The relationships between coping, job stress and burnout

A three-year prospective study after a counselling intervention for help-seeking physicians

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"I feel completely empty. I have to actively decide to do everything; put one foot out of bed, then the other, to eat breakfast, to go to work…"

"I seem to have a bad conscience and feelings of guilt all the time – at work as well as at home."
As we know…

- Physicians have relatively high levels of:
  - depressive symptoms (18-30%)
  - burnout – emotional exhaustion (27-77%)
  - suicide (relative rates: men 1.4, women 2.3)

- Physicians often hesitate to seek help in the established health care system
  (Rovold 2001, Kivimäki 2001)

- Physicians’ functioning is of importance for patient treatment
Background

Burnout - ”the person or the job?”

- The person? - Individual factors
  - Neuroticism
  - Self-criticism
  - Wishful thinking / coping strategies
    (Clark 1984; Firth-Cozens 1987; McCranie 1988; Tyssen 2000, 2001; McManus 2004)

- The job? - Organizational factors
  - Work load
  - Work – home interface
  - Role
  - Sleep-deprivation
    \{ Job stress
Aim

To study the relationships between changes in coping, job stress and burnout after a counselling intervention for help-seeking physicians.
Burnout - Emotional exhaustion

- One dimension of burnout

 "I feel that work drains me emotionally"
 "I feel I work too hard in this job"
Job stress (Cooper)

- Emotional
- Social (time pressure, work-home interface)
- Fear of litigation
Coping strategies (Vitaliano)

- **Active**
  - Seeking social support
  - Problem-focused coping
    - instrumental, action-oriented
    - accommodative reflection

- **Emotion-focused**
  - Self-blame
  - Avoidance
  - Wishful thinking
Resource centre for health personnel, Villa Sana, Modum Bad

The present study –
- individual counseling (6-7 hrs)
- course over a week (8 participants)
- can bring partner

Financed by the Norwegian Medical Association
Villa Sana – part of a process

- Present situation – job/private
- Identity, self-esteem, coping
- Needs – short and long perspective
- Acknowledge the needs
- Discuss work-related and private priorities
242 eligible physicians 2003-2005

15 physicians declined

227 took part at baseline

94%

41 did not complete one-year follow-up

26 did not complete three-year follow-up

185 took part in one-year follow-up

81%

16 did not complete three-year follow-up

184 took part in three-year follow-up

169

81%
Methods

- Inclusion autumn 2003 – summer 2005

- Self-report:
  at baseline, one and three years:
  - demographics, help-seeking, work hours, sick leave
  - burnout (Maslach Burnout Inventory)
  - jobb stress (Cooper`s Job Stress Questionnaire)
  - coping strategies (Vitalinano`s Ways of Coping Check List)

- Comparison with Norwegian physicians
Participants
(compared to norwegian physicians 2004/2005, NMA)

Non-specialists 30% (45%)
GPs 22% (13%)

52% (36%)

Age: 47(45)

BMC Public Health 2007, 7:36
Isaksson Rø K, Gude T, Aasland OG
Results

A three-year cohort study of the relationships between coping, job stress and burnout after a counselling intervention for help-seeking physicians.

BMC Public Health 2010, 10:213
KE Isaksson Rø, R Tyssen, A Hoffart, H Sexton, OG Aasland, T Gude
Levels at baseline, one-year and three-year follow-up

One-year: BMJ 2008; 337:a2004
Isaksson Rø KE, Gude T, Tyssen R, Aasland OG
Structural modelling

*Emotional exhaustion at baseline* → *Emotional exhaustion at follow-up*

*Job stress at baseline or Coping at baseline* → *Job stress at follow-up or Coping at follow-up*

Cross-lagged path model

Synchronous path model
Relationships between changes

△Job stress (social job stress)  (CR=3.16**)  △ Emotional exhaustion

△ Emotion-focused coping  (CR=4.05**)  △ Emotional exhaustion
"Got more faith in myself, have implemented changes at my workplace ".

"Better insight into my own situation and better ability to enforce limits."
Conclusion

Both work-related factors and individual factors can be targeted in interventions for reduction of burnout.