## **Employee Burnout with Kira Schabram** Hosted by Amy Mullenix, MHLIC

Amy: Welcome to the Maternal Health Innovation podcast, Season two. I'm your host, Amy Mullenix, Deputy Director of the Maternal Health Learning and Innovation Center, and an adjunct instructor in the Department of Maternal and Child Health at UNC Chapel Hill. This podcast is created by the Maternal Health Learning and Innovation Center and UNC Chapel. Episodes are released weekly, so be sure you are subscribed.

In this podcast, we listen to maternal health innovators about ways we can implement change to improve maternal health in the US. In this episode, we'll be discussing burnout, what it is, why it happens, and how we can best support our maternal health colleagues to avoid it.

Joining me today is Kira Schabram, Assistant Professor of Management at the University of Washington. Kira and her colleagues have done several studies on burnout over the past several years, focusing especially on the caring professions. Thanks for joining me today, Kira.

**Kira:** Thank you for having me.

Amy: Let's start with getting to know you a little bit and just by sharing a little bit about your work and why's really important to you personally.

**Kira:** Yeah, sure. I'd be happy to. I think the easiest way to approach that is to tell you how I ended up in this position. Uh, my background is in nonprofit, predominantly animal welfare, so animal sheltering and wildlife rehabilitation. And I came to see a lot of my coworkers who cared very deeply about that work, really struggle, burnout, and leave that profession very quickly, even though they realized that this was supposed to be the dream job for them and they couldn't think of anywhere else to work.

And so I was lucky enough to realize that we can study these things in academia, and so my job really has morphed from being on the ground and trying to make a difference in the world. My predominant area of

research is people who view work as a calling, as a way to make a personal, social, or moral difference in the world, and it is morphed to figuring out how do we support those people and how do we mitigate all of the challenges that come with pursuing work that is really important to you and to the world.

Amy: Great. Thanks for that. So your background sounds probably not dissimilar from a lot of listeners who work in the maternal health space where they really think about their work as a very important part of their identity, who they are, people are really passionate about improving maternal health outcomes, and many of them I would imagine would say that this is a calling for them. So thinking about it in that way, I guess let's start with the basics. What, what is burnout? How would you define it? What does it look like?

Kira: Yeah, so we think of burnout as a condition that is comprised of three symptoms, various combinations of three symptoms. One of those symptoms is exhaustion. You wake up in the morning and you're already tired, how are you going to get through the day? The second symptom is inefficacy, things that used to come easy to you just don't anymore.

You'll spend an hour working on, you know, a report or typing up a patient's information that before you could just get through quickly. And then the third is cynicism. It's a sense of alienation from people at work, so your coworkers or patients or the work itself, And I should mention that we've been studying burnout since about the seventies, and almost every single one of the early studies was conducted with healthcare professionals, and that continues to be a predominant sample.

I will also say that as you've pointed out, Amy, the numbers very much back up that people in healthcare see work as a calling far more so than the general population.

Amy: So I wanna go back to these sort of symptoms, essentially exhaustion, inefficacy, and cynicism. How do they usually show up? Do they come in a particular order or kind of what, what does that look like?

Kira: Yeah, so there's a lot of idiosyncratic patterns. I can give you some of the common ones. But I think one of the reasons that burnout is often underdiagnosed or diagnosed too late because because we're looking

for very specific markers, and again, it can be a very idiosyncratic experience.

One common one is that it starts with exhaustion, and because you're exhausted and overworked all the time, it leads to inefficacy. Now you're not getting things done the way you used to because you just don't have mental resources or the physical energy, and that then leads to cynicism. So that is a very common pattern, and if you're finding yourself feeling exhausted, You should take that as a warning sign that things can get worse.

The problem is that a lot of employers are only looking out for exhaustion. A lot of the remedies that we're seeing from organizations if they're actually trying to combat burnout, only have to do with exhaustion. Well, let's just give people time off. And the problem is exhaustion is neither the only symptom nor the first symptom.

