

Burnout: A challenge for the mental health provider

Patrick Barbara

Burnout among mental health professionals working in an inpatient setting within the Maltese NHS: Prevalence and perceived organisational predictors

Dr Patrick Barbara
Dr Aloisia Camilleri

Burnout

- What is Burnout?

Maslach – MBI

- Emotional exhaustion
- Depersonalisation
- Personal accomplishment

Copenhagen – CBI

- Personal burnout
- Work-related burnout
- Client-related burnout

Oldenburg – OLBI

- Exhaustion
- Disengagement

Shirom-Melamed – SMBM

- Physical fatigue
- Emotional exhaustion
- Cognitive weariness

Burnout Dimensions Inventory – BODI

- Reduced resilience, resistance and overload
- Insufficient capability of dissociation, dissolution of the boundary between work, leisure and family
- Depression
- Dysfunctional compensation

Burnout is viewed as **a process** in which the psychological resources of an employee are gradually depleted as a consequence of prolonged stress at work (Maslach, Schaufeli, and Leiter, 2001).

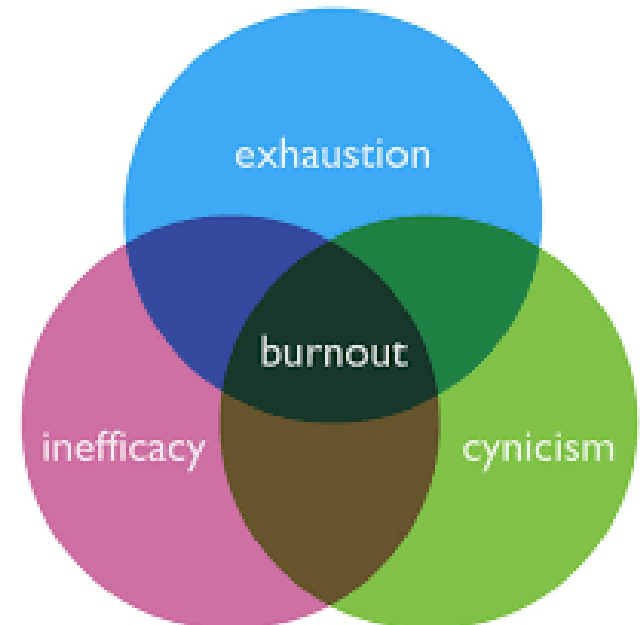
Burnout

- **What is burnout?**

A three-dimensional syndrome of exhaustion, cynicism, and diminished professional efficacy (Maslach, Jackson, and Leiter, 1996).

- **Exhaustion:** wearing out, loss of energy, depletion, debilitation, and fatigue.
- **Cynicism (and Depersonalisation):** depersonalisation, negative or inappropriate attitudes, detached concern, irritability, loss of idealism, and withdrawal.

- **Professional inefficacy (and lack of accomplishment):** reduced productivity or capability, low morale, and an inability to cope.



Perceived Organisational Factors

- A mismatch between the expectations and the resources of the worker on the one hand and the job demands, job resources, and possibilities in the job on the other.

Workload

The extent to which work demands spill into personal life, the social pressures, as well as the physical and intellectual burden of job demands.

Reward

Recognition - financial and social - you receive for your contribution on the job.

Fairness

The extent to which the organization has consistent and equitable rules for everyone, or the quality of justice and respect at work.

Control

The opportunity to make choices and decisions, to solve problems, and to contribute to the fulfilment of responsibilities.

Community

The quality of the social context in which you work, encompassing your relationships with managers, colleagues, subordinates, and service recipients.

Values

The consistency between the personal values you bring to your profession and the values inherent in the organization where you work.

Significance

- *Work-related stress and burnout are increasing in the European Union; next to musculoskeletal diseases, they are the second most common threat posed by the working environment (European Agency for Safety and Health at Work, 2009).*

Aims of the study

- A **snapshot** of the **well-being** of mental health service providers.
- **Discussion** on occupational health factors affecting the workforce in a major health sector.

Objectives

- **Prevalence of burnout.**
- Assessment of **six perceived organisational factors** predicting burnout.

