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Rethinking Burnout: When Self Care Is Not the Cure

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The World Health Organization's (WHO) move to include burnout in the *International Classification of Diseases* in 2019 and defined burnout as a "workplace phenomena"[1] kick-started a narrative shift. For some academic researchers and workplace experts, this new way of thinking was not that new. For those deep in the work, it has been a long-waged battle to commit leaders, experts, and scientists to a shared, common language. Now that two-thirds of full-time workers in the US experience burnout on the job,[2] and excessive workplace stress causes 120 000 deaths[3] every year, there is increased urgency for a common language that sticks.

What Are We Battling?

According to the WHO, "Burnout is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by 3 dimensions:

- feelings of energy depletion or exhaustion,
- increased mental distance from one's job or feelings of negativism or cynicism related to one's job, and
- reduced professional efficacy."

Burnout refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life."

This last sentence is notable. It states explicitly that burnout is a workplace issue, not a work/life issue, which inevitably changes how we must prevent and treat the problem. Currently, academic researchers[4] and leading scientific associations[5,6] advise individuals to leverage self-care as a tool to manage their way out of burnout. Although meditation and mindfulness,[7] sleep,[8] healthy eating, and an active lifestyle[9] have all been linked to an increase in human flourishing, self-care may be an ill-advised tool for combating burnout. Coping with burnout is not the same as preventing it.

To make this a true paradigm shift, it will be necessary to untangle "self-care" from the language we use when we prescribe solutions. The negative consequences of burnout are too serious for us not to make this distinction. In health care, suicide rates among physicians' have skyrocketed—40% higher than the national average for male physicians and 130% higher for females.[10] This is a staggering number.

Research that counsels health-care professionals to practice yoga is ongoing, and although early research shows it may be a useful coping tool for burnout, self-care hasn't yet shown to be a preventative measure. This overlap with self-care poses serious problems. It not only runs the risk of minimizing the problem for employees, it also reduces accountability for employers.

Dr Christina Maslach, coauthor of the Maslach Burnout Inventory (MBI)[11] and professor emerita of psychology at the University of California, agrees. As defined by both Dr Maslach and her coauthor, Dr Michael Leiter, "burnout is a cumulative negative reaction to constant occupational stressors relating to the misfit between workers and their designated jobs. In this sense, burnout is a psychological syndrome of chronic exhaustion, cynicism, and inefficacy, and is experienced as a prolonged response to chronic stressors in the workplace."[12]

Maslach shared in an interview that self-care is not the answer to burnout because it shifts responsibility away from employers and places it on employees. She suggested that burnout can be visualized through the metaphor of the canary in a coal mine. On their way into the coal mine, these birds are healthy and thriving. When they come out, sick and dirty and diseased, they are telling us something—that we are in danger if we go back in.

We have to ask ourselves as leaders, researchers, and experts; when employees walk out of our coal mines, unhealthy and diseased, should we ask them what they did to prevent this from happening? Or, should we be certain that their work environment is safe before we send them back in? When we tie self-care to burnout, it suggests that the coal mine doesn't need to be safer, employees just need to wear better protective gear.

Indeed, the main causes of burnout are tied to work and inevitably, won't be fixed with more self-care. In their survey of 7500 full-time employees, Gallup identified the top 5 causes of burnout to be

1. unfair treatment at work,
2. unmanageable workload,
3. lack of role clarity,
4. lack of communication and support from managers, and
5. unreasonable time pressure.

Maslach and Leiter identified a similar list of 6 general areas of work life considered as the most important predecessors of burnout: a manageable workload, job control, rewards, community, fairness, and values. The overlap clearly underscores that preventing burnout is an achievable goal if leadership refocuses their attention. A language shift, seemingly small, can be the major difference in how to approach a giant problem in our workforce today.

Obviously the logical next question is, "how"?

A suggested first step would be to reshape the language used to define burnout at work. Leaders can start by creating a separate space for burnout prevention strategies inside their workplace mental health and well-being strategies. Self-care and health optimization are correlated with successful, healthy, and happy cultures[13,14] and should remain a strategic objective of the overall mental health strategy for any organization. These wellness concepts merely require a separate distinction and should no longer be a tool specific to managing burnout. Removing self-care from the strategic language allows leaders to examine what is actually causing burnout in their organizations. For leaders to figure that out, they first need to do as researchers do—measure.

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Measuring Burnout

The MBI is the most widely used instrument for assessing burnout. First coauthored by Christina Maslach and Susan E. Jackson in 1981, the assessment consists of 22 items with a goal to assess an individual's experience of burnout. Since then, researchers from *Mayo Clinic* used portions of the MBI, along with other comprehensive assessments, to develop the *Well-Being Index*, a shorter 9-item survey that measures burnout and stress in health-care workers specifically.[15] There are other measures, but these are the most widely used to assess occupational burnout, the MBI being the most popular. When leaders assess the root cause of burnout, they can be more targeted in how they approach the solution.

