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**What Health Care Can Teach Other Industries About Preventing Burnout**

by

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The first week of business school was an introduction to a world of new concepts. Just as the foundational coursework was coming to an end, we took on a daylong deep dive into case studies examining ways of ensuring corporate wellbeing. As a physician leading the [wellbeing program](https://www.medstarhealth.org/wellbeing) for the largest health care provider in the Mid-Atlantic region, this was a pleasant departure into familiar territory.

It was, however, surprising to see articles reflect an approach that, in the health care world, would now be considered antiquated practice. For example, the cases revealed a clear emphasis on employees’ [personal resilience](https://hbr.org/2016/06/627-building-resilience-ic-5-ways-to-build-your-personal-resilience-at-work) rather than system change. Other articles pointed out the need for [positive thinking](https://hbr.org/2020/03/coping-with-fatigue-fear-and-panic-during-a-crisis) to decrease the contagion of negative emotions, especially during the Covid-19 pandemic.

The message was clear: To minimize burnout you need to maximize yourself. The approach seemed the epitome of what we in medicine had been pushing against [for years](https://catalyst.nejm.org/doi/full/10.1056/CAT.19.0631) as increasing evidence has revealed that burnout is primarily a result of [organizational forces](https://www.nap.edu/read/25521/chapter/6) rather than a deficiency in personal resilience.

On the surface, it may seem paradoxical to look to health care for ways to address workforce wellbeing. With burnout rates approaching 50% in [physicians](https://www.beckershospitalreview.com/workforce/why-physician-burnout-jumped-to-54-over-3-years.html) and [nurses](https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/ipp/i17-ipps-lotte-dyrbye-burnout-among-health-care-professionals.pdf), the medical field is an unlikely role model for wellbeing programs. And yet, it is precisely because of the epidemic of health care worker distress that the health care sector can be seen as the blueprint for mitigating workforce burnout.

**The Changing Medical Landscape**

Training programs in medicine have traditionally been considered ascetic journeys. With 100+ hour weeks common throughout training, treating work as the only priority was seen as a badge of honor. (The common joke in surgical training goes: What’s the problem with being on overnight call every other night? You miss half the surgeries.) However, increased recognition of the negative impact of these draconian schedules on personal health, mental wellness, and patient safety, combined with pressures from the Occupational Safety and Health Administration (OSHA), resulted in internally enforced work-hour restrictions and the emergence of wellbeing programs.

These changes have paralleled a wider movement in medicine seen in the greatly increased number of burnout-related publications. In 2003, 307 scientific articles with the term “burnout” were indexed by the [National Library of Medicine.](https://pubmed.ncbi.nlm.nih.gov/?term=burnout&sort=date) By 2009, that number was 560; by 2019, it was 2,137. This newfound interest led to two pivotal developments in various health care organizations: 1) **increased measurements of wellbeing**, including both drivers of distress (organizational leadership, lack of professional fulfillment, low engagement) and its sequelae (burnout, turnover, medical errors); and 2) **structural changes**that included the creation of formal wellbeing programs and the hiring of [chief wellness officers](https://www.ama-assn.org/practice-management/physician-health/what-chief-wellness-officer).

**The Lagging Corporate Landscape**

The corporate world, however, was heading on an opposite path. In his 2019 book, [*The Meritocracy Trap*,](https://www.penguinrandomhouse.com/books/548174/the-meritocracy-trap-by-daniel-markovits/) Yale Law Professor Daniel Markovits describes the historical trends of bankers working traditional bankers’ hours and lawyers limiting workweeks to 30 hours. So just as resident hours were becoming internally controlled, investment bankers began to routinely work 80 to 120 hours, with some reporting working more than 150 hours in a single week. The bankers’ hours of the past have been replaced with the “banker 9-to-5” — a 9 am to 5 am stretch.

Indeed, the corporate culture has taken on a dysfunctional expectation of a monastic work-centered life not unlike that medical residents experience. Some of the largest companies appear to be the biggest culprits. Markovits points to Amazon’s “purposeful Darwinism,” “which it imposes through a continual performance improvement algorithm … a kind of panopticon monitoring that aims to cull less productive workers.” For example, to ensure that managers remain available at all hours, Amazon sends out midnight emails with follow-up text messages while Apple “requires executives to check email throughout vacations and until 2 a.m. on Sunday nights.”

The current moment has made addressing employee distress more important than ever. The Covid-19 pandemic has brought with it a parallel pandemic of [social isolation](https://www-healthaffairs-org.eu1.proxy.openathens.net/do/10.1377/hblog20200609.53823) and deteriorating [mental health](https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm#:~:text=Overall%2C%2040.9%25%20of%205%2C470%20respondents,reported%20having%20started%20or%20increased). With work becoming home-based and digitized, we have seen an obliteration of boundaries, an expectation of endless and immediate accessibility, and the disappearance of break time. Indeed, we all now find ourselves literally living at work. At the same time, many high-profile workplace interventions such as nap rooms and on-demand availability of healthy snacks have lost their utility.

While we are unlikely to see a national ban on [after-hour emails](https://fortune.com/2017/01/01/french-right-to-disconnect-law/) such as the one in France, companies can take small but meaningful steps to improve workplace culture: Encouraging true “out of office” unreachability on vacations, scheduling 10 minute breaks between back-to-back meetings, and scheduling late-night non-urgent emails for the following morning.

**The Trade-off**

This perpetual boot-camp-like corporate culture has its deleterious effects. One major concern is the diminished performance that occurs from continuous stress. First described in 1908, this phenomenon — the [Yerkes-Dodson Law](https://onlinelibrary.wiley.com/doi/abs/10.1002/cne.920180503) — dictates that performance increases with increased arousal/stress. At a certain point, the improvement on simple tasks levels off; however, for difficult tasks, it begins to [precipitously decline](https://en.wikipedia.org/wiki/Yerkes%E2%80%93Dodson_law#/media/File:OriginalYerkesDodson.svg) due to impairment of attention, working memory, multitasking, and decision-making. In other words, overstressing employees causes *impairment* in their ability to perform high-level work.

