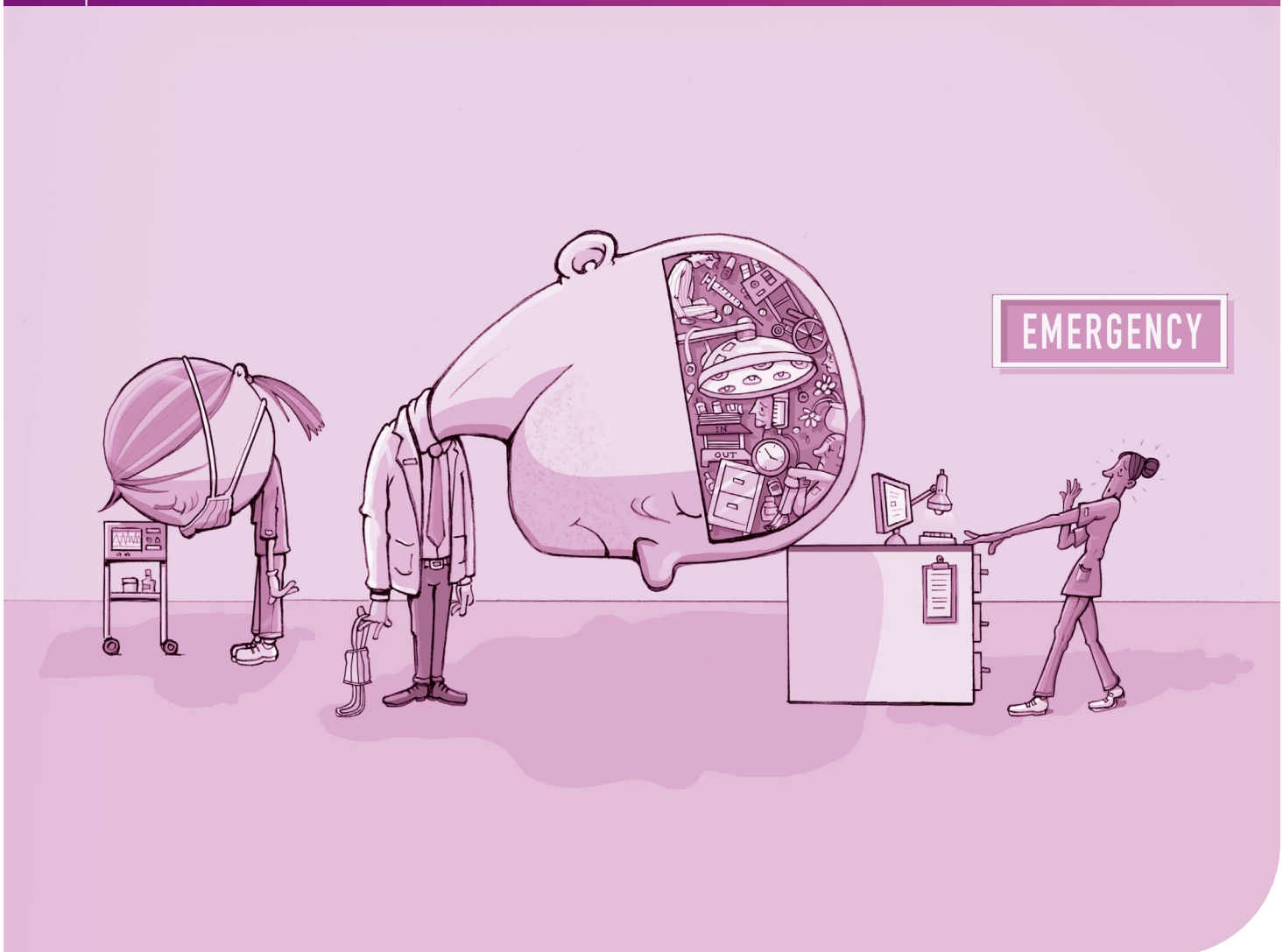
Addressing Burnout

Bringing data-driven solutions, care and hope to the health workforce.



Beamtree

HEALTH ROUNDTABLE

Introduction

The past two years have brought increased attention to many challenges facing the health system in Australia and New Zealand. One of the most concerning is burnout in health workers.

Preventing burnout requires a common understanding of what it is – and isn't. It relies on us being able to acknowledge the problem, measure its prevalence, assess its impact and implement collaborative solutions.

Beamtree, in partnership with Health Roundtable, convened industry recognised thought leaders to discuss burnout and offer some solutions. These discussions were moderated by medical reporter Sophie Scott.

The good news is that there is hope. Several organisations are making progress in reducing burnout and increasing workplace wellbeing.

Importantly, we are now gathering quantitative and qualitative data on burnout using the internationally validated Well-Being Index[1]. The resource is available to 32,000 people working in hospitals across Australia and New Zealand.

Data is integral to the design and implementation of effective strategies for preventing burnout, and measuring their effectiveness.

The evidence is clear - staff working in healthcare are among the most at risk of all industries to experience burnout and the preventable cascade of poor mental and physical health. There is an urgent need to future proof the delivery of our health care services by acknowledging the significant effect that the system's design has on staff and ultimately to patient care.

The first movers in this reform are currently engaging staff and introducing evidence-based, data driven solutions. They know that the delivery of health care is a uniquely human system, and that caring for those who provide care underpins future performance. We must be prepared to bring the best of our thinking and solutions to this most important of challenges.

The purpose of this White Paper is to encourage healthcare leadership teams to take action now on the critical issue of staff wellbeing, and the systemic challenges that effect it. The question is not should you do something, it is: When will you?

