

## Solutions to Burnout: Summary

Problems with workplace wellbeing and burnout are complex, multi-factorial, with no easy solutions.<sup>1</sup> While there is a paucity of high-quality evidence involving our population (staff who work in emergency departments) an outline of salient literature and concepts related to interventions to improve wellbeing and reduce burnout in healthcare staff assists directing future research.

### Emergency Department Setting

This 2020 paper "*Effectiveness of interventions to reduce emergency department staff occupational stress and/or burnout: a systematic review*"<sup>2</sup> included only English language studies in an ED setting since 2008. Fourteen randomised or quasi-randomised studies were included, investigating individual-focused (n=10) and organisation-focused (n=4) interventions, with a total of 1033 participants. Individual focused interventions were mindfulness-based (n=4) or educational based (n=6) interventions. Only two studies included all ED staff groups, including allied health and non-clinical staff. Two studies were set in Australia, none in New Zealand.

The authors found individual-focused interventions resulted in improvements in burnout. Organisation-level interventions improved stress but had no improvement or worsened burnout. Low quality studies limiting recommendations for practice. The authors suggested that individual focused interventions may be more feasible, whereas organisation-level intervention are generally more resource intense and harder to implement, especially with fatigued staff.

However, a sole focus on individual-level interventions may not be acceptable to ED staff. This sentiment is crystallised in the title of this Australian ED opinion-piece "*Burnout is the canary in the coalmine; the solution is not stronger canaries*",<sup>3</sup> a quote attributed to Christine Maslach, a pioneer in burnout research.

For physicians in healthcare generally, a 2016 systematic review and meta-analysis of 15 RCTs and 37 cohort studies found evidence of benefit of individual and organisation-level interventions on physician burnout.<sup>4</sup> For example, overall burnout was reduced from 54% to 44% (-10% 95%CI -14, -5,  $p < 0.0001$ ,  $I^2 = 15\%$ ) among those 14 studies that reported overall burnout measure. Organisational-level interventions were slightly more effective than individual-level interventions, ( $p = 0.03$   $I^2 = 79\%$ ). The authors concluded that while there was evidence for improvement in physician burnout, further research is required to establish which interventions may be effective in specific populations, also how individual- and organisation-level interventions can be combined for optimal effect.<sup>4</sup>

Conceptualising professional fulfillment as comprised of interconnected domains of "personal resilience, a supportive team culture and the efficiency of practice" is helpful.<sup>5</sup>

### Positive Participatory Organisational Interventions

The interconnectedness of the individual, the team, and the system means that interventions that focus on multiple domains are required.<sup>5,6</sup> Positive Participatory Organisational Interventions (PPOIs) focus on improving the work environment and employee well-being through changing

work policies, practices, and procedures through a collaborative approach.<sup>6</sup> Requiring a collaborative approach among workers and employers, they work at multiple levels throughout an organisation, at the Individual, Group, Leadership, Organisation and Outside the organisation (IGLOO).<sup>6</sup>

A 2022 systematic review of group- and organisation-level workplace interventions to improve worker wellbeing identified 83 studies in 68 articles. This nuanced study was not a meta-analysis, and defined workplace interventions as those targeting the workplace rather than the individual worker. The authors aimed to examine which interventions had been investigated and which were most effective, and which outcome measures have been used for assessment. Among many insights, they conclude that *"Regardless of type, interventions involving increased control and opportunities for workers' voice and participation more reliably improve worker well-being, suggesting these components are critical drivers of well-being."*(page 30)<sup>7</sup>

While the interconnectedness of the individual, the team, and the system means that interventions that focus on multiple domains are considered most effective, a brief summary of interventions at each of these three levels provides important detail.

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3. Douros G. Burnout is the canary in the coalmine; the solution is not stronger canaries. Emergency Medicine Australasia 2020;32(3):518-519. DOI: 10.1111/1742-6723.13500.
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5. Bohman B, Dyrbye L, Sinsky CA, et al. Physician Well-Being: The Reciprocity of Practice Efficiency, Culture of Wellness, and Personal Resilience. NEJM Catalyst 2017;August 7 (<https://catalyst.nejm.org/physician-well-being-efficiency-wellness-resilience/>).
6. Nielsen K, Christensen M. Positive Participatory Organizational Interventions: A Multilevel Approach for Creating Healthy Workplaces. Front Psychol 2021;12:696245. (In eng). DOI: 10.3389/fpsyg.2021.696245.
7. Fox KE, Johnson ST, Berkman LF, et al. Organisational- and group-level workplace interventions and their effect on multiple domains of worker well-being: A systematic review. Work & Stress 2022;36(1):30-59. DOI: 10.1080/02678373.2021.1969476.