



## Burnout among psychiatrists in the Veterans Health Administration ☆,☆☆,☆☆☆



Hector A. Garcia<sup>a,b,\*</sup>, Cindy A. McGeary<sup>b</sup>, Erin P. Finley<sup>a,c</sup>, Norma S. Ketchum<sup>d</sup>, Donald D. McGeary<sup>b</sup>, Alan L. Peterson<sup>b</sup>

<sup>a</sup> South Texas Veterans Health Care System, United States

<sup>b</sup> Department of Psychiatry, The University of Texas Health Science Center at San Antonio, United States

<sup>c</sup> Department of Medicine, The University of Texas Health Science Center at San Antonio, United States

<sup>d</sup> Department of Epidemiology and Biostatistics, The University of Texas Health Science Center at San Antonio, United States

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### ABSTRACT

Research suggests that mental health workers are at high risk for burnout, and that burnout can increase staff turnover and reduce quality of care. The Veterans Administration (VA) employs over 3000 psychiatrists across the United States, but little is known about burnout in this population. This study was conducted to examine predictors of burnout and intent to leave the VA among a national sample of VA psychiatrists. Participants ( $N = 125$ ) responded to an anonymous online survey. Regression analyses were used to examine relationships between workplace variables, patient characteristics, and burnout as measured by the Maslach Burnout Inventory-General Survey – which includes sub-scales for cynicism, exhaustion, and professional efficacy – as well as intent to leave the VA. Based on established cut-off scores, 90% of the sample reported high cynicism, 86% reported high exhaustion, and 74% reported high professional efficacy. High cynicism predicted the intent to leave the VA ( $p = .004$ ). Not feeling part of a coherent team predicted greater cynicism ( $p = .01$ ), and patient characteristics such as suspected malingering showed a positive trend with cynicism ( $p = .05$ ). Workplace characteristics such as unfair treatment by supervisors ( $p = .03$ ) and insufficient resources ( $p = .001$ ) predicted greater exhaustion. The current findings suggest that burnout is prevalent in the VA psychiatry workforce. Specific administrative measures to reduce burnout may have potential to improve the emotional health of that workforce and ensure high quality of care for the veteran population it serves. The size of both the VA psychiatry workforce and patient population underscores the importance of greater understanding of burnout as it occurs in the VA.

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### 1. Introduction

The Veterans Health Administration (VA) oversees the largest integrated mental health care system in the United States. Psychiatrists comprise a sizeable portion of the VA mental health workforce – at present the administration employs more than 3000

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\* Corresponding author at: Frank Tejeda Outpatient Clinic, 5788Eckhart Road, San Antonio, TX 78240, United States.

E-mail address: [Hector.Garcia2@va.gov](mailto:Hector.Garcia2@va.gov) (H.A. Garcia).

psychiatrists nationwide (D. Perry [VA], personal communication, April 30, 2014). Occupational burnout is often a concern among mental health providers, and those working in the VA may be particularly at risk because of the VA's unique patient population and bureaucratic demands (Voss Horrell, Holohan, Didion, & Vance, 2011). Given the size and critical health care role of the VA psychiatry workforce, burnout in this population has potentially far-reaching implications.

The most influential model of professional burnout was developed by Christina Maslach based on work among health care and human resource employees. The model includes three factors: (1) exhaustion; (2) cynicism (or *depersonalization*); and (3) ineffectiveness (Maslach, 1982; Maslach & Leiter, 1997). Exhaustion occurs when a provider's emotional energy is depleted as a result of work demands, such as those from patients, supervisors, or the organization (Maslach, 1988; Maslach, Schaufeli, & Leiter, 2001). Cynicism refers to detachment arising as a means to gain emotional distance

from work, while ineffectiveness refers to feelings of incompetence or the inability to fulfill job responsibilities (Maslach & Goldberg, 1998).

International research has consistently found that psychiatrists experience greater burnout than other physicians. Psychiatrists have been found to have: higher levels of burnout compared to other physicians in Italy (Bressi et al., 2009); higher levels of emotional exhaustion (and severe depression) than other physicians in Scotland (Deary, Agius, & Sadler, 1996); higher levels of work-related exhaustion than psychiatric nurses in Sweden (Thomsen, Soares, Nolan, Dallender, & Arnetz, 1999); and less job satisfaction and higher emotional distress than other physicians in Finland (Heponiemi, Aalto, Puttonen, Vanska, & Elovainio, 2014). Little is known about how psychiatrists in the United States fare compared with other professionals, although one study of a managed care setting found that psychiatrists reported greater exhaustion and depersonalization than primary care physicians (Snibbe, Radcliffe, Weisberger, Richards, & Kelly, 1989).