Once the data are analyzed, a clearer picture of the root problems will appear. Most readers will agree; fixing a culture problem is better served when data guide the decisions. Unfortunately, there can be a tendency for leaders to defend or ignore the data or create an organization-wide level response to stop the problem as quickly as possible. But these knee-jerk responses don't typically succeed. I recommend starting with a smaller pilot, focused on one department or group of employees. It helps to evolve the learning and then iterate on that learning more rapidly. Academic and industry research continues to demonstrate that assessing solutions in teams yields a better payoff. Smaller groups allow for a quicker feedback loop which supports further iteration and improvements. Also, when working with clusters, employees feel more enrolled in the solution which leads to better adoption of the strategy.[16]

It is also critical that the data are stripped of identifying remarks, so cultural issues are not targeted at specific managers or leaders. Focus on data that fall within the managers' locus of control, which will create a higher probability for action-taking. Find a manager who wants to make a change, has the humility to self-reflect on the role they play and what part is culturally conditioned. Finally, they should be willing to learn new management skills. Unfortunately, very few leaders have been formally taught how to be strategically data-driven.

Through the data, leadership will be able to better identify what conditions are leading employees to experience burnout. Let's start by examining the impact of unfair treatment, unmanageable workloads, and poor communication, 3 of the 5 main causes of burnout, and how we might solve for it.

Unfair Treatment at Work

Unfair treatment, also described as lack of organizational justice, can result from a variety of conditions including but not limited to bias, favoritism, mistreatment by a coworker or supervisor, unfair compensation, and/or corporate policies. According to Gallup, "when employees do not trust their manager, teammates or executive leadership, it breaks the psychological bond that makes work meaningful." Employees who perceive they are being unfairly treated in the workplace are at increased risk of taking sick days, and remaining off sick for longer, according to research by the University of East Anglia and Stockholm University.[17]

Dr Constanze Eib, a lecturer in organizational behavior at Norwich Business School and coauthor of the study, found that, "While shorter, but more frequent periods of sickness absence might be a chance for the individual to get relief from high levels of strain or stress, long-term sickness absence might be a sign of more serious health problems."

The study's lead author, Dr Constanze Leineweber, from the Stress Research Institute, said: "Perceived fairness at work is a modifiable aspect of the work environment, as is job insecurity. Organisations have significant control over both . . . Organisations might also gain from the selection of managers for their qualities associated with fair practices, training them in justice principles, and implementing performance management practices for them that consider their use of organisational justice."

If leaders want to reduce unfair treatment at work, they need to follow similar standards to those found across human rights commissions globally. They describe the following as a better mechanism for employees to report unfair treatment at work:

- having a complaint mechanism in place,
- having a shared corporate awareness of what constitutes unfair treatment,
- responding to every grievance,
- taking the matter seriously,
- acting promptly, and
- providing a healthy work environment while the event is under investigation.[18]

Unfair treatment at work is considered the number one contributor to burnout and therefore must be the number one priority for leadership. The added negative impact on employee health combined with the potential for the unfair treatment to be determined a threat to human rights makes it even more critical for leadership to tackle the issue immediately.

Unmanageable Workload

A heavy workload is one of the primary causes of stress among employees according to a 2017 survey. Sixty percent of workers claim work-related pressure has increased over the past 5 years, with more than one-third of respondents citing excessive workloads and tight deadlines as their biggest concerns.[19]

A major contributing factor to increased workload is the added use of technology both at work and after hours at home. A survey, conducted by Harris Interactive on behalf of the American Psychological Association, found that more than half of employed adults said they check work messages at least once a day over the weekend (53%), before or after work during the week (52%), and even when they are homesick (54%). More than 4 (44%) in 10 workers reported doing the same while on vacation.[20] These statistics emphasize the need for leaders to analyze how much technology is beneficial and sustainable for employees and when it has become imbalanced.

An instance of technology claiming good intentions while inevitably causing harm to well-being can be found in the example of the transition to electronic health records (EHRs) in the health-care industry. According to a study led by Edward R. Melnick, assistant professor of emergency medicine at Yale, published in the journal *Mayo Clinic Proceedings*, what was supposed to improve the quality and efficiency of health-care for doctors and patients has instead become a source of high rates of professional burnout.[21] The study reports that physicians spend 1 to 2 hours on EHRs and other desk work for every hour spent with patients, and an additional 1 to 2 hours daily of personal time on EHR-related activities. It also indicates that the lower physicians rated their EHR, the higher the likelihood that they also reported symptoms of burnout.