Tim Kilsby

CEO Beamtree

Duane Attree

CEO Health Roundtable

[1] Well-Being Index – www.mywellbeingindex.org

Thought leaders

Assoc. Prof. Andrew Hallahan: Executive Director Medical Services, Sydney Local Health District

Assoc. Prof. Anne Powell: Training Program Director, Physician Education; Rheumatologist and General Physician, Alfred Health, Victoria

Dr Annette Holian: Orthopaedic Surgeon, Monash Children's Hospital, Melbourne; 1st President, Australian Orthopaedic Association

Dr Bethan Richards: Chief Medical Wellness Officer and Director, Sydney Local Health District WellMD Centre; Royal Prince Alfred Hospital, New South Wales

Dr Carl Horsley: Intensivist and Clinical Lead, Patient Safety, Health Quality & Safety Commission; Counties Manukau Health Board; Middlemore Hospital, New Zealand

Catherine Lourey: Commissioner, Mental Health Commission of New South Wales

Elizabeth Jeffs – Director of Human Resources, Counties Manukau District Health Board; Middlemore Hospital, New Zealand

Prof. Erwin Loh: Group Chief Medical Officer and Group General Manager of Clinical Governance, St Vincent's Health Melbourne

Glenn Taylor: CEO, Nursing and Midwifery Health Program, Victoria

Assoc. Prof. Jane Munro: Senior Medical Adviser, COVID-19 Response Division, Victorian Department of Health; Paediatric Rheumatologist

Adjunct Prof. Kylie Ward: CEO, Australian College of Nursing

Dr Kym Jenkins: Chair, Council of Presidents of Medical Colleges

Liz Crowe: Staff Wellbeing Consultant, Counsellor, Coach and Educator, Royal Brisbane & Women's Hospital

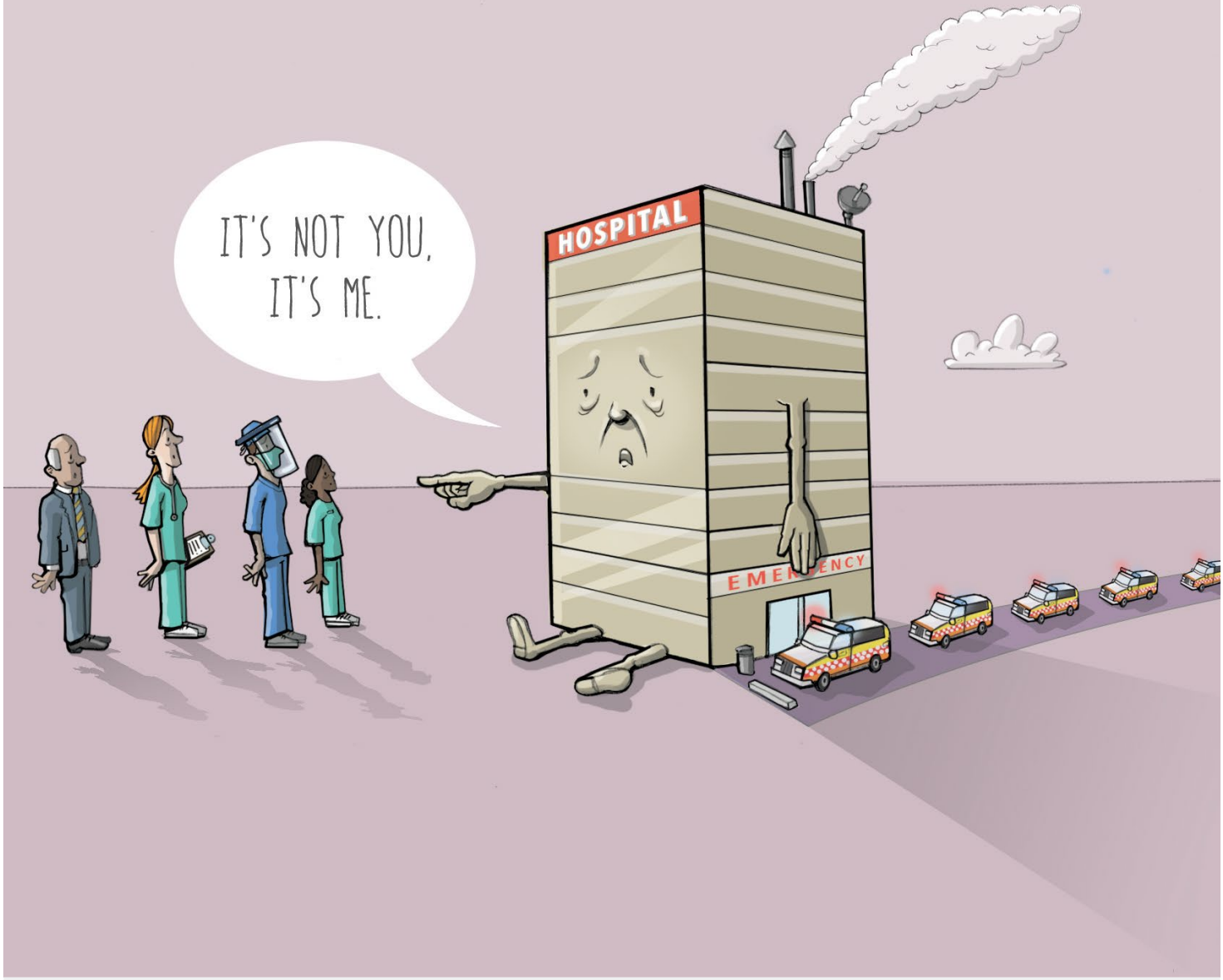
Prof. Roianne West: CEO, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives

Ruanne Brell: Lawyer and medico-legal adviser, Avant Mutual Group Ltd

Dr Sarah Dalton: Emergency consultant Sydney Children's Hospital Network and professional coach, NSW

Tobi Wilson – Chief Executive, South Eastern Sydney Local Health District; Prince of Wales Hospital, New South Wales

Burnout is not a failure of personal resilience. It is an occupational phenomenon.