One other very common expression is that people feel lower exhaustion, very high cynicism, and lower in efficacy. They're still getting up in the morning, they're still getting the work done, but it's all becoming hollow and empty. Why am I doing this thing if I'm not accomplishing what I'd hope to? My patients aren't having the outcomes that I would like for them, and so we miss that if we only focus or if we predominantly focus on exhaustion is the first flag.

Amy: Great. That's a really important thing to keep in mind and it brings to mind for me, the pandemic. Right? And healthcare workers in the pandemic. People are just really dedicated. They show up, they know that there are people that they need to take care of. Can you talk a little bit about sort of, How many people were burned out before the pandemic?

Do we know anything about what happened as a result of the pandemic that sort of things.

**Kira:** Yeah, absolutely. So the first thing is burnout was a crisis before the pandemic. If you look at polls across employers, and again, we see these numbers are higher among healthcare professionals, but I'll give you the entire population, about 70% of employees were reporting feeling burnt out some or most of the time.

It was such a pandemic that the World Health Organization added burnout to their registry of international diseases in 2019. So we were already well aware, there is a crisis happening here. The pandemic has made it worse. We're now at about 75%, so three out of four employees, but putting it in perspective, it was a major problem before.

I think sometimes people talk about it as if, you know, things were fine until the pandemic hit and the numbers just don't bear that out at all. We also find that people who view work as a calling and let me stress again, that I don't mean that in any religious sense. I mean that as, that the predominant driver is the sense of passion either for something you consider deeply personal yourself and or to make a difference in the world, are at much higher risk of burnout. So having, if you wanna use the metaphor of having this fire that burns inside you, makes you really likely to burn out and something we need to look at, particularly for.

Amy: For sure. Yeah, for maternal health professionals. So just to have a point of comparison, so calling is this fire that burns inside you. Just kind of people who feel like their purpose in life is to do this particular type of work. What other kind of people are there in the world besides people who have this calling?

Kira: Yeah, so we orient people in business schools into one of three orientations. That doesn't mean you're exclusively one, but there tends to be a primary driver. So calling is when the work is what you're passionate about. It is completely inextricable from the rest of your life, right? You think about it on the weekends. It's something you maybe wanted to do since you were a young child.

On the opposite spectrum of calling. Um, we refer to work as a job, and I use the academic term here, what we mean by job is work is a means to an end. It is a paycheck so that you can clock out and you can do what's meaningful to you outside of work, raising a family, having hobbies, travel, whatever that may be.

The third orientation is a career orientation. Work is meaningful to you because it symbolizes a channel towards progress, moving up or out in the world. And again, there can be overlap between those. So you can have a strong sense of calling and a strong sense of career. A lot of people who rise from frontline warriors, as we would call them, into

leadership positions because they wanna make a difference, tend to be high in both of those.

That comes with its own risks in terms of burnout because you're moving away from the thing you really want to do day to day. But I digress. So we have these three orientations towards work. At the moment, about 30% of the population fall into each of those categories. Those numbers tend to be higher among younger employees, so millennials and Generation Z, and they tend to be higher in social service professions.

Amy: Great. Thank you for that background. I wanna take one step back to what you talked about in terms of just how many people are burned out, right? 70% before the pandemic. The w h o sort of responded and started giving names to that. So I tended to think of this as a particularly American phenomenon, but can you talk about it a little more broadly in the global context? Are we not unique?

Kira: We are not unique. We may have unique conditions that is driving that burnout. You know, we tend to work longer hours. We have less off time, so you tend to see more exhaustion here. But no, burnout is a global phenomenon. It is a problem around the world. Where the argument is currently happening in academia is, should we think of burnout strictly as a disease of the workplace, or should we include other factors?

So for example, this is somewhat beyond this podcast, but if you're a stay-at-home parent, can you also suffer burnout? I personally am inclined to say that burnout is a contemporary phenomenon based on the way we structure our lives. Yes, we spend most of our waking hours at work in America, but certainly other factors in life like commuting and stressors around work family balance, exacerbate it. So burnout is a universal problem.

Amy: Thank you for that. That totally makes sense. So I feel like that gives us kind of the lay of the land about what burnout is. Can you just point us in the right direction? What might we do to think about getting better? And specifically, is there something that we all need to keep in mind to support colleagues around us? Things to look out for exhaustion and I, and cynicism might rise to top of mind, but can you talk a little bit about what we should look out for and how we can respond?

