

Measure, act on these 6 factors tied to physician burnout

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Whether you have enough time to deliver excellent care and have control over what you do, and whether the workplace is fair are some of the key factors that can contribute to physician burnout, according to one of the country's leading authorities on the baleful phenomenon in medicine and many other fields. These burnout risk factors should be measured and addressed at an organizational level to help restore joy to the day's work.

That is according to social psychologist Christina Maslach, PhD, of the University of California, Berkeley.

She developed the Maslach Burnout Inventory, a tool to gauge workplace burnout, and has also written widely on physician burnout. Maslach, speaking at the MGMA/AMA 2017 Collaborate in Practice Conference in Chicago, said that burnout often is caused by the breakdown of at least one of these six areas of work life.

Workload: The demands of your job exceed the resources available to accomplish it.

Control: You have very little say over how you do what you do—and no one is interested in your feedback.

Rewards: Rewards are less about salary and benefits and more about recognition for a job well done. If the best you can say about your workday is that “there were no screamers today” or “nothing bad happened,” then you and your workplace are in trouble, Maslach noted.

Community: “Unresolved conflicts that fester over time into a socially toxic environment” may lead to anti-social behaviors, such as bullying and rudeness, Maslach said.

Fairness: A perceived lack of equity in the workplace—one in which success “depends on who you know” rather than experience and expertise—can result in anger and hostility.

Values Conflicts: A disconnect between the values that give meaning to your life and your day-to-

day work realities can chip away at your sense of self, with long-range consequences.

In light of these six factors, an approach to ameliorating burnout that focuses on individuals, rather than systems, is fairly ineffectual, Maslach said. “I am not opposed to helping people become more resilient,” she explained, but because “burnout is often mistakenly labeled as a problem of individuals,” the classic one-on-one approach leaves “the underlying system and cultural problems unaddressed.”

As a case in point, Maslach cited a workplace she had studied in which burnout rose and morale plummeted partially as a result of a much-touted annual award that had become unpopular.

“People so hated the award that they didn’t want others to know that they had been nominated,” Maslach said.

After reviewing the results of the workplace’s scores on the six risk factors for burnout, administrators learned there was a widespread belief that the award was not administered fairly, she explained. Some employees thought that deserving recipients had not been nominated simply because their supervisors had neglected to fill out the required paperwork. Others sensed that bosses were taking credit for achievements earned by their staffs. Still others alleged that the award, which came with a substantial monetary gift, was a poor substitute for a salary increase.

A year after this situation had come to light and administrators had worked to correct perceived inequities associated with the award—making the selection process more collaborative in nature—the institution again measured the six risk factors. This time, scores improved markedly in the area of fairness. But they also improved in the five other areas, particularly in community and rewards.

“If you start working in one area of improvement, you get positive results across the board,” Maslach said. But taking an incremental approach is only part of the treatment to addressing burnout systemically, she said. You also need to demonstrate a long-term commitment to the process. This generally translates into a six-month period, at a minimum, to allow for workplace buy-in by most physicians and staff. A further caveat: The time to initiate it, she added, “is when things are going pretty well, not disastrously.”

Whatever the causes of burnout, Maslach said, it does not take a study to understand that physicians will fare better when there is a greater sense of collaboration and congeniality among colleagues. “Work engagement is the opposite of burnout,” she said, so whatever individuals, groups and institutions can do to build positive professional relationships, physicians and the people they care for will ultimately benefit.

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