Methodology

Research design

- Quantitative approach
- Descriptive/correlational

Study Population

- Setting
 - Inpatient care: MCH, PU, Short/long stay wards Gozo
- Professionals forming part of the multi-disciplinary team:
 - Doctors : Total 44
 - Nurses: Total 240
 - Occupational therapists: Total 14
 - Psychologists: Total 16
 - Social workers: Total 10

Methodology

Research Method

- Cross-sectional anonymous self report survey

Research Tools

- The Maslach Burnout Inventory (MBI-HSS for Medical Personnel)
- The Areas of Worklife Survey (AWS)

Results

- Response Rate

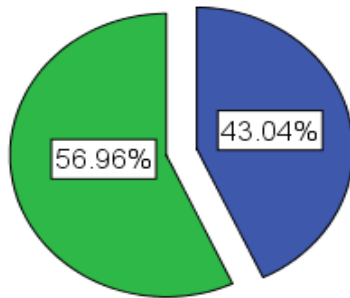
- The total eligible number of employees was of 322 and 230 questionnaires were successfully completed and returned giving a response rate of **71%**.
- Response rate in the different professions was as follows:
 - Psychiatry doctors (64.3%)
 - Nurses (72.1%)
 - Occupational therapists (85.7%)
 - Psychologists/Psychotherapists (68.8%)
 - Social workers (70.0%)

Results

- Population

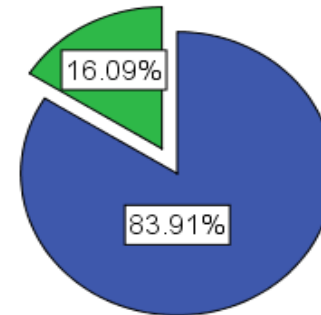
Gender

- Male
- Female



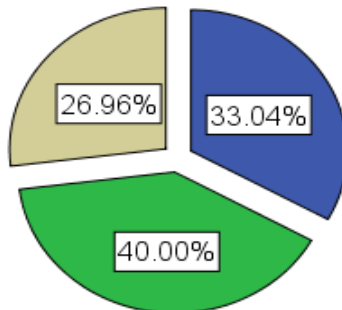
Nationality

- Maltese
- Non-Maltese



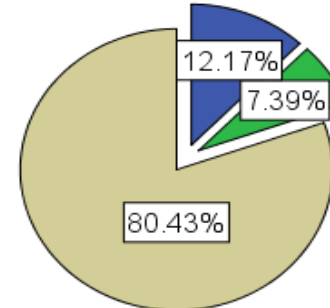
Age

- 18-30
- 31-50
- More than 50



Current position

- Manager
- Supervisor
- Front-line staff



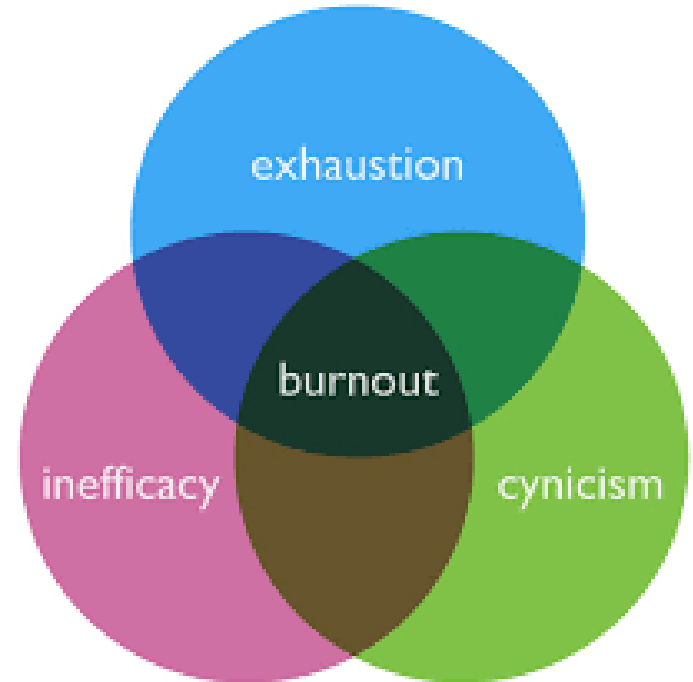
Results

Prevalence of burnout

13.9%

- **HIGH** - Emotional Exhaustion
- **HIGH** - Depersonalisation
- **LOW** - Personal Accomplishment

- 15.2% - **HIGH** Emotional Exhaustion + **HIGH** Depersonalisation
- 14.3% - **HIGH** Emotional Exhaustion + **LOW** Personal Accomplishment
- (8.7% - **Low Emotional Exhaustion** + **Low Depersonalisation** + **High Personal Accomplishment**)



