Putting Out the Fire: What Causes Organizational "Burnout" and How to Fix It

BURNOUT'S PRESENCE PRE-PANDEMIC

The topic of employee burnout within an organization has been a significant issue long before the onset of the COVID-19 pandemic – in fact, occupational burnout has been studied since the 1970s.[1] Additionally, in recognition of burnout and its existence in our current society, the World Health Organization (WHO) included burnout within the International Classification of Diseases (ICD-11) - officially endorsed in 2019.[2] The costs of burnout, specifically in the healthcare industry, have been well-documented to include reduced work effort,[3] reduced productivity[4] and increased turnover,[5] which have been estimated to account for $4.6 billion of annual losses. To combat such costs, organizations began to offer wellness programs and initiatives to their employees in order to maximize their resilience and personal wellbeing. Unfortunately, only one in five employees access these programs without incentives,[6] and focusing solely on the individual could mean missing out on the power of potential that lies within a group.[7]

IMPACT OF COVID-19

The onset of the COVID-19 pandemic pushed burnout to unprecedented levels in 2020 – 2.6 billion people went into some form of lockdown, and places of employment were closed or partially closed, affecting 81 percent of the global workforce. The subsequent loneliness and isolation that followed had significant impact – in a recent survey across industries and supervisory roles, respondents reported the following:

- 89 percent of respondents said their work life was getting worse.

- 85 percent said their well-being had declined.

- Only 21 percent rated their well-being as "good," and a mere 2 percent rated it as "excellent."[8]

The impact on the healthcare industry has been especially profound for frontline healthcare workers. A survey of nurses in December 2020 found that 75 percent of nurses reported feeling exhausted in the previous two weeks.[9] Other recent surveys suggest that while overall burnout has remained steady for physicians, it has impacted different specialties more acutely.[10] These findings clearly suggest significant quality, financial and operational implications.

Burnout is not exclusive to the healthcare industry, as the COVID-19 pandemic significantly impacted other sectors of the economy, such as banking, professional services, teaching and hospitality, to name a few. A Gallup poll in October 2020 found that not only had employee burnout levels remained high in 2020, but fully remote workers were experiencing higher levels of burnout than those working on-site. Additionally, employees experiencing higher levels of burnout were 63 percent more likely to take a sick day and 13 percent less confident in their performance.[11] Regardless of industry or sector, the burnout associated with COVID-19 is also significantly impacting workforce diversity. Just in September 2020, over one million employees left the workforce,[12] and more than 80 percent of those individuals were women.[13]

While the COVID-19 pandemic amplified the challenges associated with burnout within the past year, the good news is that organizational leaders can act against burnout – and they can start now.

SHIFTING THE MINDSET

The latest research on burnout provides a more accurate picture of its true root causes. According to research from the University of California Berkeley, Rutgers and Deakin University,[14] there are six dominant causes of burnout:

- Unsustainable workload

- Perceived lack of control

- Insufficient rewards for effort

- Lack of a supportive community

- Lack of fairness

- Mismatched values and skills

While these aforementioned causes are predominantly organizational issues, most organizations have instead provided support and access to self-care remedies to address burnout, including health and wellness, resilience and meditation. While these are effective in addressing individual well-being, they do not properly address organizational burnout. This is in alignment in the WHO's treatment of burnout within ICD-11, which states:

> "Burnout is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three 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
>
> - A sense of ineffectiveness and lack of accomplishment.
>
> Burnout refers specifically to *phenomena in the occupational context* and should not be applied to describe experiences in other areas of life."[15]

According to the WHO, burnout should no longer be a term used to describe a medical condition, but rather as an occupational syndrome originating from chronic and persistent workplace stress. Because burnout is usually caused by the interplay of an individual's specific circumstances as well as the organizational environment in which they function, addressing the issue organizationally requires upstream interventions that leaders can conceptualize, initiate and drive to push back the tide of burnout.

As the COVID-19 pandemic continues to perpetuate the already significant issue of organizational burnout, leaders have an opportunity to change their mindset about burnout – rather than see burnout as inevitable in these profound times and absorb the strategic, operational and financial impact, they can instead follow some practical, tangible steps to fight burnout within their organizations.

TAKE CONTROL

To take control of their fight against burnout, leaders should consider following these three steps:

STEP 1 — MINDSET SHIFT

Organizational leaders must first adopt the mindset that organizations can significantly influence burnout and recognize that they have an opportunity to play an active role in bending the burnout curve. Recent research on burnout clearly demonstrates the need for change, and leaders have a unique responsibility in leading their organizations through a shift in mindset.

STEP 2 — DATA-DRIVEN PERSPECTIVE

The research on burnout clearly demonstrates a need for organizational change; however, in order to support this type of significant change, **leaders will need supporting data**. While public studies generally provide tremendous directional data, they do not provide leaders the direct perspective required concerning their own organizations. To be truly valuable, this direct perspective must accomplish three objectives:

BREADTH	DEPTH	DIMENSIONS
Burnout is an organizational issue – therefore, it must be understood how widespread its presence is across the organization before it can be effectively remedied.	Understanding how deeply burnout affects employees can enable leaders to prioritize their response in relation to their other strategic priorities.	Burnout is driven by three dimensions (exhaustion, cynicism and loss of efficacy) and understanding how each uniquely contributes to status and response in the respective parts of an organization is essential.

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When equipped with data that is specific to an organization that illuminates the breadth, depth and dimensions of burnout, leaders can take action through informed and courageous decision-making.

STEP 3 — PROGRAMMATIC RESPONSE TO BENDING THE CURVE

With a data-driven perspective, leaders can then create programs to address burnout and recalibrate their actions as conditions evolve. Any change initiative program should focus on the following:

- ✓ The tangible steps the organization will take.

- ✓ The specific support of their people as they experience these steps.

- ✓ Routine remeasurement and course correction.

- ✓ A robust communication plan that reinforces that fighting burnout is a team sport, and that it starts first with the organization.

FINAL THOUGHTS

Organizational burnout and its harmful consequences are not new, and the COVID-19 pandemic has amplified and exacerbated its impact as more employees adapt to remote work environments, government restrictions and related health concerns. While burnout may previously have been identified as an individual issue, recent research and statements from the WHO clearly indicate that burnout is an organizational syndrome, and therefore, must be addressed as such. The good news is that organizational leaders have an opportunity to make a difference in the fight against burnout by addressing this shift in mindset with data-driven initiatives and programs to help their employees.

Since 2016, DHG's healthcare practice has been focused on the importance of addressing human capital issues such as burnout as part of the five fundamental priorities of Risk Capability. Our team of professionals is well-versed in helping organizations combine interactive analytics and insight analysis to remove the guesswork when creating and implementing change initiatives. Our Clari³ty service offering is explicitly designed to mitigate the costly risks of a misaligned change approach by empowering leaders and organizations to create informed change strategies that are customized to their aspirations and needs. For more information about how DHG's approach can help you create strategies of change to combat burnout within your organization, reach out to us at Clari³ty@dhg.com.

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