SHORT COMMUNICATION

https://doi.org/10.1590/1806-9282.20210566

Burnout, engagement & leadership



INTRODUCTION

Burnout has been the subject of research, as it has been considered a public health problem^{1,2} of great relevance owing to its costs1. American studies from 2013 reported that burnout in over 40% of physicians, with a tendency to increase in the following years³ and with physicians in specialties working in the first-line care, being those with the highest risk of burnout^{3,4}. Stress is considered inherent to health care professions owing to a number of factors such as long working hours, time-related pressure to perform, sleep deprivation, high expectations, and low tolerance for errors⁵.

A 2002 study by the European Commission revealed that 10% of occupational diseases resulted from occupational stress and that the costs associated with these pathologies amounted to 20 million euros annually. In addition to the social costs, occupational stress also incurs costs for organizations through increased absenteeism and turnover, accompanied by a decrease in productivity and performance. A 2009 British study indicates that 25% of absences from the national health system are related to stress, anxiety, and depression. Also of note is presenteeism - where the professional chooses to continue working, but performs worse as a result of health problems; the costs associated with presenteeism are several times higher than the costs of absenteeism⁶.

Initially, burnout and engagement at work were considered to be opposite poles of the relationship of well-being at work, in which burnout represented the negative and engagement the positive^{1,7}. However, the fact that a person is not in burnout does not necessarily mean that he is engaged⁷. and for this reason, burnout and engagement are defined as two distinct concepts⁷.

BURNOUT

Burnout is defined as a reaction to occupational stress and the link between an adverse psychosocial environment at work and psychiatric disorders7. The inability to cope with sources

of pressure at work can generate physical and mental problems, as well as dissatisfaction at work^{2,8}, and can even put the patient at risk^{2,3}.

The sources of occupational stress in the health area that can contribute to burnout are a lack of resources at work^{2,7,8}, work overload^{7,8,10}, team conflicts^{7,8}, shift problems⁸, death of patients⁸, excessive responsibility⁸, exposure to biological risk⁸, contractual status8, and the work environment itself (such as temperature)7,8.

Burnout can be conceptualized as the final stage of chronic job stress that is characterized by emotional exhaustion, depersonalization (distancing behaviors, coldness), and decreased personal accomplishment at work (feeling of professional inefficacy) that result in dysfunctional behaviors at work associated with reduced motivation and effectiveness^{1,3,8,11}.

The development of burnout depends not only on individual factors (personality, work expectations)^{1,8} but also on organizational aspects (bureaucracy, frequent organizational changes)^{1,8} and social aspects (lack of social and family support, cultural values, and norms)1. When the organization does not recognize the human side of work and there are major mismatches between the nature of the work and the people, there is a higher risk of burnout1.

Social support plays an important role in moderating the effects of stress. Social support is the ability of the individuals to perceive themselves as a part of a group where they have emotional support (feeling of esteem, protection, and safety), information (easy access to information, advice and help from others to solve problems), and confirmation (perception of feelings, recognition of skills and abilities). Good social support tends to increase self-esteem, optimism, and positive mood and decreases anxiety, feelings of failure, and isolation9.

Burnout can be considered a syndrome that manifests itself in different ways, affecting the quality of life of an individual¹, and can have psychosomatic symptoms (asthenia, headache,

Conflicts of interest: the authors declare there are no conflicts of interest. Funding: none.

Received on June 12, 2021. Accepted on July 18, 2021.

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gastrointestinal disorders, muscle pain), behavioral (work delays and absenteeism, substance dependence, family conflicts), emotional (affective withdrawal, irritability, depression), and defensive symptoms (denial and suppression of the presence of other symptoms)^{1,2,9,11}. In more severe cases, it can lead to suicide^{2,4}.

ENGAGEMENT

Engagement is one of the emerging concepts of positive psychology that is characterized by motivation, enthusiasm, and commitment at work⁸. Work engagement is defined as a positive, fulfilling, work-related state of mind that is characterized by vigor, dedication, and absorption^{1,4,7,10,12}. Vigor is characterized by high levels of energy and mental resilience while working, a willingness to invest in work, and persistence in difficult situations. Dedication refers to being strongly involved in work and experiencing a sense of significance, enthusiasm, inspiration, pride, and challenge. Absorption is characterized by being completely focused and involved in work with time passing quickly and the individual having difficulty letting go of work^{1,7}.

Engagement is not only an individual phenomenon but also occurs on a collective level. The more engagement in a team, the more engagement in the team members⁷. Engagement also offers a competitive advantage to the organizations in which individuals work^{1,8}. The possible consequences of work engagement are described as positive attitudes toward the organization, such as having initiative and motivation to learn⁷, a willingness to work overtime⁷, proactive behavior⁷, higher productivity¹², increased organizational commitment⁷, and low turnover^{7,12}. Work engagement is positively related to work performance^{7,13} and is also associated with low levels of depression, stress, and psychosomatic complaints⁷.