Results

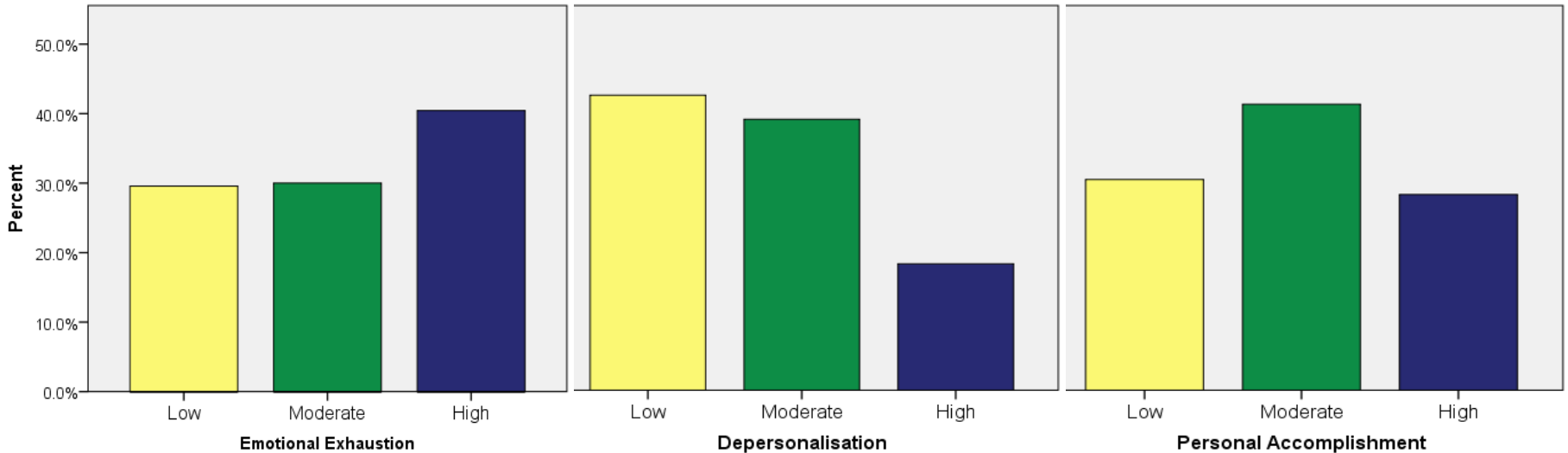
Prevalence of burnout

Comparison with other European Countries (Eurofound 2018)

- Netherlands – Hooftman et al(2017):2007 – 11.3%, 2016 - 14.6%
- Portugal – Cunha et al (2014): 2008 – 8%, 2013 - 15%
- Austria – Scheibenbogen et al (2017): 8%
- Czech Republic – Raboch and Ptáček (2015): 20%
- Estonia – Seppo et al (2010): 15%

