



Volume 9, Issue 1 /2007 - Personal Management

Preventing Burnout in Healthcare



Author:

Eva Hokenbeker

Dipl. Pflegewirtin (FH)

Lippetal-Herzfeld, Germany

E-mail: ehokenbecker@web.de

This article is based on paper delivered at the Münchener Pflegekongress 2006. For more information on the Congress, see: <http://www.pflegekongress-muenchen.de/>

The German health system has been undergoing a transformation process the last couple of years: old, outdated structures are being discarded, hospitals are increasingly implementing strategies taken from the business world such as process management, introducing quality management systems, etc. Networks of integrated care are working together with other healthcare institutions and are specialising in specific fields to be competitive on the market. Simultaneously, human resource management is also changing. Cooperation amongst multidisciplinary professions is valued more than ever, as is teamwork and qualified, specialised personnel. Optimising cooperation, coordination and operational and organisational structures are urgently needed not only to control costs whilst implementing DRGs but also to protect workers from excessive demands and overload. Health promotion, as part of developing their skill set, contributes to employee satisfaction and the improvement of quality. Many current studies highlight warning signs: working conditions are becoming increasingly unfavourable. Shrinking budgets lead to cuts in staff and shortages thus leading to time pressures as a result of larger workloads, more job density, etc. Many healthcare workers are overworked, exhausted and overloaded.

The "I've Already Quit" Syndrome

According to a 2005 report by a German medical fund (Deutschen Angestellten Krankenkasse – DAK), there has been a significant increase in employee absenteeism due to psychological problems. These long-term illnesses result in long absences from work, which in turn, have an impact on all staff and the workflow. This phenomenon is called the “burnout syndrome”, a chronic state of exhaustion with psychological and physical symptoms. There are three main causes for this syndrome:

- Workplace: Grievances in the organisational structure and human resources, psychological and physical strains.
- Personality traits: Lack of self-efficacy or confidence.
- Private life: Insufficient emotional and social support.

“Typical” burnout personalities tend to be pessimistic, lacking hope or plans for the future. They are not proactive in dealing with problems.

Work-related causes include overload and problems with superiors. Often employees get too little recognition. They are often not involved in decision-making processes, and new measures are often implemented top-down. There could be a lack of employer support; often conflict is rampant within a team, highlighting the lack of solidarity amongst colleagues. One often sees the “I’ve already quit” syndrome where an employee starts to feel disengaged from the hospital and only performs what meets the minimum requirements of their job description.

Preventative Measures Involve Primarily Training Opportunities

The question arises as to who is supposed to deal with the early signs of burnout. Together with preventative measures, organisational intervention (prevention of certain behaviour, which result from stressful situations, processes and conditions) has to be combined in a meaningful way with employee intervention (preventing certain behaviour that could trigger certain personality traits). For instance, should an employee suffer from work-related time pressures, the organisational intervention team could propose a reduction in workload, and the employee intervention could suggest following time management training. Should it happen that the employee is only offered the training and the working conditions are not changed, the real causes of stress and complaints cannot be treated successfully. Another strategy is to further the qualifications and competencies of the hospital’s own personnel and also training specialists. They are confident, which is reflected in the quality of their work. Professionals work more economically as they are focused on efficient methods. To develop specialists, personnel competence has to be strengthened, and the methodology, field and especially social competences have to be developed and constantly supported.

Figure 1: Preventing burnout on three levels (Source: Own material)



In order to do this, the employer has to offer relevant basic and advanced training programmes, continuously adapting and improving them. Competences that have to be promoted include teamwork, communication, and dealing with criticism and conflict. Employees learn to make decisions and keep to them, how to set limits and say no, and address problems openly. The employer is in the position to be actively involved in the development of related fields by means of the planning process, organisation and work division.

It shows the employer's engagement, recognises excessive demands, and actively takes counter measures in case of transgressing capacity. This results in the employee gaining more autonomy and independence from other professionals, stress is reduced, their confidence grows and general well-being improves. Development should be done to include the strengthening of competences and developing focused coping strategies.

Analyse the Organisational Development

Hospitals should already consider burnout prevention in its organisational development and, at the same time, conduct a very precise analysis of the institution-specific operational and organizational structure. In this way, overload and inefficient interfaces can be determined, for example departments with a staff shortage, team conflict, dissatisfaction, time pressure and excessive workloads. Based on this information, sufficient changes and improvements can be made. Making this possible requires trusting colleagues, providing open channels of communication and the efficient flow of information.

For every area, a concrete job description should be drawn up, which includes all areas of responsibility, the scope of the tasks and the job together with the work content and expectations. These guidelines give employees a feeling of security, increase their willingness and ability to make autonomous decisions, which, in turn, result in more self-esteem and a sense of responsibility. Employees should have the feeling that their superiors support and acknowledge their efforts. Employees should have a say in decision-making and planning processes (principle of engaging those involved).

In this way, the intent and background of decisions become clear, as employees can identify with the decisions taken. Figure 1 shows the different factors in preventing burnout, on all three levels.

Conclusion

The hospital management should develop an understanding for the connection between the psychological health and the employees' quality of life, for instance, between organisational structures and their productivity. "The more frustrated, burnt out and exhausted employees you have, the less efficient the organisation will be, e.g. decline in productivity and more employees on sick leave. Regarding work overload, a comparative study of American (USA) and German healthcare workers has shown that the educated healthcare workers in the USA could deal better and more appropriately with work overload in the long run." (Taken from: Brown, C. 1995. Professionalisierung als Chance, p. 44).

A more in-depth exploration of this topic can be found in a book by the same author "Ausgebrannt – Ein Ratgeber für Mitarbeiter und Führungskräfte zur Burnout- Prävention in personenzentrierten Dienstleistungsberufen", published in October 2006 by LIT-Verlag Münster.

For references; contact english@hospital.be

Published on : Wed, 24 Jan 2007