There's been a lot of confusion over what exactly burnout is. It is caused by organisational, environmental or system level work issues and should be taken very seriously.

Burnout explained

Burnout is an occupational phenomenon caused by organisational, environmental or systemic issues in the workplace.

The International Classification of Diseases (ICD-11) describes burnout as a syndrome caused by "chronic workplace stress that has not been successfully managed".[2] Building on the definition developed by US psychologist Prof. Christine Maslach, a pioneer in research on burnout in the workplace[3], ICD-11 describes burnout as involving three dimensions: exhaustion, cynicism, and reduced professional efficacy.

"We've got to be really clear that it's actually not a disease, and it's not a diagnosis," said Dr Bethan Richards.

Burnout is not a mental health disorder, and it should not be confused with moral injury or compassion fatigue. It is not necessarily the absence of wellbeing, or vice versa. And, perhaps most importantly, it is not a sign of individual weakness. *"Burnout is not in any way a failure of personal resilience,"* said Dr Richards.

As an occupational phenomenon, burnout is a symptom of systemic problems. *"It gives us an indication not just at the individual level but more broadly about what's happening in the system,"* said Assoc. Prof. Jane Munro.

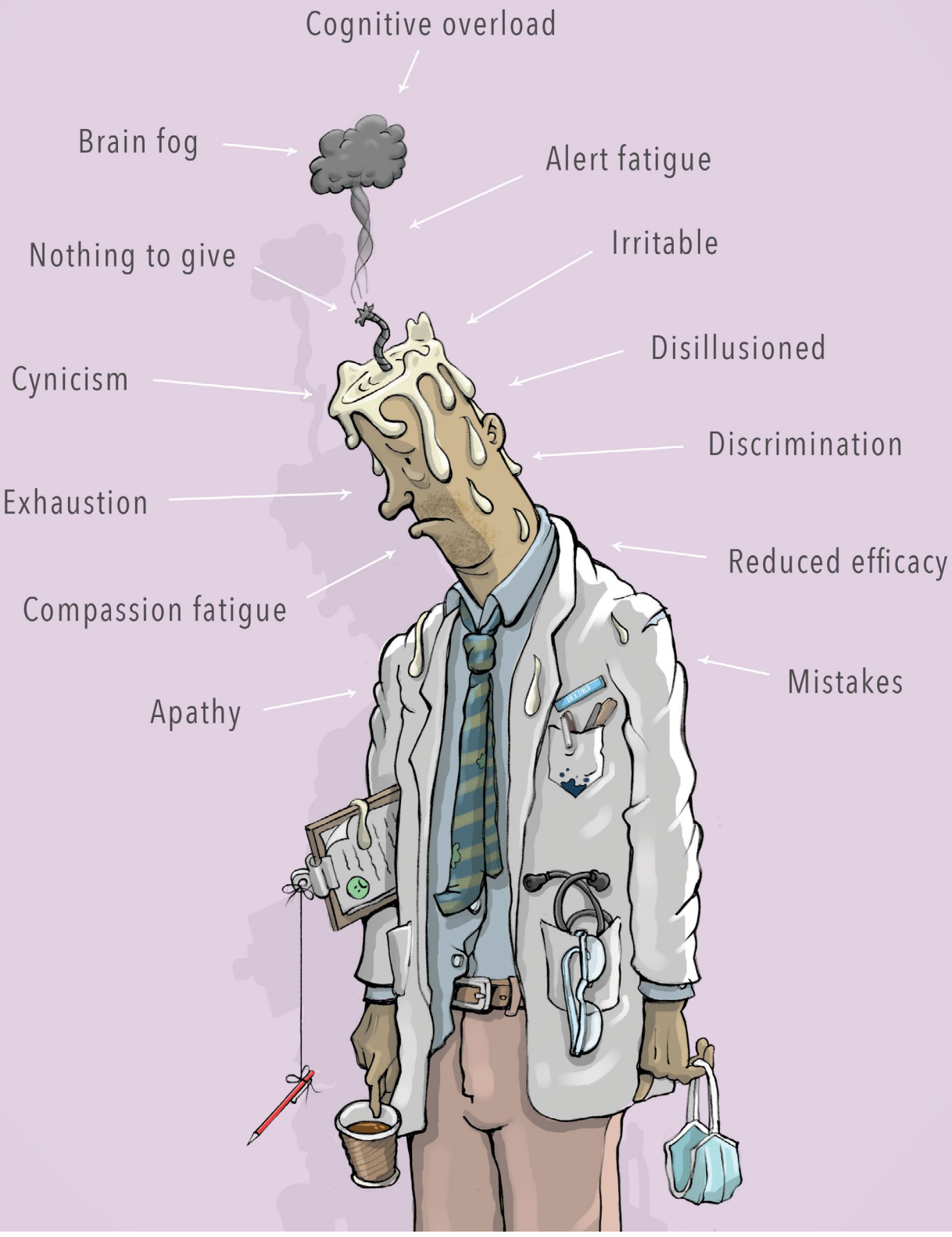
> *"We've got to be really clear that it's actually not a disease, and it's not a diagnosis."*
>
> **Dr Bethan Richards**

[2] International Classification of Diseases 11th Revision – https://icd.who.int/en

[3] Maslach C, Jackson SE (1981) The measurement of experienced burnout. J Organ Behav 2(2):99–103. doi: 10.1002/job.4030020205

What does burnout look like for a health worker?

