



Burnout and HealthCare – Editorial



For the second issue of *Burnout Research*, we are pleased to present a more focused look at the burnout experience within health care. Throughout several decades of research on burnout, a majority of studies have involved healthcare professionals, and especially nurses. There may be many reasons for the strong link between health occupations and burnout, including the nature of the work, the structure and policies of medical systems, the personal interest of the professionals themselves and their willingness to look for solutions, and the particular questions being raised by the researchers.

Given this long-standing concern about burnout in healthcare, it seemed especially fitting to have a special issue that focused specifically on this topic. Our guest co-editors, Heather Laschinger and Anthony Montgomery, have been doing research in this area for many years, and we are grateful that they were willing to review many new manuscripts and choose a selection of meaningful, international contributions to the burnout literature on healthcare. We hope you enjoy this special issue, and we look forward to many more such articles in the future.

Christina Maslach and Michael P. Leiter, Editors-in-Chief
Burnout Research

Burnout in healthcare: What do we know and what should we do?

Healthcare reforms in the past two decades have created a state of never-ending change that is stressful for healthcare workers. Health professionals are particularly affected by economic constraints in healthcare systems, which challenge their ability to provide high quality care according to their professional standards. Burnout levels have always been higher in the healthcare populations, but research has suggested that healthcare workers are now reporting even higher levels of severe burnout. Not surprisingly, such continuous deprecation of our health professionals will ultimately be visited upon our patients. Strategies to prevent burnout are important to sustaining a healthy workforce.

This special issue features a small selection of articles that demonstrate the range and scope of research on burnout in contemporary healthcare environments in 23 countries that cover Europe, Latin America and North America. Two of the studies are continental, focusing on burnout among health professionals in regions of Europe including Scandinavia, Central and Eastern Europe, and the Mediterranean; one focuses on Spanish-speaking countries,

including Spain and Latin America; while several focus on hospital settings in specific locales such as Italy and Québec, Canada. The Maslach Burnout Inventory Human Services Survey (MBI-HSS) was initially designed for assessing burnout among professionals in English-speaking healthcare settings and has subsequently been adapted and translated into numerous languages for widespread use in diverse settings. This issue opens with *Methodological Considerations When Translating “Burnout,”* an integrative analysis of the cross-cultural relevance of the translated versions of the MBI-HSS in 11 European countries (Belgium, Germany, Finland, Greece, Ireland, the Netherlands, Poland, Spain, Sweden, Switzerland and England). This study underscores the need to cross-culturally validate the MBI-HSS.

Research on burnout in healthcare tends to focus on nurses in hospital settings. Although nurse burnout is the primary focus of several of the studies featured in these pages, this issue also includes investigations of factors that contribute to burnout among nurses, physicians and other health professionals, including technicians, administration and management officers, and other specialties. *Interpersonal Strain at Work* explores the link between interpersonal strain and burnout (emotional dissonance and exhaustion) among nurses, physicians and other staff in hospital settings. The take-home message of the paper is that adopting a detached attitude towards people at work is a maladaptive and risky strategy. *Talking Behind Their Backs: Negative Gossip and Burnout in Hospitals* focuses on a well-documented phenomenon that occurs frequently in healthcare, but had not yet been associated with burnout. This study fills this gap in its analysis of negative gossip and burnout among doctors, nurses, and residents in the Mediterranean and Balkan countries region. Following on from this, the article, *The Consequences of Burnout Syndrome among Healthcare Professionals in Spain and Spanish-speaking Latin American Countries*, presents a panoramic view of burnout in the Spanish-speaking world. This research reveals a considerable prevalence of adverse professional consequences associated especially with the different components of the burnout syndrome, particularly in terms of personal and family deterioration, and the intention of giving up the profession.

This special issue on burnout in healthcare includes promising signposts for future efforts aimed at preventing burnout and building engagement in healthcare. The last article in this collection, *Authentic Leadership and Psychological Well-Being at Work of Nurses* suggests that authentic leadership plays a protective role against burnout by positively impacting work climate and increasing nurses' psychological well-being.

In terms of what we know, burnout is a global phenomenon that prevents healthcare professionals from delivering the quality of care that we would all want. Consistent with burnout research in other fields, the exhaustion component continues to emerge as the most robust indicator, but it is too early to be sure whether this is an artifact of the dominance of self-report studies. The opening paper on translating issues, along with the cross-national differences in the subsequent papers, is a reminder that “one size doesn’t have to fit all.” Our solutions should heed this also.

In terms of what we should do, the papers in this special issue highlight the need to close the circle of the healthcare professional and patient, and to view their relationship as symbiotic in terms of health and quality of care. More specifically, the papers suggest

some practical places to start, which include: measuring burnout in a contextual way, not ignoring emotional detachment or negative gossip, protecting the families of healthcare professionals, and developing authentic leadership. Finally, prevention is always better than cure, so the educational experience of healthcare professionals is the place to build awareness and to start asking questions about how we can reimagine the systems that lead to burnout.

Sincerely,

Heather Laschinger and Anthony
Montgomery, Guest Editors