Work Stress, Leadership, and Burnout among Military Health System Staff

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Background

- Burnout has been identified as a significant issue among military occupational groups, including nurses, mental health providers, and physicians.
- There is evidence that about 50% of military healthcare healthcare workers reported burnout.
- Leadership has been shown to be protective against burnout, but more research is needed on the differences in burnout experiences of subgroups of military health system staff and to understand the impact of leadership behaviors.

Materials & Methods

- Cross-sectional survey data were collected in 2024 from the medical staff of the National Capital Region (*n*=1,669).
- Data were collected on three groups:
  - Military service members (*n*=548; 33%)
  - Federal civilians (*n*=950; 57%)
  - Contractors (*n*=171; 10%)

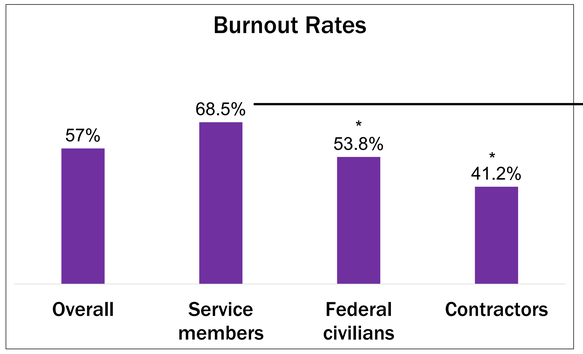
Objectives

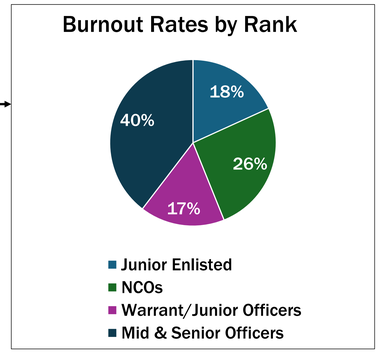
1. Describe the overall and staff subgroup differences in burnout.
2. Compare and contrast work stress, general leadership and health-promoting among staff subgroups.
3. Discuss the impact of subgroup, work stress, and leadership on burnout.

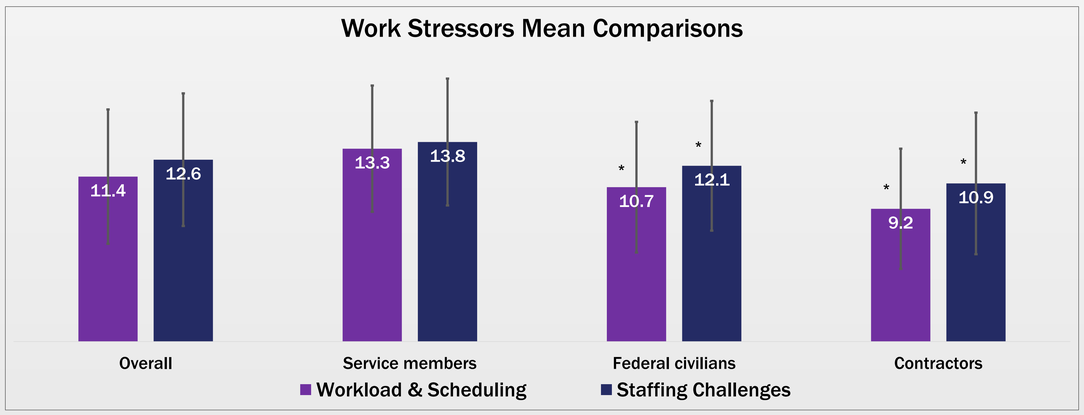
Measures

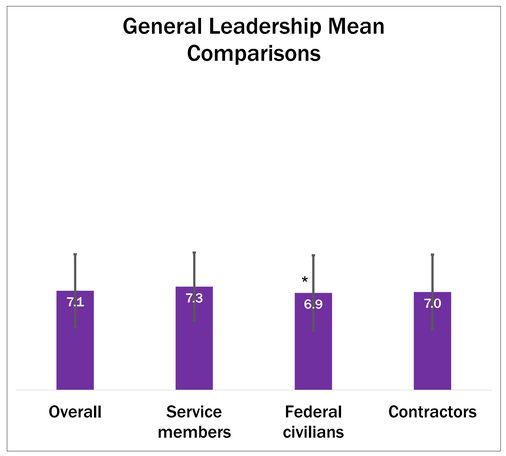
- Burnout – Single-Item Burnout Question (SIBOQ), self-rating of burnout (Hagan et al., 2024).
- Workload and scheduling stressors – assessed worries or concerns with 4 items including workload and work/life balance.
- Staffing Challenges assessed worries or concerns with 4 item including staffing levels and relying on temporary staff.
- General Leadership – 2 items from the Perceived Leader Effectiveness scale (Ragins, 1989).
- Health Promoting Leadership – 20 items adapted from Adler et al. (2017), which assessed employee perceptions of immediate supervisor behaviors that foster well-being.

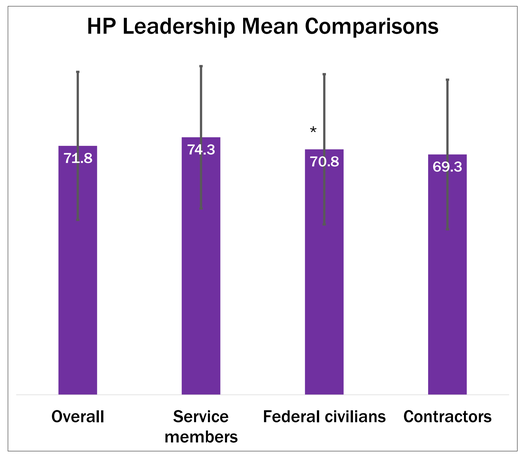
Results











Results

- In terms of sex, the sample was comprised of women (65%), men (29%), and unspecified (6%).
- Job roles included clinical services (52%), technical and clinical support services (17.5%), administrative services (23.6%), and leadership/command (7%).
- Mean age was 44.9 (min=19; max=75; SD=12.04)

Table 1. Multivariate Associations Between Affiliation, Work Stressors, and Leadership with Burnout

Variable	*AOR*	95% *CI*	
Military (Ref: Contractors)	**1.94**	1.07	3.49
Civilians (Ref: Contractors)	1.61	0.97	2.67
Workload & Scheduling Stressors	**2.74**	2.32	3.25
Staffing Challenges Stressors	**1.31**	1.13	1.52
Health Promoting Leadership	**0.71**	0.55	0.92
General Leadership	0.91	0.74	1.11
Job Role - Clinical (Ref: Leadership)	**2.05**	1.17	3.58
Job Role - Technical (Ref: Leadership)	**2.07**	1.10	3.88
Job Role - Administrative (Ref: Leadership)	**1.97**	1.06	3.68
Age	0.99	0.97	1.00
Women (Ref: Men)	**1.37**	0.98	1.90
Unspecified Sex (Ref: Men)	2.50	0.99	6.32

Discussion

Burnout rates were highest among service members, which is consistent with their reports of higher levels of work stressors. Conversely, service members reported higher levels of both types of leadership.

Work stressors were positively associated with burnout but health promoting leadership appears to be protective.

Policies and interventions geared at mitigating burnout must not only consider leader development but also the reduction of workplace stressors especially among SMs.

Limitations include self-reported and cross-sectional data, and low participation rates consistent with web surveys.

References are available upon email request: lyndon.a.riviere.civ@health.mil

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