Burnout is not a mental health issue, but it can become one if left unchecked.



What causes burnout?

Most health workers join the profession because they want to help others. They want their work to be meaningful and to make a difference. If that purpose is not met, particularly as a result of organisational issues, then feelings of ineffectiveness or a lack of accomplishment can result. Research by Prof. Tait Shanafelt and colleagues has shown an inverse relationship between time spent on meaningful work and the risk of burnout.[4] Physicians who devoted less than 20% of their time to activities that were most meaningful to them had higher rates of burnout.

The thought leader panellists recognised workplace culture as a key factor. A lack of inclusion, togetherness or opportunities to form positive relationships with colleagues can contribute to burnout. Bias, discrimination and racism threaten the psychological and cultural safety of staff and can diminish their feelings of acceptance and respect at work.

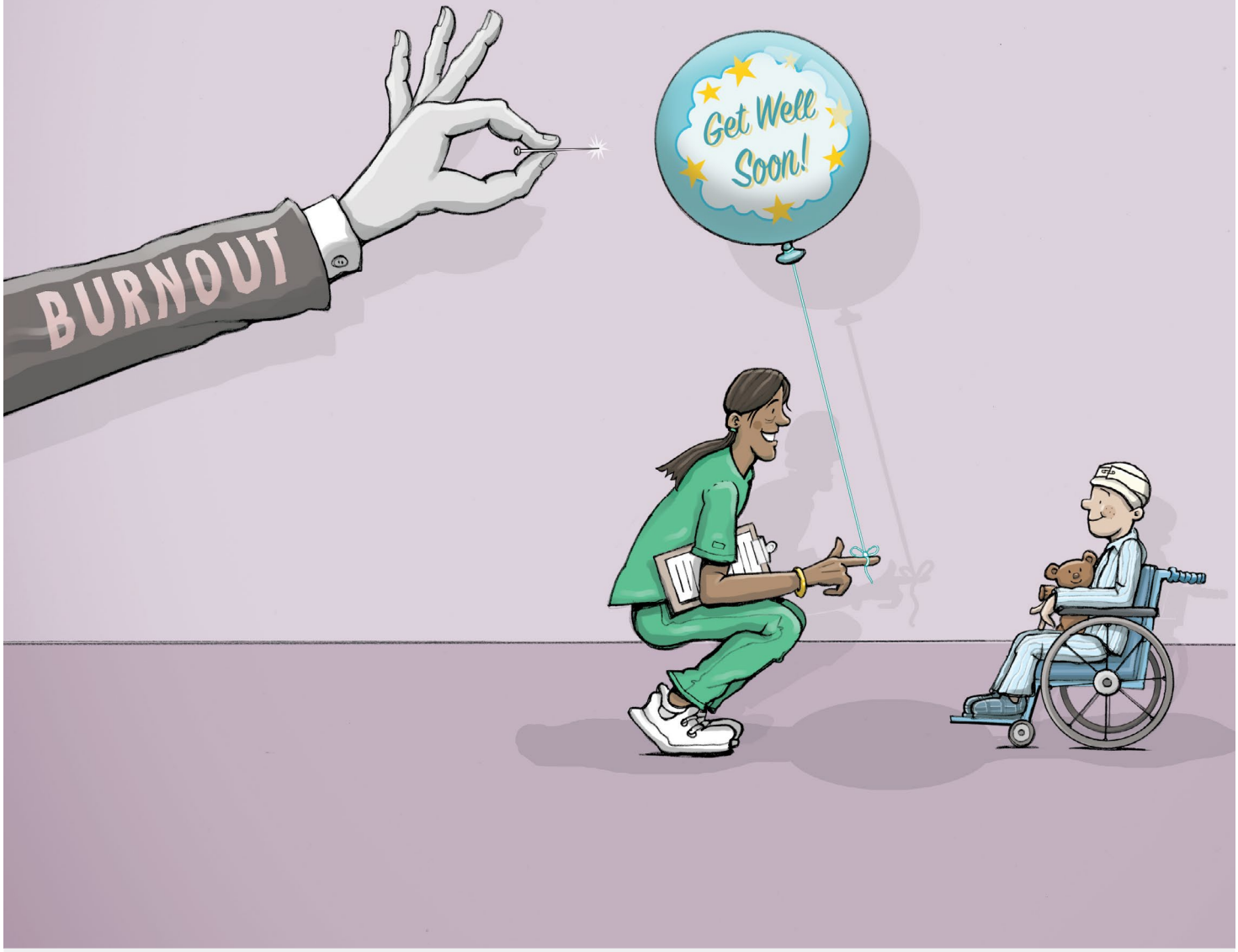
Outdated systems and industrial arrangements that are not fit for purpose place undue burdens on workers. Dr Carl Horsley noted how the work has changed in recent decades. A shift in focus to greater productivity, efficiency and throughput has increased the cognitive load on health workers. *"In reality, most of our job is about meeting individual need, understanding context, and balancing these often very conflicting goals within our work about how to keep this patient safe versus how to meet the needs of the rest of the system."*

The cumulative effect of these factors can be like hurt by a thousand cuts to health workers, Assoc. Prof. Anne Powell explained. *"The patient outcome that didn't go well, the long shifts that they've been working, no lunch breaks, someone speaking in an uncivil way to them,"* – cuts that aren't visible from the outside. And although each cut may seem to be only a small inconvenience, cumulatively they contribute to feelings of exhaustion, cynicism and inefficacy.

Physicians who devoted less than 20% of their time to activities that were most meaningful to them had higher rates of burnout.

