

Work-Life Balance Essential to Staying Effective

One powerful risk factor for burnout is an organizational culture that reinforces saying yes.

BY BRUCE K. DIXON
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CHICAGO — American physicians and their patients face a common enemy: work-related stress and burnout resulting from a conflict between work and everything else that's important, including family, friends, personal health, and spouses, Lt. Col. Steven E. Pflanz, MC, USAF, said at the annual conference of the Academy of Organizational and Occupational Psychiatry.

"Not only do we need to be conscious of work-life balance for ourselves as psychiatrists, but I think we also need to attend to this in therapy sessions with patients whose health is threatened by work stress," said Dr. Pflanz, chief of the Air Force Suicide Prevention Program.

It is estimated that the average American works a 47-hour week year-round, which represents an 8% increase in a generation. The result is less time for home, family, and recreational activities, said Dr. Pflanz, who also works as a senior psychiatry policy analyst at the Air Force Medical Operations Agency in Falls Church, Va.

Stress occurs when requirements of the job do not match the capabilities, resources, or needs of the worker, and when the role demands of work conflict directly with the role demands of other life do-

mains, he said. "I would argue that the way you change this is by changing the requirements of the job; changing the job itself; or by changing the capabilities, resources, and the needs of the worker," he said. "If the job carries unrealistic expectations, you ratchet back on those expectations."

In the case of overworked primary care physicians, a solution might be to reduce the patient load, he added.

Surveys suggest that one-fourth of employees view their jobs as their leading life stressor, three-fourths of employees believe work is more stressful than it was a generation ago, one-half report working 12-hour days and/or skipping lunch because of the stress of job demands, and 12% had called in sick because of job stress.

In a 2006 ComPsych Corp. survey, more than half of workers had "high levels of stress with extreme fatigue and feeling out of control." The top three work stressors in that survey were people issues, workload, and work-life balance, Dr. Pflanz said. Symptoms of work stress and burnout that physicians should be aware of include anxiety, depression, irritability, fatigue, cynicism, sleep disturbance, poor concentration, impaired performance, absenteeism, job dissatisfaction, low morale, and dread of going to work.

He provided his own definition of job

burnout: "Being overwhelmed by work makes a person decreasingly effective at meeting a variety of life role obligations and responsibilities, and the walls are crumbling all around him or her."

One of the most powerful risk factors for burnout is an organizational culture that reinforces saying yes and discourages actively or passively saying no, he added.

"This happens in both medicine and in the military, where I work. Everyone wants to be the 'go-to' person," he said. "You want to get into medical school and achieve a successful residency, so you always say yes. In the military you want to get promoted, so you always say yes."

A second important risk factor is lack of autonomy: Stressed-out workers tend to be less involved in decision making and tend to have little control over their own jobs. "Autonomy is especially important to physicians, who need to feel that they are controlling their practices, the hours they work, and the treatments they provide," Dr. Pflanz said. Physicians are prone to work stress because they have high expectations of themselves and others, are not good at setting limits for themselves, and are strongly reinforced to put service before self.

When physicians don't perform up to

their own expectations, they feel guilt. Also, the burned-out psychiatrist is much more likely to overidentify with his burned-out patient, which can lead to loss of objectivity and professional judgment, he said at the meeting, cosponsored by the American College of Occupational and Environmental Medicine.

"You can begin to feel ineffective or incompetent and nihilistic toward a patient's care, which may lead to less aggressive therapy and less attention to the treatment options," he pointed out.

Psychiatrists should address these issues in therapy sessions with patients under work stress.

DR. PFLANZ

It may even get to the point where burnout causes the doctor to believe that his patient is not ever going to get better.

Workplace support is a critical mediator of work stress and burnout. "If you have a really tight unit or group, you can tolerate a lot more adversity than if you're working in a dysfunctional environment" he added.

In addition, American culture tends to overvalue the work ethic and its financial rewards at the expense of nonwork activities and concerns. Eventually, being overwhelmed by role demands or role conflict will wear you down, Dr. Pflanz said.

"Lower your standards if necessary, and recognize when close enough is good enough, because not every problem can be solved," he said. ■



Psychiatry Can Help Businesses Counter Toxic Leadership

BY BRUCE K. DIXON
Chicago Bureau

CHICAGO — The high-profile corporate scandals of the past decade have brought renewed interest in destructive and dysfunctional leadership and how it can be identified and mitigated, Dr. Vineeth P. John said at the annual conference of the Academy of Organizational and Occupational Psychiatry.

Occupational psychiatrists and psychologists should be familiar with the concept of toxic leadership so that they can confront the issue and help the business world understand the paradigms and psychodynamic underpinnings of corporate narcissism, Dr. John said in an interview.

"We have to create and employ appropriate measures to counter the impact of toxic leadership and create awareness of the enormous cost to society of this sort of behavior," said Dr. John of the psychiatry department at the University of Wisconsin, Madison. He noted that the term "toxic leader," frequently heard in the debate about corporate ethics and the issue of accounting scan-

dals, was coined in 2004 by Jean Lipman-Blumen in her book "The Allure of Toxic Leaders: Why We Follow Destructive Bosses and Corrupt Politicians—and How We Can Survive Them" (N.Y.: Oxford University Press, 2006).

According to Ms. Lipman-Blumen, any one of several qualities can help to identify a toxic leader, including lack of integrity, insatiable ambition, enormous ego, arrogance, avarice, amorality, cowardice, and incompetence. Toxic leaders tend to violate basic human rights, feed followers' "illusions," stifle criticism, and identify scapegoats, Dr. John said.

Barbara Kellerman, in her book "Bad Leadership: What It Is, How It Happens, Why It Matters" (Cambridge: Harvard Business School Press, 2004), identified seven kinds of bad leadership: incompetent, rigid, intemperate, callous, corrupt, insular, and evil. Such leaders often are tolerated because they provide jobs and income, Dr. John explained at the conference, which was cosponsored by the American College of Occupational and Environmental Medicine.

The keystone in the arch of toxic leadership is narcissism. A desire for power, and the need to win at all costs might indicate the presence of narcissistic personality disorder. Dr. John noted that the more those around toxic leaders try to understand their motives, the more vulnerable these followers become. The toxic leader, his constituency, and the organizational culture within which they work create what Dr. John calls a "toxic triad" that promotes mediocrity over merit, management by intimidation, and age and gender silos. In these situations, prominence often is given to the leader's personal agendas above sound organizational strategy.

In addition, the toxic work culture is characterized by several other factors, including:

- ▶ Vague job descriptions.
- ▶ Constant flux in the organizational climate and poor coordination among divisions.
- ▶ Hostile style of conducting meetings.
- ▶ Tolerance of abusive behavior by senior management.

The real costs of toxic leadership include stress, burnout, post-

traumatic stress disorder, loss of share value, loss of jobs and pensions, bankruptcy, destruction of the organization, and perhaps even destruction of communities, cities, and nations, Dr. John said.

On the other hand, a counter-movement called "productive narcissism" is expounded by Michael Maccoby in his book "The Productive Narcissist: The Promise and Peril of Visionary

Leadership" (N.Y.: Random House, 2003). Mr. Maccoby posits that narcissism can be useful to a company in crisis that could benefit from a leader whose strategic intelligence can take the organization to the next level, Dr. John said. Winston Churchill has been described as a "productive narcissist" who stepped forward to lead a country in crisis to victory. ■