**Kira:** Yeah, so absolutely that second part of your question is actually really interesting. So we've been trying to figure out what do we do about burnout for about 20 years. And most studies have been rather equivocal. They have not found strong results. Um, the most common interventions have been giving people more time off. Trying to have supervisors mentor you more, some sort of support network.

Those things really haven't worked except in one off cases. What we have come to research in my research teams as myself and my doctoral students, is that others are very good at preventing burnout in the first place. I think the onus is on organizations or on coworkers to make sure that you don't fall into burnout, because it's really costly once your burnout to come out of it.

Unfortunately, what we find is that when someone is experiencing burnout, the best way to pull yourself out of that is you have to do yourself. Now I realize that's a somewhat controversial statement to make because it sounds like it's putting responsibility all on the person going through the difficult time on, not on others.

But if you think about it, it's similar to other diseases, whether mental or physical. When, when you are sick, you're the one who has to, you know, take the medication or go out and exercise more or change your nutritions. Others can facilitate that, but you have to take those steps. And so what we find in our research, and we have conducted both longitudinal studies over multiple years with social service employees and then very targeted interventions where we study acute burnout the next day is what we find is identify the symptoms.

There are lots of free diagnostic tools out there and online. I'm more than happy to share links, but so figure out, are you suffering from exhaustion, inefficacy, cynicism, or multiple dimensions? And then there are different ways to pull yourself out of those. If you are suffering from exhaustion, by all means, take care of yourself.

Self-care has been a buzzword for a couple of years now, and it's gotten a bit of a bad rep as self-indulgent. Give yourself permission to take the day off, take a couple of days off, take a nap, go for a walk, sign up for a class. So really start taking care of yourself to recharge that battery. If you are suffering from cynicism, that's where things like self care can be

problematic, because they often involve you withdrawing further. And so increasing that sense of alienation. And so what we find is that a lot of well-meaning organizations try to fix all burnout with giving people more time off, and they may actually be exacerbating cynicism.

What we find works for cynicism is doing something kind for other people, and importantly Does not have to be grand gestures. Taking someone out for coffee, leaving them a kind note, giving them a helping hand. Again, that may sound counterintuitive if you're already burning out, but we find that doing something good for others really pulls you out of cynicism.

So in short, do something kind for yourself. If you're suffering from exhaustion, do something kind for others. If you are suffering from cynicism. The good news is we find both of those work for an efficacy. Getting something small accomplished, hey, I took a yoga class today, or I went home when I said I would go home, or I took a coworker out for a 10 minute walk. They all in our studies reduce next day levels of inefficacy. So we really see that drop.

Amy: Great. Wow. That's a lot of great information. And I'm just sitting here thinking about all the maternal health professionals out in the world. We can do this, right? These are things that are, seem to me at least to be things that we can manage. Most of us have some time off. We can take time off and think of that really as sick time, right?

Where we're just restoring ourselves if we're feeling like we're becoming exhausted. And for sure, I see this a lot in the maternal health profession, people really take care of each other and these small gestures of just calling somebody up or texting them or saying, I'm thinking about you, or you think about just in our own office space here, just like noticing when someone sees down or like, and just saying, Hey, you wanna take a walk? Or just sharing a story or a laugh or it, it sounds like you're saying those little things where we're stepping out of ourselves a little bit that can help and, and also retreating when we need to, to just recharge.

**Kira:** It's exactly that. Now, I will give you a little bit of a bad news from our study. What we find is that most people who are experiencing burnout do not do these things. They do not take care of themselves and

they do not take care of others. And when we try to dig into that data, what they're missing is exactly that piece that you're saying.

The noticing, that when you're so buried in exhaustion or in efficacy or cynicism, it's really hard to pay attention to others or yourself. You're just kind of going through the motions. And so we find even very small gestures work, but most of us, when we're suffering from burnout, don't even recognize it.

And so we keep spiraling further down. So part of why I enjoy doing podcasts such as this one is just putting that information out there. Just take a moment. How are you actually doing? And if you have the energy, how is someone else doing? And now how do we act on that?