[4]Shanafelt TD et al. (2009) Career fit and burnout among academic faculty. Arch Intern Med 169(10):990–995. doi: 10.1001/archinternmed.2009.70

The people most vulnerable to burnout are those who are empathetic and care.



The majority of people who enter the healthcare workforce do so because they want to make a difference, they want their lives to have meaning and purpose but most importantly, it's because they care.
Our priority should be to look after our most valuable resource, our people.

Evidence based, data-driven

The 2020–2021 Well-Being Index survey of staff from around 800 healthcare organisations worldwide revealed that almost 52% of physicians and nearly 65% of nurses reported feeling burnt out.[5] Health Roundtable data to September 2021 reflects similar levels of burnout in Australia and New Zealand.

Percentage of workforce with high levels of distress in all areas.

Nurses & Midwives	Allied Health Employees	General Employees
61%	58%	60%

Physicians & Senior Medical Staff	Residents & Fellows	Pharmacists
44%	24%	33%

*Data approved for release by the Health Roundtable Board

Junior staff are disproportionately affected. Dr Richards referred to a survey of 3000 doctors in the Sydney Local Health District that showed burnout affecting at least 60% of the workforce, including 78% of junior doctors and around 50% of senior doctors. *"If you had any other health condition affecting 60% of your patients or your healthcare workers, you would throw resources at it to try and understand it, particularly when the impacts of the problem are so profound,"* she said.

Burnout is a quality and safety issue, because it has huge impacts on patient care. When health workers experience burnout, they lose empathy and compassion. They are less efficient, and they make more mistakes. *"We're ticking boxes and doing the needful, but we lose the will to go above and beyond,"* said Dr Annette Holian, *"and that's a very dangerous place for patient health outcomes."*

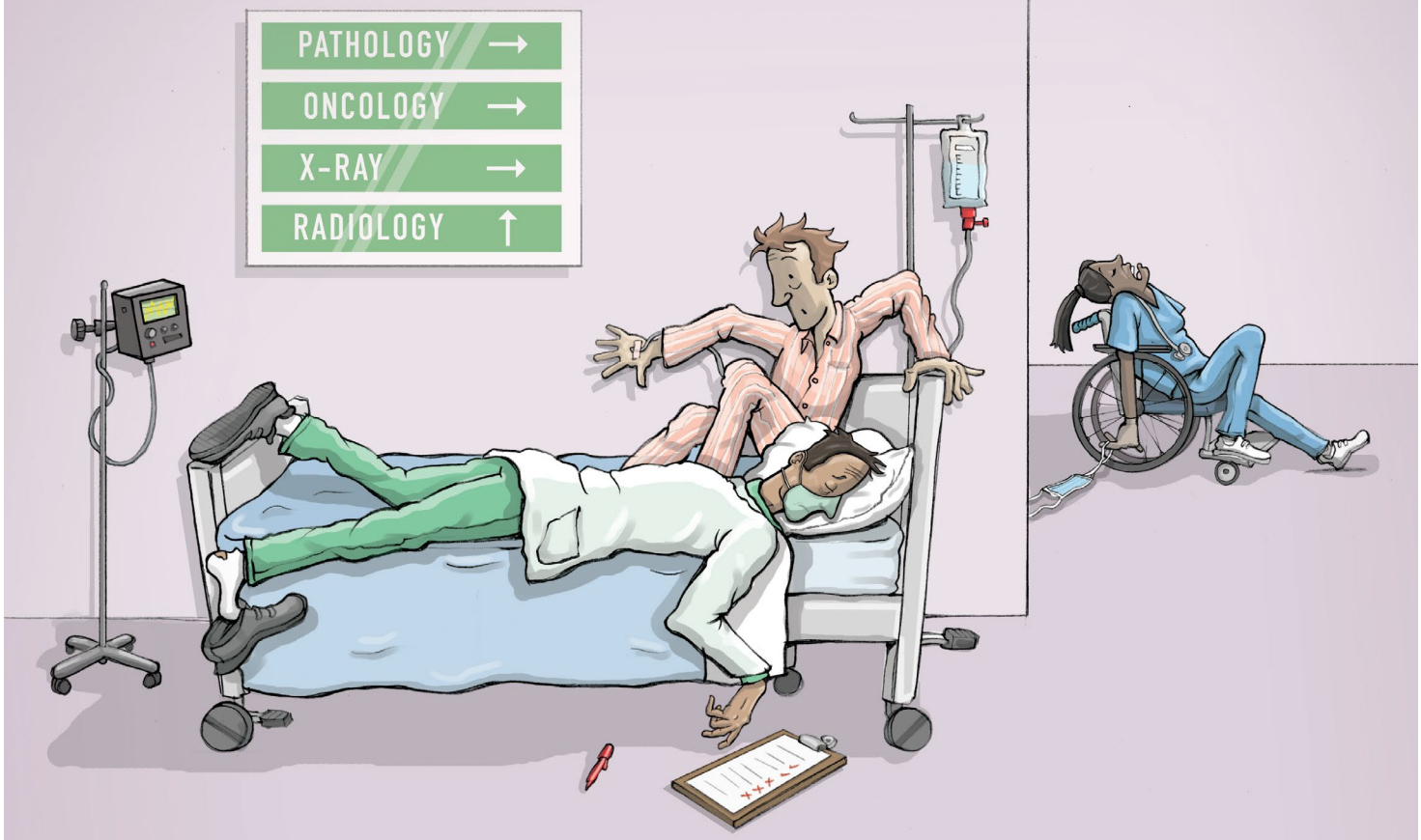
Burnout has additional effects across the system. As Glenn Taylor explained, mentorship and training are affected: *"Many of our older, more experienced colleagues who have presented to us for support are either departing the profession or considering their future in the profession, so our early-career nurses and midwives will have limited access to that leadership and role modelling."* It was noted in the discussions that it has become more difficult to provide clinical placements for all trainee health workers.

