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Burnout and Doctors: Prevalence, Prevention and Intervention

Shahlekh Kumar, Peter A. Leppig, Academic Editor and Derek R. Smith, Academic Editor. Author information: Article notes: Copyright and license information: Disclaimer.

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Abstract: Doctors are exposed to high levels of stress in the course of their profession and are particularly susceptible to experiencing burnout. Burnout has far-reaching implications on doctors; patients and the healthcare system.

Doctors experiencing burnout are reported to be at a higher risk of making poor decisions; display attitude towards patients; make more medical errors; and have difficult relationships with co-workers. Burnout among doctors also increases risk of depression; anxiety; sleep disturbances; fatigue; alcohol and drug misuse; marital dysfunction; premature retirement and perhaps most seriously suicide.

Source of stress in medical practice may range from the emulations arising in the context of patient care to the environments in which doctors practice. The extent of burnout may vary depending on the practice setting; speciality and changing work environment.

Understanding dynamic risk factors associated with burnout may help us develop strategies for preventing and treating burnout. Some of these strategies will be reviewed in this paper.

Keywords: burnout, workplace stress, compassion fatigue, work engagement, resilience

1. Introduction

Doctors are often exposed to high levels of stress in their 9-to-5 day work and are at greater risk of experiencing mental disorders, substance abuse, suicide, and impairment in functioning. By virtue of their work they are exposed to a plethora of emotions, feelings of need to rescue the patient, a sense of failure and frustration when the patient's illness progresses, feelings of powerlessness against illness and its associated losses, grief, fear of becoming ill oneself or dying, facing uncertainty in clinical practice, dealing with sexuality, or a desire to separate from and avoid patients to escape these feelings [1,2].

These emotions, powerful in nature and capable of causing distress, arise from the doctor-patient relationship. Repeated exposure to these emotional and experiential stressors do contribute to the high levels of stress doctors experience in their profession.

Doctors are exposed to stressors from emotionally and situations that arise outside the doctor-patient relationship too. They have to work in an increasingly litigious and unforgiving environment [3]. Bureaucratic requirements imposed upon them are increasing and keep changing [4]. Medical knowledge is advancing rapidly and doctors have to constantly keep in touch with it [5]. These changes are often so rapid that by the time doctors have acclimatised with one change something else may come up to evolve.

Healthcare resources are limited in most countries and the environment is unforgiving of mistakes. A recent publication by the World Medical Association observed [6]:

"Physicians in many countries are experiencing great frustration in practising their profession, whether because of limited resources, government and/or corporate micro-management of health care delivery, sensationalist media reports of medical errors and unethical physician conduct, or challenges to their authority and skills by patients and other health care providers"

(5, p. 114). [6]

Furthermore, doctors are finding themselves working in an environment or in roles for which they were not trained. Service delivery is changing from an office-based model to a population-based health model. Doctors have to fulfil administrative duties, such as dealing effectively with workforce issues, affect in addition to their significant clinical commitments [1]. Fulfilling unaccounted tasks creates stressors, and constantly changing work environments predispose doctors to high levels of stress. Not uncommonly, doctors deal with these routine stressors by engaging in emotional withdrawal, social isolation and by denying the existence of problems [2]. Some of these strategies may be adaptive but pathological responses to chronic exposure to stress do occur which are explored further in this paper.

2. Impact of Chronic Exposure to Stress on Doctors

Exposure to high levels of stress for protracted periods may have wide-ranging effects on doctors. Those who work with traumatic patients may experience compassion fatigue. Doctors experiencing compassion fatigue may experience intrusion, avoidance, and arousal that may recur even after exposure to one incident [5]. Two coping skills—sense of achievement and emotional disengagement, are said to protect against compassion fatigue, while prolonged exposure to traumatic materials, traumatic recollections, and life disturbances lead to the development of compassion fatigue. Most doctors aspire to demonstrate compassion for their patients and their work. They are likely to feel distressed if they have to practice in a compassion-depleted state.

Another consequence of chronic exposure to stress is burnout. Burnout, a term in common usage, was first coined by Freudenberger [7] in 1974 to describe the emotional exhaustion experienced by workers in counselling centres. More recently, burnout has been used to describe the state of emotional exhaustion in human service workers, acknowledging the unique pressures of utilising one's self as the "tool" in face-to-face work, with needy, demanding, and often troubled clients [8]. Doctors fall in this category of professionals at high risk of experiencing burnout. Maslach and Jackson's [9] conceptualised burnout as a three-dimensional construct consisting of Emotional Exhaustion, Depersonalisation and reduced Personal Accomplishment. Emotional Exhaustion (tiredness, somatic symptoms, decreased emotional resources) and a feeling that one has nothing left to give (anergy) is used to describe a state of feeling emotionally overextended and exhausted by their work. Depersonalisation describes negative, cynical attitudes, and impersonal feelings towards clients which results in treating them as objects. Reduced Personal Accomplishments denote feelings of incompetence, inefficiency, and inadequacy. The higher the Emotional Exhaustion and Depersonalisation scores, and the lower the Personal Accomplishment score, the more the doctor could be suffering from burnout.

Exposure to severe and chronic stressors may also predispose doctors to a variety of mental disorders and dysfunction including depression, anxiety, sleep disturbances and fatigue, broad morbilities, alcohol and drug addictions, marital dysfunction, premature retirement and perhaps most seriously suicide [10,11]. As a group they have higher prevalence of depression and burnout than the general population and may be at greater risk of experiencing mental disorders, substance abuse, suicide, and impairment in functioning. European General and Practice Research Network Burnout Study Group, on the other hand, found that, while 12% of participants suffered from burnout in all three dimensions, 43% scored high for Emotional Exhaustion, 35% for Depersonalisation, and 32% for low Personal Accomplishment [16]. In the United Kingdom, approximately one-third of the physicians, had features of burnout [17], which are comparable to studies from Arab countries like Yemen, Qatar, and Saudi Arabia [18,19,20].

Not only the overall prevalence of burnout among doctors vary between countries, but the three dimensions of burnout may also vary. A recent meta-analysis [21] found doctors in the USA experienced lower levels of Emotional Exhaustion (EE) than their counterparts in Europe where quality, safety culture and patient care were found to be stronger. In the USA, burnout was more related to stress. European General and Practice Research Network Burnout Study Group, on the other hand, found that, while 12% of participants suffered from burnout in all three dimensions, 43% scored high for Emotional Exhaustion, 35% for Depersonalisation, and 32% for low Personal Accomplishment [16]. In the United Kingdom, approximately one-third of the physicians, had features of burnout [17], which are comparable to studies from Arab countries like Yemen, Qatar, and Saudi Arabia [18,19,20].

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