Amy: Yeah, that totally makes sense. We can't change the world if we're not paying attention to ourselves and making sure that people around us are taking care of themselves too in one another. So thanks for being here to put that out there in the world.

Kira: Yeah, if, May I add one more point if that's all. Um, as I've mentioned before, we also do a lot of research on callings and especially with social service workers. And as I've mentioned before, what we find is that most people actually leave their calling fairly quickly. It is too much for them to handle.

We once conducted a longitudinal study with animal shelter employees, but I think it applies here, where we tried to figure out what makes people stay because there's about 10% of animal shelter employees that we call lifers that do stay for 10, 20, 30 years. So what makes the lifers different? We went into that study thinking it was the people who cared the most, who had the biggest sense of, this is what I have to do.

What we find is those people actually leave the guickest. The people who stick around had two unique characteristics. The first characteristic is they often also had something that they were passionate about outside of work. That doesn't mean that work wasn't extremely important to them, but they also played in volunteer orchestra or went fishing on the weekend or had another hobby.

The second is that they didn't see themselves as an "I". They didn't think of themselves as having this unique calling. Instead, they saw themselves as part of a community of practice. How do we learn together? How do we lift, learn from each other? How do we lift each other up? And so over time, they not only had a much stronger support network of other people noticing how they were doing or noticing how other people were doing, they also had that support when they decided to step up for more challenges, where people really embraced them as moving into that leadership.

Amy: Great. You are full of great tips.

Kira: Oh,

Amy: In the maternal health space, there are so many folks who are passionate that I observe. I mean, those are two other things you just said that we can take home. Like don't forget that your life outside of work matters too.

And it can indeed actually make you be able to stick with it for the long haul. And I think we are good at realizing that we as individual people in this field aren't gonna change the whole thing. It's too complicated. We really all need each other, and together is how we're really gonna make a difference. So it's just great to hear and have that reinforcement that, um,

**Kira:** Yeah, it, it's a healthy thing to realize that. Unfortunately, a lot of people don't in our data, and they go further and further down these selfsacrificial impulses that frankly, often organizations exploit, right? This person cares so much, let's give them more work. Let's call them in on the weekends.

At the extreme, and I think this relates to the topic of this podcast, we find that people who have a very strong sense of calling, often forego really important things in their personal life, like getting married or having children, it really becomes this all consuming thing. And I think that is not just bad for them, but really bad for what they're ultimately trying to accomplish because they're going to suffer burnout.

Amy: Yeah. Great. Thanks for sharing that. I wanna give you an opportunity to connect back to the meaning of work. I know you study meaningfulness and work and sort of, can you describe how that's connected outside of calling to burnout or purpose? It seems to me like maybe meaningfulness at work is a new phenomenon, but maybe it's been around, I don't know.

Can you just unpack that a little?

**Kira:** I mean, if you want, I'll give you the cliff notes on the historical version. The idea of meaningful work emerged during the Protestant Reformation. It was originally very much a religious notion where we moved from a futile system of you're just born into whatever work your parents happened to do.

Your parents were fishermen, your parents were doctors. That's what you're gonna do, often by law. Um, during the Protestant Reformation, this idea emerged that actually you should do what is your special gift? Again, it was a very religious notion then that it was a gift from God and you should use it to make the world a better place, and that's where meaning came from. We then moved during the Industrial Revolution to ideas of career, as I've laid them on earlier. We moved away from you should be passionate about work. Work should give you meaning to, you should use work as a means for advancement.

What is very new for the first time in human history in the 21st century is that we have all three of these orientations at the same time, and often in the same organization and same team. So what we've never had before is that you may be working with one person who views work as a paycheck, I just wanna clock out at five, and you're working with another person who's really trying to get that promotion, and a third who's doing it for meaningfulness.

So that's what's new. That can lead to a lot of problems. So what we do find is that meaningful work leads to a lot of wonderful outcomes, which is why career counselors all around the world for the last 20 years have told people, Find what you're passionate about and go do that. The data suggests that it's a double edged sword, and I don't think we tell people enough about the other side.