Results

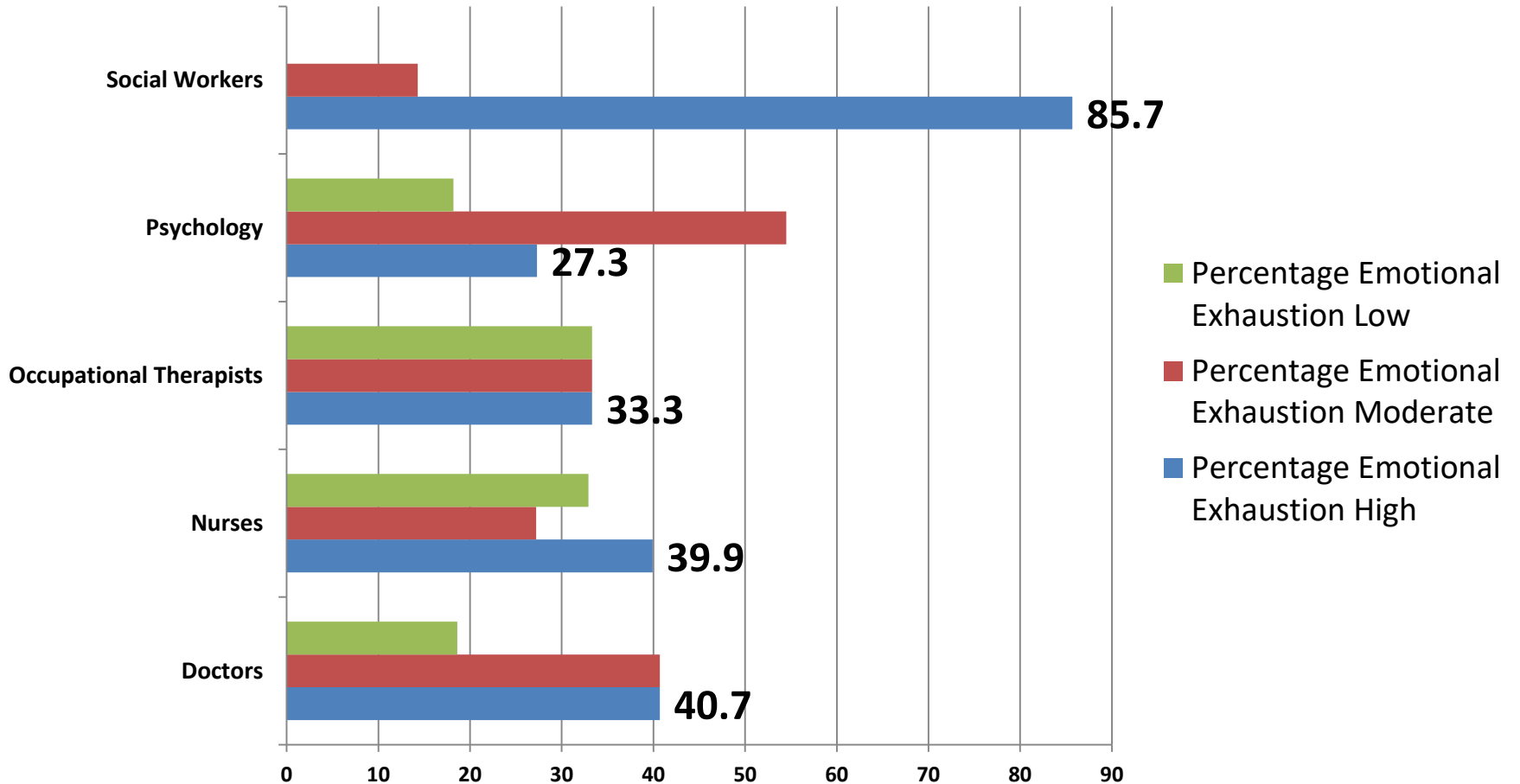
- Prevalence of Burnout



Percentage of Population	Low	Moderate	High
Emotional Exhaustion	29.6	30	40.4
Depersonalisation	42.6	39.1	18.3
Personal Accomplishment	30.4	41.3	28.3