Another study by scientists in China noted that physicians who reported 60 or more work hours per week and physicians who reported serious burnout were independently associated with higher incidence of medical mistakes.[22] A study published in *The Journal of the American College of Surgeons* showed similar findings. It found that

surgeons involved in a recent malpractice worked longer hours and had more night calls.[23]

In general, excessive workloads can negatively affect the health and well-being of any employee in any industry. Studies link unmanageable workload to diminished performance, high blood pressure, and digestive disorders.[24] From a culture standpoint, working long hours is associated with attrition and disengagement, which leads to negative financial results. It is therefore our obligation as leaders and experts to modify heavy workloads, particularly when the impact is so consequential.

Poor Communication

Netherlands-based researchers, Claartje ter Hoeven and Menno de Jong, from the Faculty of Communications at Twente University, wrote about the relationship between burnout and poor communications. They found burnout may be a result of communication overload or communication underload. The former can be caused by an unsustainable amount of communication to process on a regular basis, and the latter is caused by a lack of adequate information to effectively/optimally perform one's job functions. To establish better communication strategies, leaders may want to consider the following ways to prevent burnout as it relates to communication overload.

- Enforce boundaries between work and life, including, if necessary, ensuring cellphones and laptops remain at work.
- Educate managers about when to turn off outgoing requests from staff.
- Help assess workload for those who feel pressured to communicate after hours.
- Measure and assess communication channels—for example, does head office send out communication to employees daily? Weekly? Do individual departments communicate directly with employee groups or are they streamlined through one channel? If they are not streamlined, is there a guideline of how often they can communicate with employee groups? Agreeing on the amount of communication streams and how employees interact with various groups across the organization is helpful to determine if it's overloading staff and causing burnout.

As it relates to communication underload, employer can take several steps.

- Ensure employees have the necessary resources and skills to meet expectations.
- Provide ongoing training to employees to maintain competency.
- Help employees understand their value to the organization and their contributions to the organization's goals.
- Plan regular in-person check-ins that are not always work related. Make sure that there are ongoing opportunities and open conversations so employees feel safe to share if they may be experiencing burnout.
- Guarantee simple access to resources—employees need the ability to access information with ease. This means knowing where information lives inside the organization and having it readily available. When employees waste time and energy looking for information, they lose momentum and gain frustration, which makes it harder to meet goals.

Overall, employees are more likely to be stressed in workplaces with poor communication policies and practices. Overwhelming employees with too much communication and/or limiting the amount of communication they receive can impact employee burnout.

Next Steps

Burnout is an evolving issue with serious human and financial costs. I believe that burnout can be prevented if interventions are initiated further upstream. The success of those upstream interventions will require shifting attention from coping strategies to increased prevention strategies.

Notably, the majority of employees experiencing burnout will remain at work. This means that—regardless of whether it's a physical or virtual space they enter each day—we are responsible for making it safe. We need to stop offering better protective gear and actually do the work to make it healthy and free of the toxic conditions that are contributing to their burnout. This will take work—including analysis at the organizational level and more research and testing of new innovations and approaches that translates into both well-being and financial outcomes. It will require us to rethink how we are tackling burnout currently and come up with a plan that reinforces our accountability and ends the requirement for employees to battle it alone.

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"Burnout" in the Workplace: Strategies, Omissions, and Lessons From Wounded Healers

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When I started noticing signs of burnout in myself 7 years into my work as a family physician, I was out of luck. Back then, burnout was not talked about, and most studies addressed only incidence, with a rare article mentioning prevention or interventions. Although I loved medicine, my job was exhausting me in an extreme way, and time off didn't help. The typical day felt like an obstacle course as I struggled to meet the needs of every patient with empathy amid soul-crushing productivity and time pressures.

Overseas medical missions were a breath of fresh air, with our focus on old-fashioned diagnostic skills, making a difference, immensely grateful patients naive to Dr Google, and that increasingly elusive concept in modern Western medicine: *simplicity*. Such opportunities to provide exceptional care in humble villages lacking the luxuries of modern life always energize my work back home. They connect me deeply to the vocation that drew me to a life devoted to service when I chose the arduous road to become a physician. Despite all the struggles, a life in medicine has been meaningful because it's grounded in something sacred: *the patient–physician relationship*.

Enter the scene the EHR, the ultimate symbol of the WALL that now exists—physically, emotionally, socially, spiritually, medically—between physician and patient, frustrating and alienating one from the other. Modern technology, excessive governmental regulation and interference, self-serving mega-mergers, and insurance company intrusions continue to displace physician and patient from the center of medical care—where they belong and *where they both long to return*.

In the midst of all this disruption, my soul has longed for mission medicine and the simplicity of pen and paper, make-shift dispensaries, the gratitude of patients who value a physician's care and hard-earned expertise, and the clinical autonomy we earned through apt education and training. In reality, our autonomy was snatched from us while we were too busy caring for people, neglecting ourselves, and too exhausted to notice.

More than "Burnout"

Burnout is a syndrome that evolves over time as a response to chronic workplace stress.[1] "The 3 key dimensions of this response are an overwhelming exhaustion, feelings of cynicism and detachment from the job, and a sense of ineffectiveness and lack of accomplishment."[2]

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