Meaningful work, the more meaningful you think of what you are doing at work, the higher your expectations of that, and when those expectations are not met, all of the positive things that we associate with meaningful work, those correlational signs flip. So you actually have lower satisfaction at work, lower life satisfaction, lower health and wellbeing. higher conflict with coworkers.

It can be a very good thing and it can be a very bad thing. It ups the stakes and that's something I don't think we are honest enough with people.

Amy: Yeah, that's great to even just know, And I'm thinking about if you are in a workplace with a lot of people for whom work is the job and you have this very strong calling orientation, I can see how that would be really frustrating because you're like, you don't care. It's not that they don't care, it's that people are different and people have different reasons.

So there's this, what you're describing is this like new attribute or emerging attribute of what we think of as diversity in the workplace. And it really is that we have some or a couple of these different orientations to work and we're surrounded by people who may have the same type of orientation or may have a different type of orientation and it, we just might need to pay attention to that and kind of build on strengths of that. It seems to me like we, if we were clever and thoughtful, could really build on the strengths of that to take care of each other in our own ways.

**Kira:** Yeah, and you know, this is, this is cutting edge research. We've only been studying this for about two years. I have work on this that isn't even published yet, but that we're working on right now. What we are finding is that the more variance in a team, the more you have to look out for these things like conflict, mutual understanding.

So noticing each other, having empathy, having conversations, compassion is what can bridge that. As you have mentioned, a lot of the conflict comes from the person who views work as meaningful because this is who they've always been and this is what's important to them, and how dare someone else not live up to that.

However, we currently have a preliminary study coming out that we did with something like 1500 employees, over 800 teams, and we've replicated it. So it is a very robust data set, and what we find is the conflict actually flows both ways, the conflict is increased based on the judgment of the coworkers.

How dare this person constantly make us work late or criticize my work or do all of these other things, so it actually becomes this mutual conflict from both sides. Whereas we originally assumed that yes, the meaningful work person may judge others, but at least they're stepping up and doing all of the work. We don't actually find that. It really leads to breakdown very quickly.

I'll, I'll add one more point. You've mentioned it's a new form of diversity. We do call it that. So when we study diversity in workplace, we tend to distinguish between two types of diversity, surface level, which are the things that you can see in someone else. Gender, ethnicity, am I wearing a wedding band? And then deep level diversity values, personality work orientation. What we find is that conflict due to surface level diversity emerges very quickly, but can also be fixed very quickly. Deep level diversity tends to fester until there's something called fault lines and teams where there's some sort of trigger.

There was a patient case that people disagreed on. A supervisor made a decision, and the team just splinters and it's almost impossible to fix.

Amy: Yeah, that's great. I can't wait to read that research when it comes out. Thanks for sharing that, and it really speaks to sort of that underneath the surface level. I mean, that's about values, that's about who we are in the world and, and things that you're right, aren't easy to just talk about and say, Okay, well now I agree with you about my values.

That's not how values generally work. So it's helpful to, and great. I'm looking forward to seeing that research so we can learn more about.

**Kira:** Splintering along values is the great challenge of our time, both me and what my colleagues in political science study. It really is very deeply about our values, including why we do the work. What do we do with someone else who has a different perception?

Amy: Yeah. I wish we could solve that question for many, many, many reasons, right? We don't have time today. I'm gonna go back and talk about making meaning at work or this idea of meaningfulness at work and happiness, like are, how are they related or not? And should we wanna be happy at work? Like what does, what does that all look like?

**Kira:** The consensus in the literature are slowly shifting on that. There used to be an assumption that the two were mutually exclusive, and so we go all the way back to the ancient Greeks. There were two notions of happiness, eudaimonia, which is the sense of meaningfulness, satisfaction with the things you're doing in life and hedonia, temporary happiness. I ate a really delicious meal. I'm on a roller coaster. I'm having a great day. We used to think that often these things were in conflict and you would have to pick one. That is true in certain scenarios,

for example, you may be familiar with the idea of the parenting paradox. We find that. Over the lifetime. People who have children tend to experience higher eudaimonia than their counterparts, but lower hedonia. So day to day, your life can be pretty exhausting and stressful, but you get that meaningfulness. What we are finding over time, though, is that as long as you're keeping your expectations for that meaningfulness and check, as long as you have outside hobbies, as long as you can really bound.