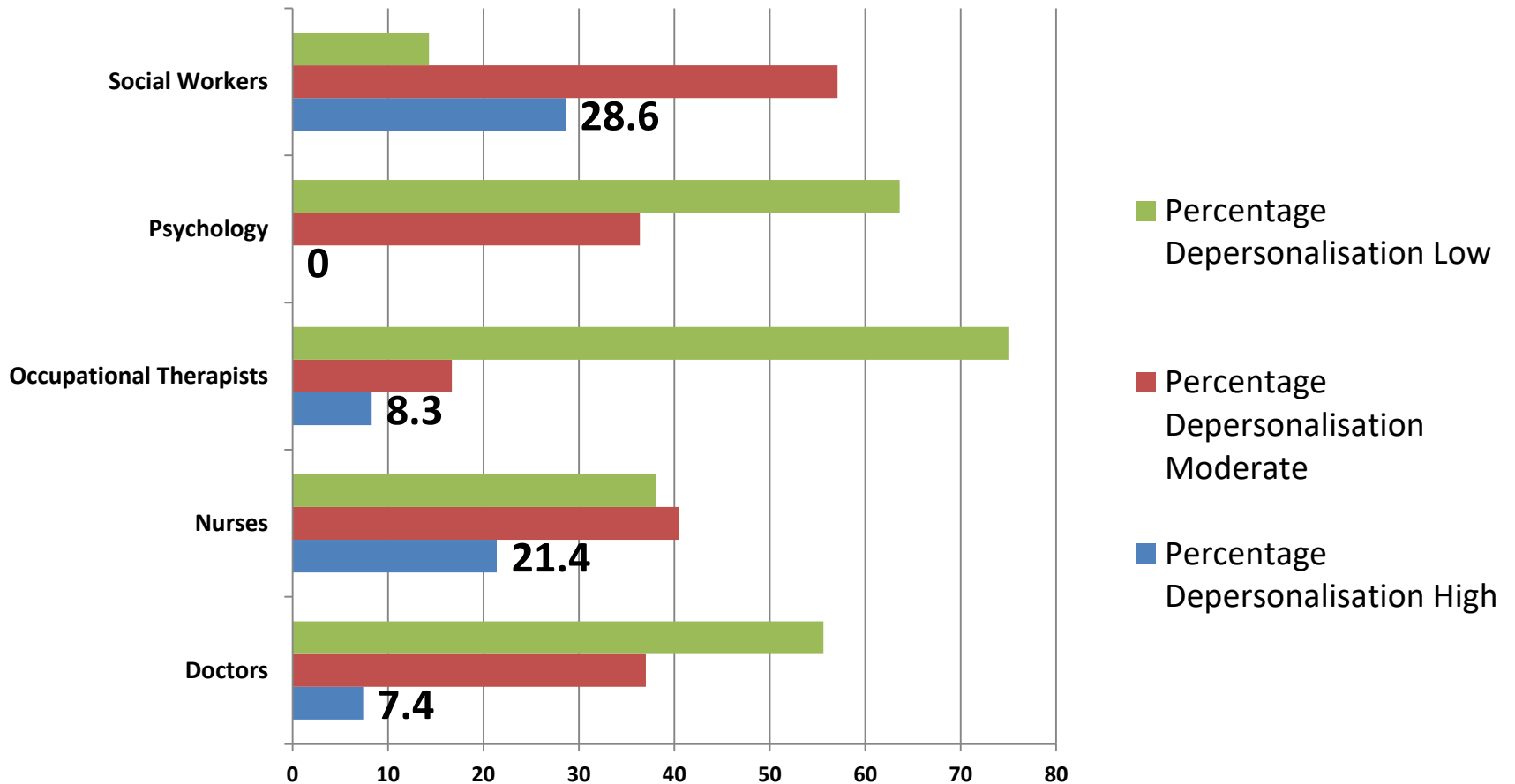
Results

Percentage scores for Emotional exhaustion by profession



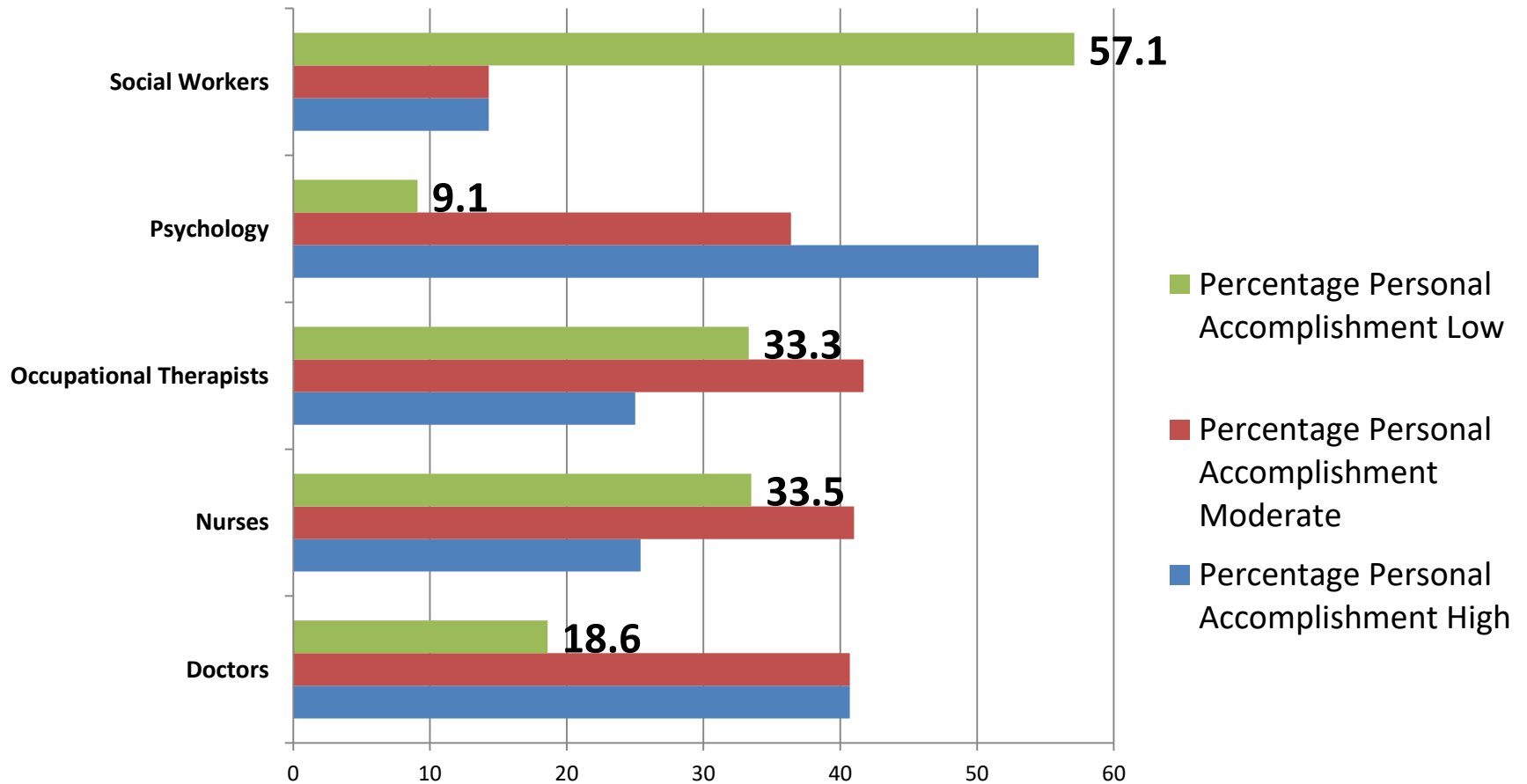
Results

Percentage scores for Depersonalisation by profession



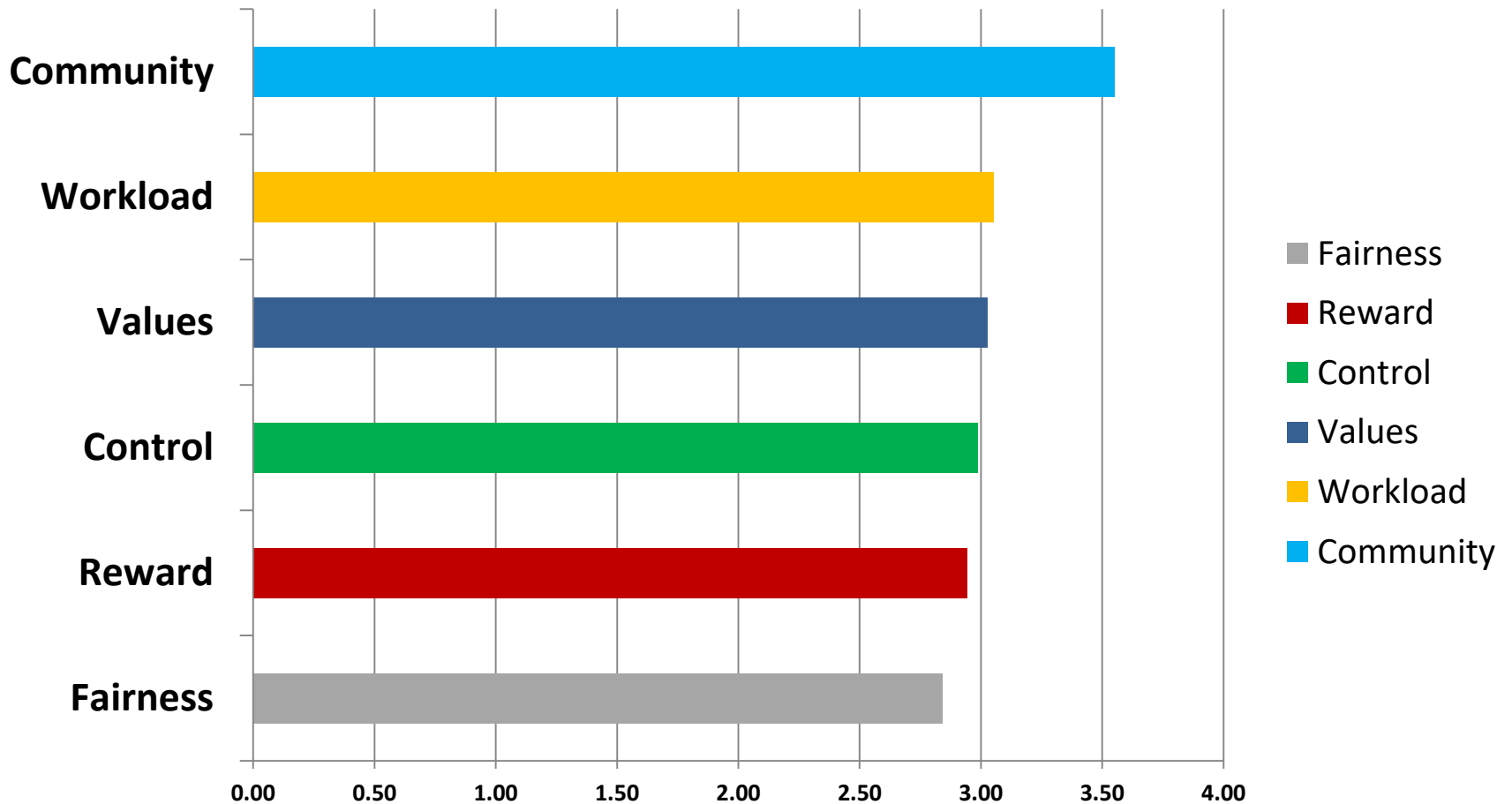
Results

Percentage scores for Personal accomplishment by profession



Results

Assessment of the Six Perceived Organisational Factors predicting Burnout



Results

- **Assessment of the Six Perceived Organisational Factors predicting Burnout**
 - Participants who are scoring high on one organisational factor tend to score high on the other factors and vice versa.
 - Participants who are scoring high on Personal Accomplishment tend to score high on the organisational factors while participants who are scoring high on Emotional Exhaustion and Depersonalisation tend to score low on organisational factors.

Results

- **Significant relationships of demographic and job related factors with perceived organisational factors were as follows:**