At the same time, a work environment not conducive to wellness results in [burnout](https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/burnout/art-20046642), leading to decreased [work effort](https://linkinghub.elsevier.com/retrieve/pii/S0025-6196%2816%2900101-4), [productivity](https://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-14-325), and [turnover](https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-018-3663-z). In fact, the increased turnover attributable to burnout costs the health care system an estimated [$4.6 billion](https://www.acpjournals.org/doi/10.7326/M18-1422?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub++0pubmed&) in annual loses. Though similar revenue-loss studies have not been conducted in the business sector, it is not hard to imagine burnout-related losses as being an order of magnitude higher. This is particularly germane to industries like investment banking or consulting where [turnover rates](https://www.ft.com/content/d42434b2-6b69-11e0-a53e-00144feab49a) approach 20%.

Inevitably, this turnover is associated with costly recruitment, onboarding, and lost productivity from unfilled vacancies. More importantly, it results in a loss of top talent. Sitting in my business school ice breakers, I was amazed to see how large a portion of the class was there to find a way out of their current unfulfilling work. Consider also the cost to companies of having bright and driven employees who burn out but continue to work, unmotivated and underperforming, in positions they will ultimately leave.

**Learning from Health Care**

In recent years, the health care sector has become increasingly aware of the drivers of burnout beyond long work hours. For example, the ability to engage in work that health care providers find most meaningful for just [20% of the week](https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/415000) appears to protect against burnout. With this in mind, many physician wellbeing programs are incorporating professional development into their arsenal of initiatives to prevent burnout and consider professional fulfillment as a primary outcome. As a result of these multifaceted efforts, recent large multi-specialty national studies point to an overall [decrease](https://www.mayoclinicproceedings.org/article/S0025-6196%2818%2930938-8/fulltext) in physician burnout and an improvement in work-life-integration in recent years.

The need for continued development and meaningful work can be seen in the corporate world as well. A study of 44,000 PwC employees revealed that job flexibility and leadership training were employees’ top valued company work characteristics, and 92% of junior employees were more attracted to firms with [clear career progression](https://www.consultancy.uk/news/19569/how-consulting-leaders-can-tackle-the-retention-problem-of-juniors) opportunities. These observations likely signal an important generational shift. A study of more than [15,000 physicians](https://www.medscape.com/slideshow/2020-lifestyle-burnout-6012460#1) demonstrated that, although highly prevalent across the field, burnout affects various [generations](https://www.wsj.com/articles/physician-burnout-widespread-especially-among-those-midcareer-report-says-11579086008) of physicians differently. For example, for Millennials, personal wellbeing has emerged as a fundamental priority. As a group, Millennials are significantly more likely to participate in workplace programs to reduce stress and to agree to take a salary reduction to get a better work-life balance. In fact, more than 50% of Millennial physicians endorsed a hypothetical salary tradeoff for better quality of life. These findings point to the current reality of workforce dynamics: The new generations of workers expect a work culture and environment that reinforce their overall wellbeing and help them achieve a better work-life balance. And many will take lower paying jobs or lateral moves to make that a reality. Inevitably, failing to address this need becomes a major competitive disadvantage, even for corporate giants.

**Putting it All Together**

A helpful framework for understanding wellbeing can be found in the [Job Demand-Control-Support Model](https://www.jstor.org/stable/2392498). Described by Karasek in 1979 and later amended by [Johnson](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1349434/) in 1988, the model examines wellbeing through the relationship between job strain (demands), the ability to make autonomous decisions (control), and social support (support). Healthy work occurs at times of high work control and strong support. In other words, workforce wellbeing hinges on providing employees with adequate control over their work experience while also providing the necessary tools to successfully complete the expected work.

Although addressing workforce wellbeing is a complex task, several concrete steps can help set an organization on the right path.

* **Developing an infrastructure**: Incorporating wellbeing into the organizational structure is the foundation of a successful wellbeing program. To secure long-term success, wellbeing interventions need to be both reactive (supporting struggling employees) and proactive (preventing burnout in the first place). This, in turn, requires establishing wellbeing as an organizational priority akin to optimizing finances and operations and creating space for it at the decision-making table. A good way to achieve this is by expanding the existing structure — the C-suite — to enable chief wellness officers to serve as change agents for promoting wellbeing across the organization.
* **Creating an organizational framework**: As with all strategic endeavors, a clear vision for success requires a framework and guiding principles. In our institution, the use of the [professional fulfillment model](https://wellmd.stanford.edu/content/dam/sm/wellmd/documents/2017-WellMD-Domain-Definitions-FINAL.pdf) has helped shape our goals, initiatives, and establish organizational alignment by delineating three core wellbeing priorities. However, other frameworks, such as the Job Demand-Control-Support Model or internally developed alternatives, can be implemented.
* **Measuring wellbeing**: Over the past decade, several validated instruments for assessing wellbeing have emerged. Measuring the success of wellbeing programs using metrics that reflect organizational priorities (e.g., reducing [burnout](https://www.mindgarden.com/117-maslach-burnout-inventory-mbi) sleep-related impairment and turnover, and improving engagement and [professional fulfillment](https://link.springer.com/article/10.1007/s40596-017-0849-3)) can help determine which interventions are most effective and whether the organization is meeting its wellbeing goals.

The unprecedented pressures of the current moment require an unprecedented response. The question is whether corporate America is up to the challenge.



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