Difficulties in recruiting and retaining staff can damage health services' reputations: *"These reputations are difficult to build and very easy to bring down,"* Mr Taylor said.

Career changes, early retirements and 'the Great Resignation', spurred by the COVID-19 pandemic and highlighted in the media, are affecting health services across Australia and New Zealand.

[5]State of Well-Being 2020–2021 Report – www.mywellbeingindex.org/state-of-well-being-2020-2021-report

Burnout in health workers dramatically impacts the safety and recovery outcomes of their patients.



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How do we build sustainability?

The panellists noted that because the drivers of burnout are systemic and organisational, any efforts to build sustainable workforces need buy-in at the same levels. They suggested that high-level engagement from state and federal governments, professional bodies, universities and colleges is needed.

One solution for building sustainable workforces proposed by Adjunct Prof. Kylie Ward is to recruit to full establishment. *"You get one resignation, one leave, one maternity [leave], and then it cripples the system."* Instead, she believes, *"We can plan for the unplanned."* Recruiting to full establishment, including all leave entitlements, would ensure that teams were not always working to a deficit and relying on unfamiliar and less skilled staff. Investing to ensure that employees have time in their work day for professional development, self-care, reflective practice and debriefing would also help to prevent burnout.

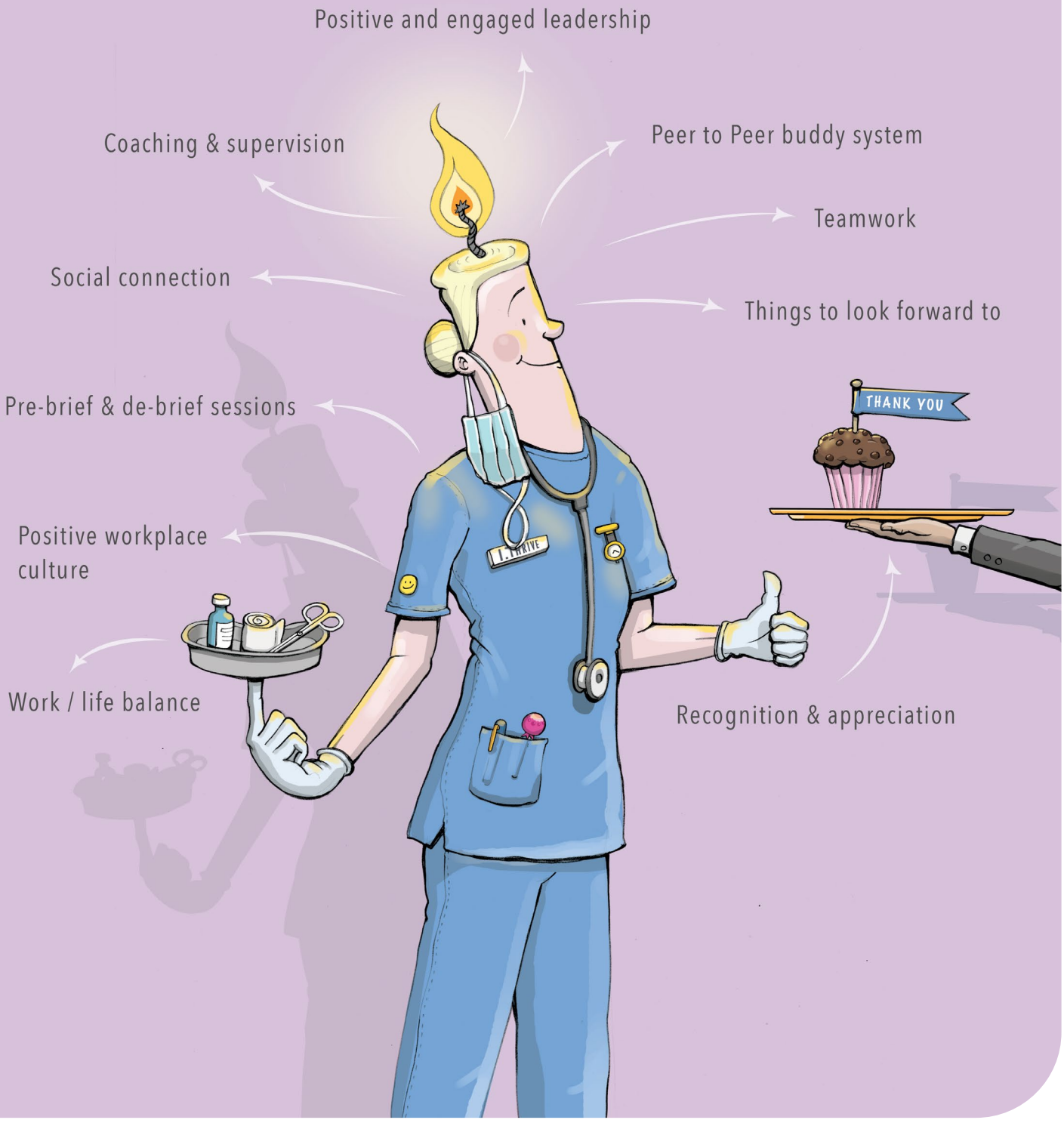
Overcoming barriers to diversity – particularly racism – is crucial. *"Evidence tells us that you need an Indigenous health workforce to increase access for Aboriginal and Torres Strait Islander people,"* said Prof. Roianne West. She pointed out that Indigenous staff made up only 1% of Australia's nursing and midwifery workforce in 2019.[6]