Engaged individuals are more able to cope with the challenges they encounter and recover from stress, which may be a burnout prevention strategy¹. Motivation and job satisfaction are influenced by working conditions, opportunities for personal development and advancement, remuneration and other benefits, recognition by supervisors and peers, physical working conditions, and existing resources^{7,9,12}. Factors associated with increased work engagement include the presence of work resources^{7,8}, motivational or energizing resources⁷, social support from colleagues⁷, feedback from superiors⁷, performance feedback⁷, coaching^{7,14}, work autonomy⁷, task variety and training facilities⁷, and stable family environment⁷.

On an individual level, personal resources such as high self-esteem, self-efficacy, optimism, and resilience are factors that enhance work engagement. From an organizational perspective, engagement should be seen as an agent of human capital development, an essential element for the health, well-being, and performance of the organization's employees, as it constitutes a positive link between individual and organizational results and is consequently a fundamental factor for organizational success⁸.

LEADERSHIP

In an organization, we can have leadership in different work groups and at different institutional levels¹⁵; however, the qualities needed, in a leader, to build a positive work environment and an engaged team are transversal: operational efficiency, clarity in outlining objectives, inspiring confidence and integrity, humility, and empathy¹⁶.

People are a key factor for organizational success, and the organization should aim to attract, develop, and retain human capital essential to the pursuit of organizational objectives^{17,18}. Leadership should apply policies, practices, and systems that influence the behavior, attitudes, and performance of organizational members to increase competitiveness and learning capacity, to sustainably improve the organization over time¹⁸.

In transformational leadership, leaders influence their subordinates by emphasizing the opportunities and challenges that the environment presents to them, stimulating individual intellect and consideration, and not simply reacting to problems as they are presented to them, but by asking how they can collaborate in building a common purpose¹⁹. The focus of transformational leadership is on developing a vision, building trust and engagement of employees, and ultimately facilitating learning¹⁹. Positive and safe work environments facilitate learning and skill acquisition^{13,15} and work-family balance¹⁷ and are associated with better indicators such as mortality rate¹⁵ and patient satisfaction^{13,15}.

It is known that the constant presence of conflict has harmful consequences for the functioning of teams, in terms of both performance and job satisfaction. This highlights the importance of leadership in finding points of convergence, agreement, and tolerance among members to dilute the differences between them²⁰.

DISCUSSION

Early studies of burnout focused primarily on it as a predictor of health impairment, whereas work engagement has been seen as a predictor of job performance and employee turnover. The focus of this study on engagement has changed, with current research that focuses on aspects related to employee health¹⁰. In addition to mental health consequences, psychosocial risks associated with work can also bring cardiovascular, musculoskeletal, and metabolic diseases⁶. However, engaged professionals

have a healthier diet, lower risk of health problems, and lower level of inflammation¹⁰.

The main challenge of any organization providing health care is its capacity for constant improvement in a sustainable way, ensuring high-quality health care with safety and empathy¹⁵. Knowing that leadership effectiveness increases with training¹⁸ and considering the relationship between leadership, engagement, and burnout, there should be an effort at the organizational level to prevent burnout, promote engagement, and invest in leadership training. The first step would be for the organization to recognize burnout as an organizational problem and prioritize the well-being of its employees^{4,18}.

Individual and organizational preventive strategies are crucial to combat or minimize the effects of burnout¹ and improve the quality of life of professionals¹¹. Some strategies that organizations can use are having flexible schedules to facilitate work–family balance, letting professionals dedicate more time to their areas of interest, allowing social gatherings to improve camaraderie and solidarity among colleagues, or promoting healthy lifestyles by introducing healthy eating, meditation, and physical exercise programs^{3,4,18}.

Yoga and meditation are scientifically recognized as effective methods to promote empathy, reduce stress, and improve work-related physical and emotional problems in health care professionals²¹. Meditation is a protective strategy for controlling emotions, increasing resilience, and reducing stress, anxiety, and depression²¹. The therapeutic approach of Traditional Chinese Medicine may include the combined or stand-alone use of acupuncture, moxibustion, Chinese herbal medicine, Tuina, Qigong, and Tai Chi²². The use of QiGong is shown to be an effective practice in the promotion, prevention, and rehabilitation of certain disorders in adults, such as burnout and depression²³. It is shown to be a mind-body exercise modality that can easily be practiced by adults^{23,24}, at work or elsewhere²⁴. Interventions with physical exercise such as stretching have also shown efficacy in reducing anxiety and symptoms of exhaustion associated with improved physical and mental well-being for health professionals²⁵.

CONCLUSION

This review shows that burnout in health care professionals is a widespread issue; however, there are few studies assessing the state of engagement of health care professionals. Studies in this area should be a priority to raise awareness among health professionals about occupational stress and its associated adverse effects, without forgetting that it is the organization's responsibility to provide working condition and a healthy working environment to its employees.

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