





## The hidden hazard: Recognising and preventing burnout.

### Burnout in the System: Understanding Organisational Contributors

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Founder of Balanceology







#### Welcome

- Founder of Balanceology ™
- Author of Burnout to Brilliance
- ICF MCC Executive Coach
- ICF UK Associate Board Member
- ICF Bath & Bristol Group Lead
- Post-Graduate Tutor
- Coach Supervisor
- Psychologies Contributor
- BBC Radio & TV spokesperson









# Wider System Under Strain

Burnout is not a personal failing, it's the outcome of systemic overload.

- Teams share workload, pressure, emotional tone and culture
- Stress behaviours can ripple through relationships and routines
- When someone's capacity drops, others compensate which increases their load









# Pressure Beyond People

Pathologists are facing growing pressures because of increased clinical demand with little to no growth in workforce capacity.



Workload increases inexorably but time/staffing available to complete it does not. Feeling rushed contributes to fear of making errors and negatively affects job satisfaction and wellbeing.

- Consultant in microbiology



It is impossible to manage full days of meetings, 200+ emails a day and clinical work in a standard working day.

- Consultant clinical scientist

54%

of pathologists do not believe there is sufficient time within each day to get through their daily workload.

Source: RCPth Workforce Census 2025







# Systemic Burnout

When we talk about burnout *systemically*, we're referring to the wider conditions that shape people's capacity, wellbeing and behaviour, beyond the individual.

Systemic = the structures, pressures, cultures and patterns that influence everyone within the organisation.









# **Systemic Factors**

- How work is designed
- How teams communicate and collaborate
- The expectations, norms and values that shape behaviour
- Resource levels, workload distribution and staffing
- Organisational policies, processes and leadership practices
- The emotional climate and psychological safety of the workplace



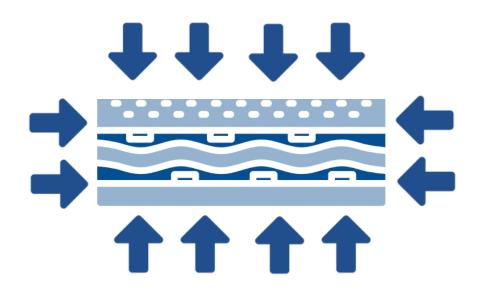






# Organisational Contributors

- Chronic staffing gaps
- Rising clinical demand
- Administrative burden and digital inefficiencies (outdated IT)
- Culture of presenteeism
- Performance metrics that conflict with compassionate care



- Fragmented communication / unclear expectations
- Limited autonomy or influence
- Insufficient recovery time
- Lack of psychological safety







# The Issue of Under-Resourcing

- Excessive workload 50%
- Administrative burden 44%
- Staff vacancies 38%
- Poor workplace morale 31%



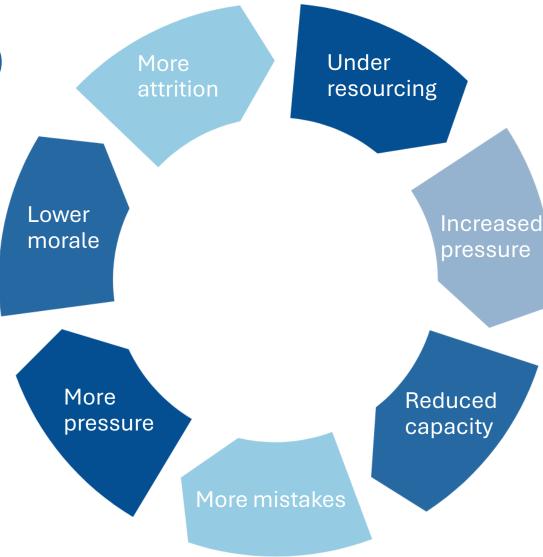
Source: RCPth Workforce Census 2025







### **Burnout Loop**





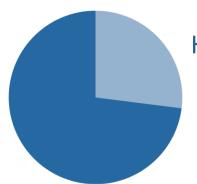




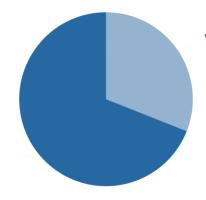
#### More Than Workload

Pathologists broadly indicate that they feel heard (61%), valued (68%) and supported (68%) at a **departmental level**.