To retain staff, organisations need a positive and encouraging culture. Several of the panellists noted that teams responding to health crises were often the most engaged – largely a result of leadership, support and teamwork. Dr Horsley described his team's experience treating patients from the Whakaari volcanic eruption off New Zealand's North Island in December 2019. *"We had these dreadful cases and we were really busy, but we were doing it together. It was meaningful work and we were all contributing to it."* Prof. Erwin Loh noted a similar effect in teams in Sydney and Melbourne that prepared for a second wave of COVID-19 cases in 2020. Whereas cases remained low in Sydney, the Melbourne team put their preparation to work and had higher levels of engagement. *"Having a mission and then being able to serve that mission makes a huge difference."*

However, it is time to reject the common attitude that health workers need to be 'survivors', putting up with anything thrown their way, Dr Holian said. *"I'd much rather see a supportive environment that helped everybody thrive and be their best selves in the hospital."*

[6] Department of Health (2020) 2019 Nurses and Midwives Factsheet. Commonwealth of Australia, Canberra. https://hwd.health.gov.au/resources/publications/factsheet-nrmw-2019.html

Proven actions that can improve the engagement, retention and wellbeing of the health workforce.



What is working?

The panellists discussed many solutions that are working to prevent burnout. Dr Richards, appointed by Sydney Local Health District as Australia's first Chief Medical Wellness Officer, leads MDOK[7], a comprehensive programme for medical staff that includes mentorship, workshops, resources and information on self-care. She has also been tasked with setting up governance structures and establishing a data-driven approach to establish priority areas across the system. *"For example, last year's data showed that only 47% of our junior workforce have a GP, so that gave us a really clear thing to work on as one component of a broad strategy."*

Similarly, Elizabeth Jeffs described how Counties Manukau Health has appointed discipline-specific wellbeing leads for clinical staff, nursing staff, allied health workers and clerical staff. She pointed to the importance of this initiative being clinician-led and supported at the highest levels – not only organisationally but financially, with funding for three years.

Assoc. Prof. Powell described how she used data to effect meaningful change in her organisation when COVID-19 affected physician training. She encouraged a subset of trainee doctors to complete the Well-Being Index survey – and then used the data to convince leadership of the need to pivot the training programme so all trainees could prepare for their exams.

As a result of feeling listened to, more trainees were motivated to complete the Well-Being Index – contributing more data to drive future improvement.

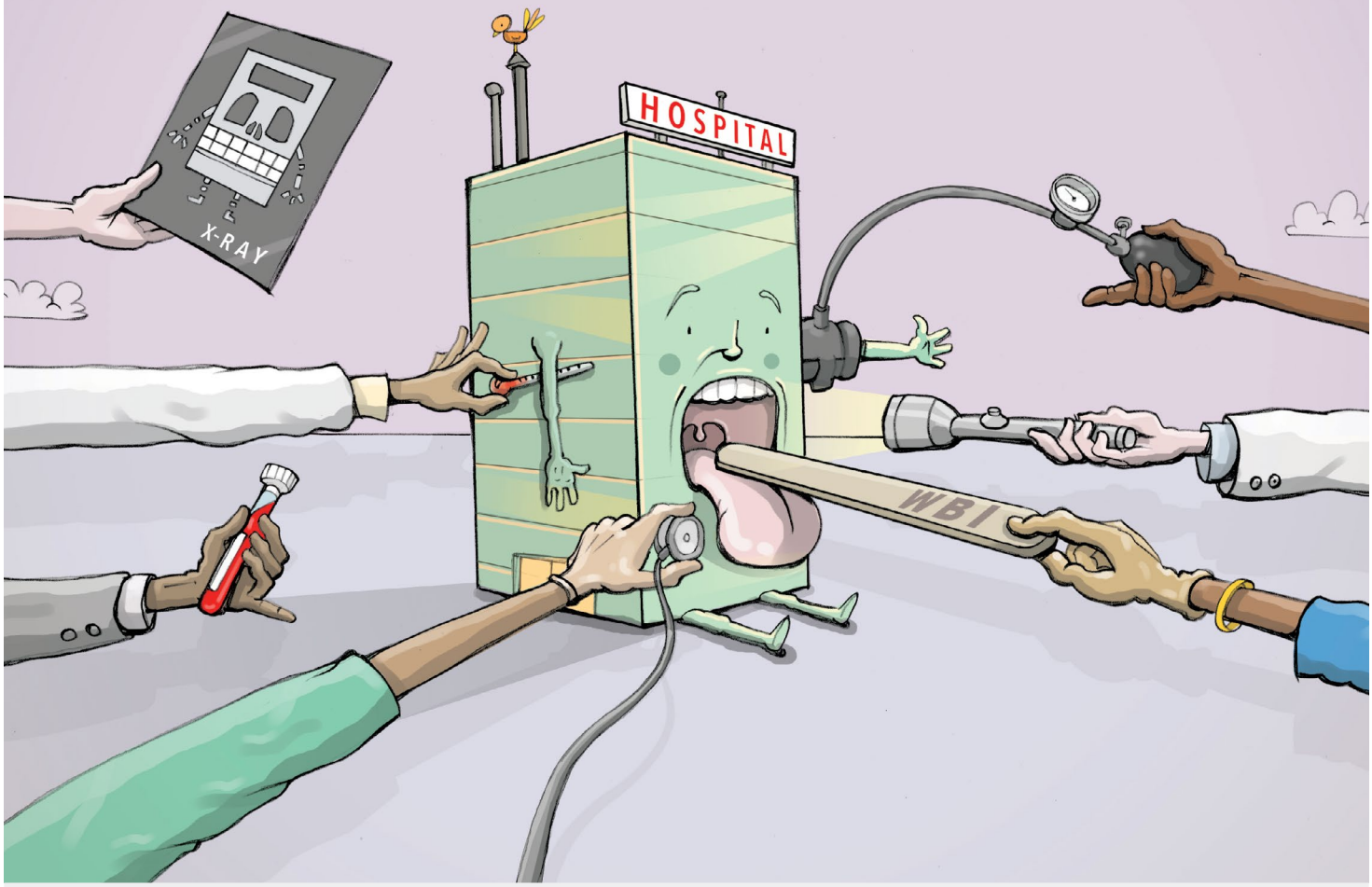
Dr Sarah Dalton related her experience coaching senior doctors during the pandemic at one of Sydney's large tertiary hospitals. *"We saw a significant improvement in wellbeing, flourishing and solution-focused thinking,"* she said, all of which contribute to self-determination. Apart from helping clinicians to set their own goals and feel a sense of achievement, the coaching program demonstrated that the organisation values its senior staff. *"Coaching conversations ultimately change the culture and help empower our individuals and help them reconnect with their sense of purpose."*