 - Nationality with community with better scores (better fit) for non Maltese.
 - [Maltese (M=2.47, SD=0.731) and non Maltese (M=2.97, SD=0.582); $t(228) = -3.910$, $p < 0.001$]
 - Occupation with workload with better scores for nurses followed by occupational therapists and worse for social workers
 - [$F(4, 225) = 5.581$, $p < 0.001$].
 - Occupation with fairness with better scores for occupational therapists and worse scores for doctors followed closely by psychologists/psychotherapists
 - [$F(4, 225) = 3.206$, $p = 0.014$]
 - Employment type (state vs non-state) with reward with better scores for state employees
 - [State (M=1.99, SD=0.772) and non state (M=1.57, SD=1.135); $t(228) = 2.411$, $p = 0.017$]
 - Community with non-state employed having a better fit
 - [State (M=2.51, SD=0.741) and non state (M=2.86, SD=0.576); $t(228) = -2.237$, $p = 0.026$]

Conclusions

Prevalence of Burnout

- Similar to other European countries
- High prevalence of Emotional Exhaustion
- Males suffer more from Depersonalisation
- Non Maltese suffer more from Depersonalisation and low Personal Accomplishment

Perceived Organisational Factors

- Better scores for Community
- Low scores for Fairness
- Social workers – Workload
- Non Maltese – better Community but worse Reward

Conclusions

Strengths

- All the mental health professionals were invited to participate
- Anonymous and used standardised questionnaires
- To our knowledge it was the first study examining burnout specifically within the mental healthcare professionals working within the Malta national health system

Limitations

- Cross sectional study
- Cut off scores
- Possible participant bias
- No Phase 2 survey

Conclusions

Way Forward

- Need for further research into care provider well being
- Education at all organisational levels
- Managerial awareness of employees' health and possibility to provide support

Follow up to study

- Examination of other sectors eg. Community services
- Qualitative aspect of burnout
- Longitudinal assessments