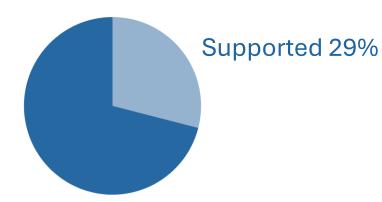
However, these experiences drop off sharply at the **organisation level**, where far fewer feel the same sense of recognition and care:



Heard 27%



Valued 27%









#### IPD Roundtable

At the International Pathology Day roundtable, a large European Cancer Organisation survey highlighted the scale of the issue:

- 90% of oncology professionals reported high levels of burnout
- 21% felt their supervisors did not care about their wellbeing
- 52% said their workload felt endless
- 55% identified administrative procedures as their main daily challenge
- 77% reported working regular overtime, often unpaid

System pressures are not unique to the UK or to pathology, burnout is a **cross-disciplinary, international workforce issue**, driven by escalating demand, limited capacity, and unsustainable working conditions.

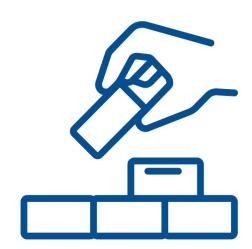






#### **Foundations for Prevention**

- Psychological safety: safe to speak up, admit mistakes, or ask for help
- Values-aligned leadership: compassion, clarity and fairness
- Realistic workloads and adequate staffing: prevention and recovery, not just survival
- Meaningful peer connection and belonging: fostering trust, humour, mutual support and feeling part of a team
- Autonomy with support: freedom to do the job well, backed by resources and trust
- Recognition and appreciation: feeling seen for effort and impact, not just outcomes









# **Belonging is Protective**

When people feel heard, valued and supported, they're significantly more protected against burnout because these experiences form the foundation of belonging.

When those needs go unmet, stress becomes chronic, capacity erodes, and the risk of emotional exhaustion and disengagement rises sharply, not just individually, but collectively.



More in Session 4 - Burnout and Belonging







#### Self-Reflection

What's landing most strongly for you?

What does that bring up for you?

What might that mean for your team or organisation?

What change might you influence, however small?

How might you start? When might you start? Who might you ask for support?









#### What the Data Tells Us

- Nearly half of pathologists are 50+ and many are taking retirement / planning to leave sooner than retirement age due to burnout (23%)
- Persistent staff vacancies resulting in 60% working beyond contracted hours and dependency on internal staff banks, agency locums, outsourcing lab tests (including overseas)
- Reliance on international recruitment as a stop gap measure

Source: RCPth Workforce Census 2025









# **Drivers Creating Systemic Pressures on Teams**

Rising clinical demand without matched workforce growth

Administrative overload and digital infrastructure challenges

Insufficient time for CPD, supervision and recovery

 High departmental cohesion but weaker organisational support







#### **Normalised Exhaustion**

- High workload and chronic pressure seen as part of the job
- 'Pushing through' is praised; rest is seen as optional or indulgent
- Overworking is rewarded and burnout hides in plain sight
- Busyness is equated with value, productivity and competence
- Many people don't recognise exhaustion as a warning sign because everyone around them seem to be struggling in the same way









## **Cynicism Carries Shame**

- Cynicism is socially discouraged, but it is a subconscious survival strategy to protect against emotional overload
- In systems that reward constant productivity, cynicism feels shameful and it can feel **safer to disengage** than admit vulnerability
- Professionals may feel disillusioned when what they value (quality, purpose, care) feels under threat
- People mask disconnection, doubt and decreased confidence to "keep up"
- If we dismiss cynicism, we risk missing the deeper message about what needs repair

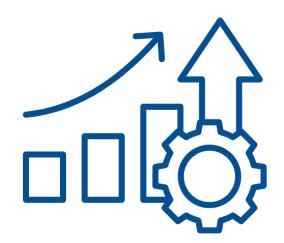






# High Performing At a Cost

- High performing teams often **collectively compensate** by working harder, not less.
- Leaders will often **mask struggle and overwhelm** to protect their role, team or reputation
- Cultural and professional norms can discourage showing vulnerability, so reduced efficacy may only become visible at the point of collapse
- Targets and expectations are met, but at significant personal cost
- Without psychological safety, many teams will keep "coping" until it's too late









# Addressing This Systemically

Systemic change requires shared action. We all have a part to play.