The panellists agreed that successful system approaches are complemented by simple things. Asking people what they need in the workplace leads to co-designing the solutions, which encourages engagement and commitment. *"Listening to our workforce and then responding to what they ask for within reason is important,"* said Assoc. Prof. Andrew Hallahan. *"It's very much in our interests as an organisation to have staff who thrive, who have a sense of joy in work."* A thriving workforce will provide better services to the public.

[7] MDOK – www.slhd.nsw.gov.au/rpa/bptn/bpt.html

How do we measure the health of our hospitals and staff?

We are measuring burnout and sharing innovation. We have solutions that make a difference.



We should be treating the issue of burnout within the health care system as we would treat a patient. Identify and accept the issues. Triage the immediate problems then focus on what is working; where it's working and how that can be disseminated for all. Engage the incredible tools and minds at our disposal. Mine the data and invest in our people because without them there is no health care.

Where to from here?

A common theme across all three panel discussions was the need for evidence-based solutions. Robust data – on burnout itself, not just on indicators like sick leave and staff turnover are crucial to guide the development of solutions and create the case for long-term investment. The internationally validated Well-Being Index is an example of an interactive tool that organisations can use to measure wellbeing and burnout in their own staff over time, track the effects of interventions, and compare their results to those of similar organisations around the world.

The panellists also called for system-wide solutions that tackle burnout from the very highest levels. Dr Horsley suggests that this requires a shift in clinical governance, from making sure that people are doing the right thing towards understanding not only how to support good care but also that the triple aim of the health system – better care, improved health and lower costs – is built on the wellbeing of staff. It was acknowledged in the panel discussions that there is an increasing gap between the people who fund, design and manage health services and the frontline workers who care for patients.

The panellists recognised that no single solution will work across all cohorts, locations or career stages. *"Every single cog in the wheel in a health service makes the hospital. Everyone is just as important as everyone else. But what you may need to implement for each separate group may be very different,"* said Assoc. Prof. Powell. To achieve this, solutions need to be collaborative and involve staff at all levels across the entire health system.

Prof. West said that *"the time is now"* to implement solutions that will have a significant impact on burnout and wellbeing, but also to increase the Aboriginal and Torres Strait Islander nursing and midwifery workforce, increase the cultural safety of the broader workforce, and improve health outcomes for Aboriginal and Torres Strait Islander people.

Ultimately, the most valuable solutions will help health workers to feel that they have purpose, to tap into their motivation to get involved, and to remain highly productive. As Dr Dalton said: *"If we can help our healthcare workers work at the top of their game, they will burn bright."*

> *"If we can help our healthcare workers work at the top of their game, they will burn bright."*
>
> **Dr Sarah Dalton**

The impacts of COVID-19

Although burnout predates the pandemic, COVID-19 has elevated the conversation around it. Health workers have had to adapt quickly to changing environments – taking on new roles, navigating COVID-19 restrictions and following new PPE requirements. They have shouldered a greater burden of moral injury, as restrictions affected their ability to provide care to patients. And health workers have worked under the fear of knowing that they could become infected themselves and in turn spread infection to their families.

The panellists noted that even when the worst of the pandemic is over, health workers will continue to struggle with its impacts. Prof. Loh referred to the four waves of impact of COVID-19: the disease itself, the long-term effects of the disease, delayed diagnosis of other diseases, and then the effects on mental health. *"Our healthcare workers are going to suffer from post-traumatic stress,"* he said.

At the system level, international recruitment was cut short by COVID-19 border closures. Junior staff in whole areas of health have not had the opportunity to complete their training. Staff at all career stages are leaving the profession.

However, there have also been unanticipated benefits. *"The pandemic's helped us understand the value of public health,"* said Prof. Loh. It has highlighted the critical importance of healthcare and health workers, and exposed many of the cracks in the system. It has forced innovation – from harnessing workers' skills in new roles to adopting technological solutions like telemedicine and virtual care. The burden on health workers is now more apparent, and communities are more cognisant of the importance of a healthy and well workforce.

The pandemic has also reminded health workers of the need to balance self-care with patient care, as well as providing more opportunities to speak openly about the difficulties of their profession and the personal and professional dangers of burnout. *"We need to make sure we don't go backwards from what we've achieved over the last couple of years,"* Tobi Wilson said.

> *"The pandemic's helped us understand the value of public health."*
>
> **Prof. Erwin Loh**

Thank you

If you would like further information about this White Paper or how to start your journey to address burnout in your organisation please contact Fiona Fitzgerald, Workforce Wellbeing Program Lead, Beamtree and Health Roundtable
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