Part of this elevated burnout risk may be explained by the unique demands of the mental health profession. For instance, research has found that occupations requiring “emotion work” – work regularly demanding empathy, dealing with negative emotions, suppressing or displaying emotions, etc. – uniquely contributes to occupational stress (Zapf, Seifert, Schmutte, Mertini, & Holz, 2001). In turn, specific types of patients may require more emotion work. International studies have shown psychiatrists experience increased stress when patients are aggressive and demanding (Bressi et al., 2009), homicidal or suicidal (Rathod et al., 2000), or irritated, disruptive, or anxious (Heponiemi et al., 2014). Voss Horrell et al. (2011) speculate that newly returning veterans from the wars in Iraq and Afghanistan may exhibit aggression levels that prove stressful to clinicians working with them. Little is known, however, about the actual impact of patient characteristics on burnout among psychiatrists in settings such as VA where high numbers of veterans receive psychiatric care.

Studies of professional burnout have also identified organizational characteristics that may increase burnout risk, including: (1) *workload*, including the availability of resources to meet work demands; (2) *control* over the manner in which work is conducted; (3) *reward* for work conducted (e.g. prestige, monetary incentives, etc.); (4) *community*, or the quality of relationships with leaders and peers; (5) *fairness*, related to the perception of openness and equity in workplace decision-making; and (6) *values*, or concordance of values between the employee and the organization (Bressi et al., 2009; Kumar, Hatcher, Dutu, Fischer, & Ma'u, 2011; Maslach & Leiter, 1997, 2008; Maslach et al., 2001). Moreover, studies have found that burnout often leads to greater absenteeism and staff turnover (AlbuAIrRub & Al-Zaru, 2008; Leiter & Maslach, 2009), which can have the secondary effect of lowering morale among remaining employees, leading to more turnover (Misra-Hebert, Kay, & Stoller, 2004). Turnover itself is associated with high financial costs related to recruitment, training, and lost productivity while positions remain vacant (Berger & Boyle, 1992; Gray, Phillips, & Normand, 1996; Mott, 2000; Stoller, Orens, & Kester, 2001). A study of one major academic hospital found that the annual costs associated with turnover amounted to 5% of the organization's annual operating budget, amounting to \$29,303,390 (Waldman, Kelly, Arora, & Smith, 2004). Given that VA is the largest health-care organization in the United States, with 152 medical centers – and close to 1400 domiciliaries, community based outpatient clinics, and other facilities (VHA, 2014) – a comparable rate of turnover costs at VA could easily run into the billions.

Importantly, burnout can also impact patient care. Nurses experiencing high burnout receive lower ratings on quality of care by their patients (Leiter, Harvie, & Frizzell, 1998). Burnout among psychiatric staff in inpatient and treatment homes is associated with

negative attitudes toward patients (Holmqvist & Jeanneau, 2006). Further, when burnout results in turnover, the loss of a trusted provider can lower patient satisfaction (Misra-Hebert et al., 2004).

Although the literature on psychiatry burnout is diverse and international, few studies have examined burnout among psychiatrists working in the United States. Two studies have examined burnout among mental health providers working with military and veteran populations, and both identified important relationships between provider burnout, patient characteristics, and organizational factors (Ballenger-Browning et al., 2011; Garcia et al., 2015).

The present research represents the first-known study to examine burnout among psychiatrists working in the VA. Study results may be used to improve job satisfaction and retention among VA psychiatrists.

## 2. Hypotheses

Based on prior studies we hypothesized that three workplace variables would positively predict psychiatrist self-reported burnout: organizational blame for patient suicide, time spent on prescribing/monitoring medication, and administrative tasks. We also hypothesized that less time spent in activities other than prescribing and administration, such as teaching, supervising other staff, or providing psychotherapy, would positively predict burnout in this population.

In addition, we hypothesized that several patient-level variables would positively predict burnout: patient relapse, treatment non-responders, medication non-compliance, threatening patients, assault by patients, patient suicides, and a caseload comprised of a high percentage of severely mentally ill patients. We also hypothesized that the frequency of certain diagnoses/patient presentations would positively predict burnout, including: anger, depression, PTSD, anxiety, substance abuse/dependence, axis II disorders or traits, suspected malingering, psychosis, OCD, cognitive disorder, bipolar disorder, and severe personality disorder.

## 3. Method

### 3.1. Participants and procedures

This study was approved by Institutional Review Boards of the South Texas Veterans Health Care System and the University of Texas Health Science Center at San Antonio. Psychiatrists working full time at the VA were eligible for study participation, including those working in inpatient, substance abuse, emergency room, general outpatient, PTSD clinical teams, domiciliary, and telemedicine settings. The researchers used the VA's national directory to obtain the name and e-mail address of VA psychiatrists – as of August 1, 2013, there were 2988 psychiatrists listed in the directory. From this list a random sample of 500 VA psychiatrists was generated. Those 500 were sent an email describing the study and inviting participation in an online survey hosted on Survey Monkey ([www.surveymonkey.com](http://www.surveymonkey.com)).

Subjects were informed that their participation was completely voluntary and confidential, that no identifying information would be collected, and that information gathered from the survey would be reported only in aggregate. To further ensure confidentiality, the researchers chose Survey Monkey's option to decline the record of IP addresses. Two iterations of the invitation e-mail were sent at a three-week interval. Because this research had the opportunity to reach VA psychiatrists experiencing burnout, the survey also included a list of resources for managing distress and seeking help. We received responses from 125 participants for a 25% response rate.

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