

Stress of Conscience in Response to Workplace Burnout

Jasmine Maser, MScOT Student, University of Alberta

Psychological Health and Safety in the Occupational Therapy Workplace

An initiative of the Society of Alberta Occupational Therapists (SAOT) with funding from Alberta Human Services, Occupational Health and Safety Program, Development and Research



Burnout is defined as “Emotional exhaustion, depersonalization and a reduced level of personal accomplishments caused by long-term involvement in situations that are emotionally demanding.” (Gustafsson, Eriksson, Strandberg, & Norberg, 2010).

There is evidence suggesting that workplace burnout can be influenced by five factors:

- Perceptions of Conscience (PoC),
- Stress of Conscience (SoC),
- Moral Sensitivity (MS),
- Social Support (SS) and
- Resilience.

PoC is dependent on a person’s view of whether their conscience - ability to distinguish right and wrong using intuition and judgement - is an asset or a burden in the workplace. SoC is influenced by time allotted to providing care, work demands that carry over to home life, and living up to workplace expectations. PoC is associated with depersonalization, while PoC and SoC are both associated with emotional exhaustion. MS is the ability to identify and comprehend ethical problems and the impact of decision-making. MS is correlated to SoC and in turn can contribute to burnout. SS and Resilience are seen as protective factors in relation to workplace burnout. SS can impact burnout both directly by reducing the strain of a problem, and also by reducing the impact of a stressor that results in further strain. Resilience helps with coping through recovery from stress, restoration of balance in life, and response to stress with good coping mechanisms. Together, these five factors can either contribute to burnout, or can act as a protective mechanism for preventing burnout.

In the workplace, burnout not only affects the person (therapists), but also impacts clients, co-workers and organizations. Burnout can impact OTs by contributing to emotional exhaustion, depersonalization and carry over to client-therapist relationships, where a therapist may feel that they are unable to be present, or be genuinely invested in a client. The impact of therapist burnout on clients can mean that clients are not receiving best treatment and that client’s needs are not fully being met (i.e. building rapport and meaningful client-therapist relationship). Relationships with others in the workplace can be impacted if a therapist has physical and/or mental burnout. In the Gustafsson et al article, a lack of appreciation and respect from co-workers and superiors was reported by the burnout group, demonstrating the need for feedback on performance and recognition from others to prevent a de-valued feeling of the therapist. Lastly, organizations need to be a strong, supportive team. Therefore, ensuring support for all team members (both physically and mentally) can promote health and well-being, and ultimately impact clients, co-workers and the therapist as well.

Addressing burnout in the workplace includes: knowing your limitations and abilities, mentoring opportunities and team meetings to address any relevant issues and/ or needs, as well as promoting positive coping strategies. Coping strategies to help prevent and address burnout include a balance between profession and personal life, manageable work demands, a humorous perspective, self-awareness and ability to self-monitor (Gupta, Paterson, Lysaght, & Von Zweck, 2012). Finding what works best for you is what is most important, as no two people have the same risk for burnout in the workplace. Finally, it is important to remember- intervening to prevent and reduce workplace stress is a shared responsibility and no

one therapist can resolve the problem. All stakeholders and policy makers need to be involved to achieve effective change and a psychologically healthy workplace.

RESOURCES

Guarding Minds at Work <http://www.guardingmindsatwork.ca/>

Workplace strategies for mental health <https://www.workplacestrategiesformentalhealth.com/>

REFERENCES

Gupta S, Paterson ML, Lysaght RM, von Zweck C. (2012) Experiences of burnout and coping strategies utilized by occupational therapists. *Canadian Journal of Occupational Therapy*, 79(2):86-95 <http://www.ncbi.nlm.nih.gov/pubmed/22667017>.

Gustafsson, G., Eriksson, S., Strandberg, G., & Norberg, A. (2010). Burnout and perceptions of conscience among health care personnel: A pilot study. *Nursing Ethics*, 17(1), 23–38 <http://www.ncbi.nlm.nih.gov/pubmed/20089623>.