



By Prof Stoffel Grobler

Psychiatrist
Head clinical unit at Elizabeth
Donkin Hospital, Eastern Cape
dr.stof@mweb.co.za

Dr Tejil Morar

Psychiatry registrar
University of Witswatersrand,
Gauteng
tejilmorar@yahoo.co.uk

BURNOUT: PUTTING YOUR OWN OXYGEN MASK ON FIRST

PART 1

More and more healthcare practitioners appear to be resonating with the occupational phenomenon of burnout. You used to love your job, driven by fierce intrinsic motivation. But as time goes on, you feel like work has you on a hamster wheel, chasing after a future goal that appears to never come. Over the course of a few months to years, the excitement that got you out of bed in the mornings dwindles. One day, you wake up and realise:

“I don’t feel like going to work today”.

Does this scenario sound familiar to you? If so, you could be suffering from burnout. Burnout may just be the condition that comes to define the millennium, in an age and culture where toil and exhaustion appear to be revered. Burnout can easily be mistaken for feeling tired, stressed or depressed. If we are to combat it timeously, it is important that health care practitioners know how to identify

burnout in themselves and others.

Herbert Freudenberger, an American psychoanalyst, coined the term “burnout” in the 1970s. It was used to describe the progressive emotional depletion, hopelessness, and reduced effort of those in helping professions.

Those in the helping professions tend to sacrifice themselves for others, often resulting in being “burned out” – exhausted and struggling to cope with life’s demands. It has also been referred to as “compassion

fatigue” or “the dark side of self-sacrifice”.

The therapeutic or service relationships healthcare providers develop with their patients/clients demands an intense level of personal and emotional contact, and although this can be rewarding, it also has the potential to be emotionally draining. The culture within such occupations includes altruism, long working hours and serving patients at all costs.

While burnout was founded in medical practice, it is no longer confined to healthcare workers. Any relationship wherein a provider offers a service to a recipient at the cost of personal and emotional strain, often leads to burnout. From stressed-out celebrities to overworked homemakers, any occupation which rewards putting the needs of others first may result in employees who are vulnerable to burnout.

Clinical psychologist and one of the leaders in burnout research, Christina Maslach, describes burnout as “a prolonged response to chronic emotional and interpersonal job stressors.” Maslach and her colleagues developed the understanding of burnout as the point at which important, meaningful, and challenging work

becomes unpleasant, unfulfilling, and meaningless. Energy turns into exhaustion, involvement (also referred to as engagement) becomes cynicism, and efficacy is replaced by ineffectiveness.

The 1980s saw a shift in the approach to burnout. The goal was to quantify burnout and translate its subjectivity into a defined measure. Christina Maslach and Susan Jackson developed a scale known as The Maslach Burnout Inventory. It is currently the most widely used measure of burnout with the strongest psychometric properties.

CONCEPTUAL MODELS

Various conceptual models theorise the development of burnout and its subsequent impact. The following models are currently at the forefront of research:

- The Transactional model, which refers to sequential stages and imbalances. Its three stages are: a) job stressors (an imbalance between work demands and individual resources) b) individual strain (an emotional response of exhaustion and anxiety) and c) defensive coping (changes in attitudes and behavior, such as greater

cynicism).

- The Job Demands-Resources (JD-R) model focuses on the notion that burnout arises when individuals experience incessant job demands and have inadequate resources available to address and to reduce those demands.
- The Conservation of Resources (COR) model follows a basic motivational theory assuming that burnout arises as a result of persistent threats to available resources. When individuals perceive that the resources they value are threatened, they strive to maintain those resources. The loss of resources or even impending loss of resources may aggravate burnout.
- The Areas of Worklife (AW) model frames job stressors in terms of a person-job imbalance, or mismatch, and identifies six key areas in which these imbalances take place: workload, control, reward, community, fairness, and values. The greater the mismatch between the person and the job, the greater the likelihood of burnout.

CAUSES

There are a myriad of contributing factors leading to burnout, ranging from personal to organisational.



Research has identified six key domains of organisational risk factors which can contribute to burnout: workload, control, reward, community, fairness, and values. These factors coincide with the Areas of Worklife Model mentioned above.

1. Work overload depletes the capacity of a person to meet the demands of the job. When overload is a chronic job condition, there is little opportunity to rest, recover and restore balance.
2. There is a clear link between a lack of control and burnout. When employees cannot exercise professional autonomy and do not have access to resources necessary to do an effective job, they are more likely to suffer from burnout.
3. Lack of recognition and reward (whether financial, institutional or social) increases vulnerability to burnout, as it devalues both the work and the workers, and is closely associated with feelings of inefficacy.
4. Community refers to the relationships that employees share with each other. When these relationships are characterised by lack of support, distrust and unresolved conflict; there is a greater risk of burnout.
5. Fairness refers to the extent to which decisions at work are perceived as being fair and equitable. Cynicism, anger and hostility are likely to arise when employees are of the opinion that they are not being treated with the appropriate respect.
6. Values are the ideals and motivations which originally attract people to their job, hence it is the motivating connection between the worker and the workplace. When there is a values conflict or a gap between individual and organisational values, employees may find themselves making a trade-off between work they want to do and work they have to do, which can lead to burnout.



A recent publication by the World Medical Association observed: *“Physicians in many countries are experiencing great frustration in practicing their profession, whether because of limited resources, government and/or corporate micro-management of health care delivery, sensationalist media reports of medical errors and unethical physician conduct, or challenges to their authority and skills by patients and other health care providers”*. South Africa is no exception.

CONSEQUENCES

The adverse consequences of burnout amongst health care workers have been proven repeatedly. According to a study done in Spain, emotional exhaustion was the first consequence of burnout. Thereafter absenteeism, personal deterioration, decreased productivity and poorer quality of care followed. Many healthcare workers started resenting the workplace with the intention of leaving their profession. For hospitals it meant an inability to

retain skilled staff. For patients this meant poorer quality of care and greater patient dissatisfaction.

A Canadian study revealed a strong link between burnout and relocation of health care workers, as more than half of participants considered relocating due to burnout. This not only points to the extent of the adverse consequences of burnout, but also, the global impact amongst health care workers.

CONCLUSION

As most of us in the helping professions, we are ethically bound to “do no harm.” Such preservation should begin with oneself. We can only benefit others, through caring for ourselves. The Dalai Lama explains this best with the analogy that you can only place oxygen masks on other passengers, if you put your own mask on first. **MMH**

PART 2 TO FOLLOW IN THE NEXT ISSUE... TO CONTINUE THE DISCUSSION, PLEASE SHARE YOUR EXPERIENCES AND IDEAS VIA EMAIL dr.stof@mweb.co.za