job, i.e., termination or early retirement. Groundbreaking research conducted by Christina Maslach identified three key dimensions of job burnout: exhaustion, depersonalization, and reduction of feelings of personal achievement. If nursing and healthcare managers notice nurses, physicians, or other healthcare providers exhibiting these behaviors, they should act immediately because they are the harbingers of costly and potentially dangerous turnover.

Nursing turnover costs have been estimated to be 1.3 times the salary of a departing nurse, or an average of $65,000 per lost nurse (Department for Professional Employees AFL-CIO, 2010; Jones & Gates, 2007). If that number is multiplied by the amount of nurses who quit their jobs, the costs can equate to millions of dollars for health care organizations.

> Job burnout is "a **prolonged response** to **chronic emotional** and **interpersonal stressors** on the job"

High patient-to-nurse ratios and overworked nurses lead to patient mortality, nurse burnout, and job dissatisfaction (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002). A longitudinal survey of predictors of turnover among newly licensed RNs found it was unrelated to Magnet hospital status and instead was directly linked to on-the-job

Hospital Worker Injuries Resulting in Days Away from Work, by Event or Exposure, 2011

Slips, trips, and falls 25%

Overexertion and bodily reaction 48%

Contact with objects 13%

Violence 9%

Exposure to substances 4%

All other causes 1%

Data source: Bureau of Labor Statistics, 2011 data
This figure shows the distribution of events or exposures that lead to injuries and illness resulting in days away from work, in hospitals, in 2011. These categories are coded as "event or exposure" in BLS data sets.

Burnout is insidious and hides under the radar posing as heart disease, depression, chronic fatigue, exhaustion, and dismal attitudes.

injuries. Implementing policies to prevent strains and sprains can reduce nursing departures (Brewer, Kovner, Greene, Tukov-Shuser, & Djukic 2012).

It's not just RNs who are burning out

Physicians who are burned out are more likely to cut back on work hours. This causes a huge issue, as the nation is experiencing an increased demand for physician services due in large part to the aging of the Baby Boomers (Shanafelt, et al, 2016). Reports have shown physicians cutting back on work hours are not limited to Millennials seeking better work-life balance, but also includes 50 to 60-year old physicians who are traditionally designated as the most productive group.

Additionally, support staff such as Certified Nurse's Assistants (CNAs), who provide direct care to patients over long periods of time, are often the most overlooked group of workers in terms of pay, benefits, and opportunities for advancement. Seavey (2004) conducted a literature review and found that employee departures from long-term care facilities, where CNAs are most heavily utilized, ranged from an estimated 40 to 166 percent, with indirect and direct costs per lost worker ranging from $951 to $6,368, and an estimated minimum direct cost of $2,500 per lost worker.

Burnout is insidious and hides under the radar posing as heart disease, depression, chronic fatigue, exhaustion, and dismal attitudes. Poor quality of work life breeds burnout and turnover. Burnout and turnover lead to a poor quality of work life. It is a vicious cycle that negatively impacts all levels of healthcare workers.

What can managers do to combat these issues?

In addition to soliciting ideas from their employees on how to improve the quality of their work life, an organization could survey their employees to assess the existing levels and types of burnout. Upon receiving survey results, senior management should be prepared to respond and intervene to avoid loss of employees' trust or continued issues. Interventions should address the specific needs of the healthcare worker. A one-size-fits-all approach will not work. Some of the items that should be included in a work life analysis include healthcare worker perceptions of:

- Job autonomy, variety, and significance
- Fairness of pay and benefits
- Opportunities for promotion and advancement
- Relationships with supervisors
- Relationships with coworkers
- Level of job burnout
- Overall job satisfaction

While not an exhaustive list, the following are suggested strategies to address healthcare worker burnout.

Worker safety and injury prevention programs
In 2011, hospitals beat out the construction and manufacturing industries for injuries and illnesses resulting in days away from work (OSHA, 2013). Some of this is due to the fact that healthcare workers put their patients' health before their own. Institution of injury prevention programs are critical to reducing physical exhaustion, burnout, and turnover in the healthcare community.

Stress reduction classes
These include retraining the body's response to stress with breathing techniques, yoga, and biofeedback, among other approaches (Hendren, 2010).

Creation of calm space for healthcare practitioners

Having the opportunity and ability to step away from chaos and into a space that is free from patients and families is a vital measure workers can use for de-escalating feelings of being overwhelmed (Hendren, 2010).

Mentor and buddy programs

New RNs who do not have a guide at their side are particularly susceptible to feeling overwhelmed. A mentor can help them overcome their fears of negotiating a new organization and stressful environment by acting as a sounding board (Hendren, 2010).

Recognition and reward

Some hospitals have instituted programs involving rewarding employees that are caught in the act of doing a good deed or an exceptional job. These programs seek to increase positive citizen behaviors among their employees and celebrate valuable teamwork (Hendren, 2010).

Workshops, training and education

Similar to how the mentor and buddy programs can decrease anxiety among new RNs, on-going training and education instill competence and confidence in all healthcare professionals. In an ever-changing world of healthcare technology and policies, it is imperative that organizations support their employees in continuing their education (Hendren, 2010).

Manager involvement

Managers who take the time to check in with their employees throughout their shifts, whether formally as in Lean Daily Management, or informally, are perceived as more approachable and more understanding of healthcare employees' concerns. If a manager listens to an employee's concerns and acts on them, trust is built (Hendren, 2010).

Employee Assistance Programs (EAPs)

While some may consider these offerings a last resort, a good manager will suggest the use of EAPs before an issue escalates. EAPs can assist employees with personal problems or work-related issues that may impact their health and well-being. Organizations should encourage employees to use these services rather than lose them as valuable and talented employees (Hendren, 2010).

Scenario reimagined: Gwen rolls over in bed, looks at the clock and realizes she is up an hour early. Six months ago, the hospital conducted a work life study and assessed the level of employee burnout. Shocked by the negative findings, senior management worked with human resources and initiated a multi-prong attack to combat the issues: increased staffing and decreased mandatory overtime, creation of staff-only lounges for employees, 24/7 on-call counselors for employees, a series of workshops on stress management, education and training for new and current employees, and employee recognition programs. Just last week, Gwen received a "Gotcha!" award and was recognized for going above and beyond the call of duty. Because the organization instituted these programs, call outs were down. Gwen happily gets out of bed, drives into work, and wonders who she will be able to help today.

Burnout Self-Test Maslach Burnout Inventory (MBI)

The Maslach Burnout Inventory (MBI) is the most commonly used tool to self-assess whether you might be at risk of burnout. To determine the risk of burnout, the MBI explores three components: exhaustion, depersonalization, and personal achievement.

Take the self-test now stevenson.edu/mbi

Resources

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