- Responsibility: Leaders and organisations must own the issue and role model what they want to see shift
- Culture shift: name and challenge stigma, normalised exhaustion
- **Support:** Formal plans, training and resource allocation









# Leading Yourself First

- Sustainable leadership starts with recognising your own limits and stating what you need
- Self-awareness is an act of leadership and requires noticing and responding to your own early warning signs
- Modelling boundary-setting, recovery and reflection signals to others that this is safe for them too
- Leading yourself first includes letting go of perfection, being more authentic and embodying your values









# **Advocating For Change**

- Burnout is not just a personal issue, it's a cultural, societal and systemic one
- Your voice has value. Speaking up helps surface what might otherwise stay hidden
- Small actions create ripple effects, naming what is unsustainable is important
- Collective care begins when individuals advocate for themselves and each other





















































# Support Plans Are Necessary

Mental Health UK's *Burnout Report 2025* (YouGov survey of 4,418 UK adults) found only **around one-third of workers** (32%) said their workplace had any plan in place to **spot signs of chronic stress and prevent burnout**.

Over two-thirds of workplaces have no formal burnoutspecific plan, whether for prevention or for supporting returnees.

Only **one in five** UK employers use a phased return-to-work arrangement after extended illness (*DWP Employer Survey 2024*).









# **Recovery Timelines Vary Widely**

- Recovery depends on the severity of burnout, the systemic pressures surrounding the person, and how responsive and tailored support is
- Effective recovery requires flexible support plans that adapt to the individual's needs and circumstances, rather than assuming a linear or time-limited process
- Without addressing **root causes**, burnout becomes **cyclical**: patterns repeat, symptoms resurface, and individuals can relapse even after an initial recovery









# Sustainable Wellbeing

Flexible, person-centred support plans are essential, but recovery will not hold unless the **systemic drivers are tackled**.









# Training is Crucial

- Awareness isn't enough: most people in healthcare now recognise burnout, they can name the signs, acknowledge the risks, and see its impact around them
- Awareness alone doesn't create change: knowing burnout exists doesn't help teams understand why it's happening or how to prevent it.
- We need to deepen understanding: prevention requires training that helps people recognise systemic causes, spot early signs, build supportive norms, and foster psychological safety.









## It Is Imperative We Act

Burnout is not self-resolving. Without intervention, pressure compounds, capacity declines, and risk escalates for staff, teams, and patients.

Training is not an optional extra. It is a core prevention strategy that:

- builds capability
- creates early intervention pathways
- strengthens culture
- protects wellbeing
- safeguards quality of care

If we want different outcomes, we must equip people differently.









# **Speaking Truth to Power**

Deep Greek origin of 'Parrhesia', "free, fearless speech"

- Not speaking up is a root cause of organisational dysfunction: failure to give feedback or challenge assumptions leads to poor decisions, unethical systems, or toxic cultures
- Managers can see what those above them cannot or dare not and have a responsibility to speak up, especially when they recognise moral or structural issues
- Silence equals complicity: when we choose not to speak, or to stay neutral for convenience or comfort, we implicitly support the status quo, even when it is doing harm









# Harnessing Courage

- Speaking truth to power is courageous and requires taking a risk, however it is necessary for transformation. Restructuring organisations requires not just empathy or support, but challenge, moral clarity, and willingness to risk discomfort or pushback.
- It's not about ideology or partisanship: it's about values and integrity, we need to examine the morality of what the organisations we work for do, the values they claim, and whether they live up to them









# Thank you!









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