What can I do in this work? Can, what can I actually accomplish and what do I enjoy, accomplish? So as long as you craft your job to not be too, too much, to have to be everything in your life, you can actually often have both. So you can craft work that both makes you happy and gives you meaningfulness.

The issue is when you try to put too much expectation on, I need to change the world. I need to cure cancer, right? Or I want to be happy all the time. It's those expectations that really lead us down a road of death satisfaction with both.

Amy: That makes sense. So we need to come into our careers then with some realistic expectations. And to go back to your point about the parenting paradox, I, which I am very familiar with on a personal level as well. I mean, there is a lot of satisfaction. There's deep satisfaction in parenting and it's hard, It's, and not every day is happy.

I think that's a great example cause a lot of people can relate to that. Even just having been a child in a parental relationship, everybody has that experience and can imagine sort of that paradox. Of course for most people, children are a great joy of their life and, and also a challenge. So I had never really thought about applying that to a, a work setting, which, which can be similar essentially is what you're saying.

Just keeping those realistic expectations. Still making meaning, but not expecting too much because you're not gonna be happy everyday.

**Kira:** Well, and then also enjoyment, meeting the moments when they come. You know, I have a two year old at home. We have, I've, I've had moments where I've never been happier in my entire life than when I'm playing with them, but just realizing those, those come and go. And I also have the meaningfulness rather than expecting both.

I am not personally a career scholar, so my research is not usually on longitudinal transitions. I will tell you however, that career scholars have very robust evidence that most people when they enter new work, go through something called a honeymoon period that ends rather quickly and then they become disappointed in the work.

The number one predictor of extending that honeymoon period and having less disappointment is realistic job previews. Having realistic expectations. We find often employers try to sugarcoat what the workplace is like, and that really has a counter effect. So just realistic expectations. You've said it a couple of times, I've said it a couple of times, leads to both more happiness and more meaningfulness in life.

Amy: Yeah. And that would just be good for our society all the way around. Realistic expectations. Yeah. Well, you did. Is there anything else either about sort of making meaning at work, happiness or this connection between those two things and burnout when thinking about, um, maternal health professionals in the field, is there any last sort of bit of advice you would like to share, about how we can for ourselves and for our colleagues, just be able to keep going.

Kira: Yeah. I think one common misunderstanding about burnout that we haven't touched upon yet is if you go on Google image and you put in burnout, the most common picture you'll see is one burnt match and all

the others are smiling. That is not at all true to how burnout works. Burnout is a social disease.

If one person in an organization is suffering from burnout, I would bet good money that almost everyone is. And there's two reasons for that. The first is that they're all experiencing those same workplace challenges and demands. And the second is, and we've already touched on this point, that when you're already experiencing burnout, you're very unlikely to notice or be able to help someone else.

So really this understanding that we're in this together and that while, yes, the onus is on me to take the very specific steps to pull myself out of it, that often that has to do with helping someone else, checking in on someone else, having them check in on you, really understanding that we're not an I in the world, but a we, is incredibly important, I think particularly important in, in a profession such as maternal health, where you're really only as strong and as healthy as your team.

Amy: Yeah, let's - that's a great note to end on. Let's just leave it there, unless you have anything you wanna add.

**Kira:** No, it was my absolute pleasure. I have a weird name, so if there's any questions, other people are more than welcome to reach out.

Amy: Oh, no problem. So thanks Kira for taking the time to join us today to share your experiences. And thank you everyone out there for listening. For our podcasts, videos, blogs, and maternal health content visit the Maternal Health Learning and Innovation Center website maternalhealthlearning.org.

We wanna hear from you. Tell us what you wanna hear more of, review our podcast and share with like-minded innovators. We've got some great episodes that are being recorded now, so make sure you're subscribed. Let's keep talking. Tag us in your posts using #maternalhealthinnovation. Thanks Kira. Thanks everyone so much. I'm Amy Mullenix, and we'll see you again next week on the Maternal Health Innovation Podcast.