

- Mental health

## Burnout is looming as chronic problem

The Cairns Post · 14 Apr 2021 · 16 · ALISON COUGHLAN IS A FORMER HEALTHCARE CEO AND AUTHOR

PRIOR to the emergence of COVID-19, burnout in the health and social sector workforce was an alarming and growing epidemic threatening the individuals, teams and organisations we rely on to provide essential services to the community through direct and indirect roles.

This was a critical problem that has grown in alarming ways in the past year and is likely to get a whole lot worse before it gets better as we face new and emerging challenges.

We are dealing with the vaccine rollout for our diverse and dispersed population in a matter of months and within a rapidly changing and complex context. We are responding to the devastating health and social impacts of the past year. We seek to keep our heads above water to deliver our usual services and support while our energy and wellbeing are at critically low levels.

Burnout is a direct consequence of chronic workplace stress that has not been successfully managed – and, in the health and social sectors, chronic stress is the rule, not the exception. Unhealthy social and cultural norms work against meaningful efforts to prevent or reduce stress. Demand for our services, and unmet health and social needs, are growing. Healthcare practice is becoming increasingly complex – and the many, often competing, demands on our time and energy, coupled with relentless resource constraints, are simply and devastatingly wearing us down.

Prior to the COVID-19 pandemic, burnout was reported by around 30 per cent of healthcare workers across Australia, the US and the UK, across disciplines and in direct and indirect roles. Rates reported ranged from 17 to 52 per cent. Job stress and fatigue rates were far higher, and people working in healthcare and social assistance roles were the second highest occupational groupings in relation to claims for mental health conditions in Australia.

Alarmingly, more than one in five doctors in the US reported having had suicidal thoughts, and more than one in 100 had attempted to take their own life, double the rate in the general

population. In Australia in 2019, one in four doctors reported having suicidal thoughts in the past year, and one in fifty reported that they had attempted suicide.

This was all before COVID-19 disrupted our personal and work lives in fundamental and devastating ways. Reports on burnout during the COVID-19 pandemic are even more sobering with more than 51 per cent of health care professionals from 60 countries reporting burnout in a recent global study.

Burnout should not be an option we even contemplate as acceptable in our health and social sector workforce.

**WE NEED TO STEP UP AS LEADERS AND TAKE RESPONSIBILITY FOR AND ACTION ON BURNOUT AS A MAJOR OCCUPATIONAL HEALTH AND SAFETY ISSUE.**

Effectively addressing burnout requires us to have new and open conversations. We need meaningful action at all levels: society, the health system, in our organisations and as individuals.

We need to challenge and shift unhealthy social norms which prohibit those in need from seeking help. We need to step up as leaders and take responsibility for and action on burnout as a major occupational health and safety issue. As individuals, need to stop, take stock and reclaim our health, our wellbeing and our lives.