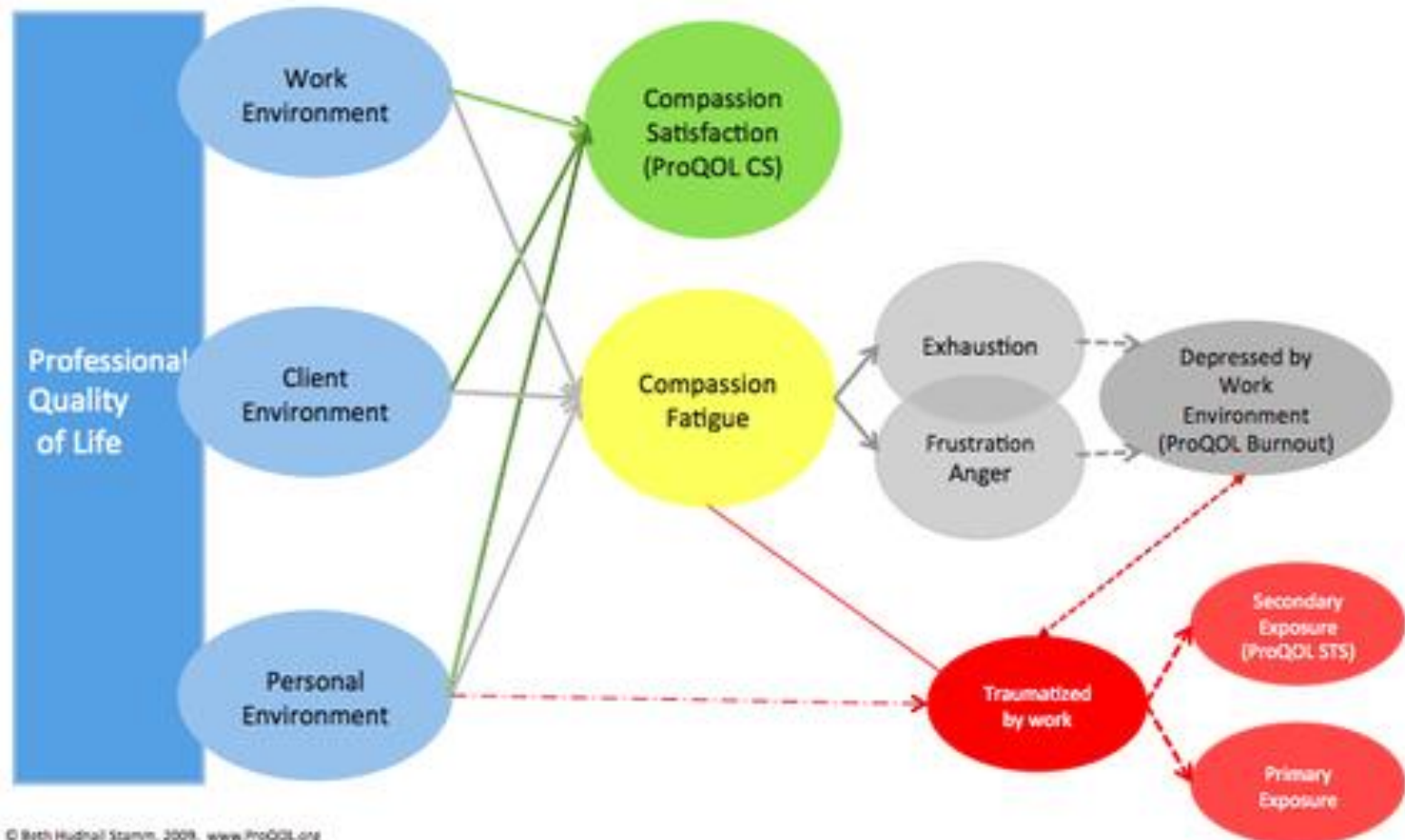
Burnout: A challenge for the mental health provider

- Is burnout a traumatic experience in itself for the healthcare provider?
- Do Vicarious Trauma and Secondary Traumatic Stress contribute to burnout?



Burnout: A challenge for the mental health provider

Complex Relationships



Thank You

References

- Andersson, L. M., and Pearson, C. M. (1999). Tit for tat? The spiraling effect of incivility in the workplace. *Academy of Management Review*, 24, 452-472.
- Eurofound (2018), *Burnout in the workplace: A review of data and policy responses in the EU*, Publications Office of the, European Union, Luxembourg.
- Maslach, C., Jackson, S. E., & Leiter, M. P. (1996). *Maslach Burnout Inventory Manual (3rd ed.)*. Palo Alto, CA: Consulting Psychologists Press. Now published by Mind Garden.
- Maslach, C., Schaufeli, W. B., and Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology*, 52, 397–422.