

Burnout in Health Professionals: Time to Take Care of the Carers

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Abstract

Burnout refers to a state of having no energy or enthusiasm because of working too hard or extreme tiredness or a feeling of not being able to work anymore. It is prolonged response to chronic emotional and interpersonal stressors on the job. All over the world, this is being recognised as an important problem among doctors having an impact on quality of care with economic burden for country. It has been recognised in other high performing fields too. Burnout in medical professionals has been recognised for some time now, and it can have a significant impact on job performance, lower productivity and quality of life [2]. Interventions done to reduce this problem is scarce and patchy. This review focusses various causes and suggests holistic approach in incorporating variety of therapeutic measures.

Keywords: Burnout; Health Professionals; Physician.

Introduction

Burnout is prolonged response to chronic emotional and job stressors manifesting as no energy or enthusiasm for work. Though recognised in many other job profiles too, it is specially important for the medical professionals as it can potentially cause compromised quality of medical care. Job performance, job satisfaction and social relationships are affected due to burnout. Many medical societies eg AAFP [American Association of Family Physician], Canadian family Physicians etc. have recognised it as an important phenomena which deserves attention and management. Burnout can negatively affect quality of patient

care and result in physicians leaving practice, thus contributing to the primary care workforce shortage in US. [3,4,5] and some other countries. Studies have reported high incidence of burnout ranging from 17% to 76% [1,5,6] and effects many countries across the world and involves many disciplines of healthcare.

Maslach Burnout inventory (MBI) [8] is the commonly accepted burnout inventory which analyses three main components, namely exhaustion or feeling of being emotionally overwhelmed is considered an important symptom complex; second depersonalisation or inability to care about service recipients and third lack of personal accomplishments and negative attitude in relation to job. Personal characteristics of an individual combined with unique situation factors has a profound factor on burnout, still organisational factors seems to be stronger, suggesting burnout to be more of social and profession related phenomenon [1,9]. The state of burnout has also been covered in popular and mass media. Not all specialities of healthcare are equally affected; anaesthetist, neurosurgeon, cardiac surgeon, obstetrician are said to be high in list for burnout.

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The State of Physician Burnout

Physician burnout has been a significant area of concern and investigation for decades. Broad body of literature addresses both the causes of physician burnout and potential interventions to prevent or alleviate it. In addition, this issue has been covered in popular media. The literature shows that there is a high risk of physician burnout in the United States, Canada, and many European countries. Data on this regard in less developed countries is lacking. Though we do not know prevalence of burnout in many less developed countries the importance is well recognised. A broad-based study that assessed U.S. physicians using the Maslach Burnout Inventory (MBI) showed that 54.4% of all physicians combined reported experiencing at least one symptom of burnout. The same study found a 63% burnout rate among U.S. family physicians. Further, the study found that only 35% of family physicians report being satisfied with their work-life balance. These striking findings bear out across medical specialties, career phases, and demographics [8].

The classic definition of burnout is- [Job burnout is] a psychological syndrome in response to chronic interpersonal stressors on the job. The three key dimensions of this response are an overwhelming exhaustion, feelings of cynicism and detachment from the job, and a sense of ineffectiveness & lack of accomplishment [8].

Burnout - Whys and wherefores

The importance of recognising and addressing the source of physician burnout is vital. Despite much research, definitive causes of burnout among doctors still may not exist. Even factors in different stages of career may be effected differently. Studies indicate that common drivers of physician burnout include the following: paperwork; feeling undervalued, frustrations with referral networks, difficult patients, medico-legal issues and challenges in finding work-life balance [10,11,12]. While long hours, frequent calls, exhaustive paper work affects more in early and middle career; at times leading to inability to resolve work-life conflict [11].

In 2013, AMA (American Medical Association) initiated a study to identify high-priority determinants of physician's professional satisfaction [13]. Authors reported electronic health record and physician perceptions of providing high quality services were the two important factors

for burnout. Other contributing factors include the following:

1. Work Quantity
2. Autonomy and work control
3. Fairness and respect
4. Leadership
5. Professional liability concern
6. Autonomy for work control
7. Support staff and allied health professional

Burnout: direct and indirect effects

Over the years understanding towards effects of burnout has increased, still there are many answered issues. Burnout generally is connected to increase in medical errors, erratic prescribing patterns, and lower patient adherence to chronic disease management plans and much more [14]. Long hours and frequent call, results in greater burnout and dissatisfaction among middle career physicians compared with physicians in other career stages. This is a notable concern because the middle career stage health professional is usually the most productive phase in terms of providing patient care, serving as a leader and mentor, and assuming important administrative roles [1,12]. Annual Medscape physician burnout studies reveal an gender gap in burnout [15] Across all specialties, the burnout rate among female physicians (55%) is 10% greater than the burnout rate of their male peers (45%). The reasons for this disparity are unclear and may require additional study, additional familial responsibilities may be one of the contributing factor.

The CDC [Centre for Disease Control] states "In simple terms, well-being can be described as judging life positively and feeling good" [13].

Work Happiness

Happiness at work is postulated to lead to professional satisfaction and not just absence of burnout. Potential solutions to improve personal well-being and professional satisfaction must be adapted based on the physician's experience of work culture, work behaviour, opportunities of growth. The following are the five influential elements of the health system and is liable to reforms:

1. Mundane jobs like Reporting and documentation place a significant burden on physicians but do not yield a proportional

improvement in quality of care. These may be minimised or data entry operators may be hired for the same

2. *Organization Level* – The values, requirements, and operational policies of an organization can influence professional satisfaction. Hence it is important to incorporate necessary changes in the system.
3. *Private Practice Level* – The characteristics and efficiencies of the practice environment and the care team can affect physician's well-being. Healthy and compassionate environment at practice level can be major stress buster where difficulties in patient management can be discussed. Peer to peer support must be encouraged and inculcated.
4. *Individual Level* – Individual wellness habits and resilience capabilities can affect the physician's response to external stressors. These strategies need to be taught at the residency level too.
5. *Society*: A culture that elevates self-sacrifice or self-neglect for the service of others can add to feelings of shame and guilt when one is unable to achieve superhuman performance levels.

It may not be possible to implement all these options in all situations, every organisation system needs to identify areas of change which can be implemented without adding to significant cost or major organisational transformation.

Reducing Burnout and Increasing Satisfaction

Once the drivers of physician burnout is understood, development of intervention models to prevent burnout and support services to help physicians cope with the symptoms and have a positive impact, though not all factors can be addressed. Treatment of individuals (counselling services, meditation, exercise, Yoga etc). Self-awareness and mindfulness training can reduce physician burnout and increase both physician well-being and patient-centered qualities [16]. System-level interventions, such as implementing institutional success metrics that include physician satisfaction and well-being, and developing practice models (group practice) that fosters cooperativeness, and relies on support system is promising and is adapted

at many places. Reducing unnecessary paper work, outsourcing some of the paperwork and computer related work may also help to some magnitude.

Conclusion

Burnout affects physicians across all specialties. Physicians, more so, female physicians experience higher-than-average rates especially when compared to the general working population, also the satisfaction with work-life balance is decreasing. Physician burnout is an important issue that must be dealt with openly and proactively because it affects both patient safety and physician well-being. Many societies strongly believe that health professional burnout is a health system, organization, practice, and physician culture problem, not just an individual concern. Therefore, a systems-based approach to identifying and combating root causes of physician burnout at all levels would be helpful. It will have a long lasting impact on quality of health care and the society in general.

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