

Burnout in Physicians: Global and Bangladesh Perspective

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Received: January 27, 2017; **Published:** February 14, 2017

Abstract

Burnout is a common syndrome seen in healthcare workers, particularly physicians who are exposed to a high level of stress at work because of limitations and uncertainties and has become a leading challenge within health care in the twenty-first century. It is defined three dimensionally as a syndrome including emotional exhaustion (EE): the depletion of emotional energy by continued work-related demands, depersonalization (DP): a sense of emotional distance from one's patients or job, and reduced personal accomplishment (PA). The prevalence varies from country to country and prevalence was found up to 78% in physicians. The potential factors for physician burnout are time pressure, work load, limited control and a loss of autonomy, conflict between career and family, feelings of isolation, as well as research and teaching activities. It endangers the health and well-being of physicians, as well as also is associated with absenteeism, low job satisfaction, higher medical errors and decrease quality of care. Maslach Burnout Inventory (MBI) is the most commonly used instrument in assessing the burnout and validated in many countries. Bangladesh, although a densely populated country and with inequitable health manpower distribution, burnout issue is yet to be addressed. Balance between giving and getting, balance between stress and calm, balance between work and home is advised to deal with burnout.

Keywords: *Burnout in Physicians; Burnout; Physicians; Bangladesh*

Abbreviations

EE: Emotional exhaustion; DP: Depersonalization; PA: Personal accomplishment; DSM: Diagnostic and Statistical Manual of Mental Disorders; ICD: International Classification of Diseases; MBI: Maslach Burnout Inventory; CBI: Copenhagen Burnout Inventory; BBI: Bergen Burnout Inventory; OLBI: Oldenburg Burnout Inventory; SMBM: Shirom-Melamed Burnout Measure; PhyDis Scale: Physician Dis-satisfaction scale; MDG: Millennium Development Goal

Introduction

Medical practice is stressful as because, medical personnel have to respond to the needs of patients as well as families very quickly with limitations and uncertainties and medical errors or mistakes may be costly, harmful to a patient's life and sometimes irreversible [1]. Physicians pass busy life with long work hours, shift work, night work and often ignore their own health [1-3]. Burnout is a common syndrome seen in healthcare workers, particularly physicians who are exposed to a high level of stress at work and has become a leading challenge within health care in the twenty-first century [4,5]. It is a comprehensive concept first introduced in 1974 by Freudenberger; then by Christina Maslach and described as a "negative consequence of human service work, characterized by emotional exhaustion, loss of energy, and withdrawal from work" [6-8]. Burnout is a state of mental and physical exhaustion related to work and myriad of researches have indicated that long-term exposure to job-related stress can lead to burnout [1,9].

Defining Burnout

Burnout can be defined as a psychological syndrome that may emerge when employees are exposed to a stressful working environment with high job demands and low resources, although Freudemberger defined 'burnout' to describe the gradual emotional depletion, loss of motivation and reduced commitment among volunteers who worked for a drug misuse [1,7,9-11]. Burnout is also defined as a prolonged physical, emotional, and psychological exhaustion experienced as disengagement, blunting of emotions, feelings of helplessness/hopelessness, and loss of motivation [2,12]. Maslach, *et al.* described burnout as a 3-dimensional syndrome including emotional exhaustion (EE): the depletion of emotional energy by continued work-related demands, depersonalization (DP): a sense of emotional distance from one's patients or job, and reduced personal accomplishment (PA) [4,9-11,13-19]. Emotional exhaustion refers to feelings of being emotionally over-extended and exhausted; depersonalization is characterized by an unfeeling and impersonal response toward recipients of one's care, treatment, or to one's institution; personal accomplishment refers to one's feelings of competence and achievement [17]. Perlman and Hartman defined it, as emotional and physical weariness, depersonalization and reduced productivity as a result of chronic emotional stress at work whereas Pines and Aronson, defined it, as a state of emotional, mental and physical exhaustion due to chronic exposure to situations of emotional overload [11]. Though the Diagnostic and Statistical Manual of Mental Disorders (DSM) has not assigned any space for it, World Health Organization International Classification of Diseases (ICD), 10th revision, accepted burnout as a "state of vital exhaustion [9].

Prevalence of burnout in physicians

Burnout in physicians is a common syndrome, and studies show a prevalence of 30% to 78% [18] and Dewa, *et al.* found that about one-third to one-half of physicians experience burnout [19]. In another study, it was found as 50% and ranged from 27% to 75% among different specialties particularly with vulnerabilities in early career physicians [9]. Most burnout was found, 75% in obstetrics-gynecology followed by 63% in internal medicine and neurology, 60% in ophthalmology, 50% in dermatology, 40% in general surgery, 40% in psychiatry, and 27% in family medicine; though the differences were not statistically significant [9]. In another study, Haukes, *et al.* found that about 20% of the GPs is clinically burned out but still working [20]. Lamothe, *et al.* found the prevalence as ranging from 30 to 70% [21]; McCray, *et al.* found it as ranged between 43% – 45% in US residents and between 22% – 60% of practicing specialists and general practitioners [16]. Prevalence was found in range between 40% – 76% among internal medicine and pediatric residents, 47% – 70% among surgery residents, and a high prevalence (56% – 80%) of burnout among family physicians [16]. Lee, *et al.* found the prevalence rate was 55% [15]; Maslach and Leiter found that, Australian Medical Association (AMA) in 2009 reported a 69% incidence of burnout among junior doctors, at metropolitan tertiary hospitals in Australia, with 55.9% of study sample experiencing burnout at some point during [2]. Another study found physicians' burnout rates range between 30 and 65% across medical specialties with particular reference to those working at the front line of clinical care, in general internal medicine and emergency medicine [22].

Responsible Factors

The potential sources of physician burnout are time pressure, limited control and a loss of autonomy, conflict between career and family, feelings of isolation, as well as research and teaching activities [1,5,16,19]. Long working hours, working for ≥ 8 h/shift, serving ≥ 51 patients per shift, being on call ≥ 41 times per week, having medical malpractice experience, not being satisfied with one's specialty, the number of medical error, mental depression, personality, the evaluation assessment system, hospital culture, patient-physician relationships, keeping up with changing technology, and the environment can be the important sources of burnout [3,16,21]. Younger health care professionals having children in addition to working more than 60 hours per week, heavy work load, resource limitation, sleep deprivation, and having compensation determined entirely based on billing can also be important source of burnout [4,19,21]. Maslach and Leiter identified six domains those can be responsible for burnout as workload, control, reward, community, fairness, and values [14].

Effects

Burnout endangers the health and well-being of physicians, as well as also is associated with absenteeism, low job satisfaction, higher medical errors and suboptimal quality of care [1,3,4,8,9,14,16,21,22]. For medical professionals, the negative implications of burnout are

wide ranging and include decreased quality of patient care, anxiety, depression, divorce, increased anxiolytic use, medical illness, and increased suicidality [2,9,12,14,18]. Burnout may be associated with decreased productivity, decreased job satisfaction, cardiovascular disease, increased inflammation biomarkers, physical symptoms may take many different forms, including insomnia, appetite changes, fatigue, colds or flu, headaches, and gastrointestinal distress; psychological symptoms such as low or irritable mood, cynicism, and decreased concentration can negatively affect productivity and rapport, and substance abuse [9,19,22].

Research Tools

Maslach Burnout Inventory (MBI) is the most commonly used instrument in assessing the burnout and validated in many countries as well as considered as gold standard. This questionnaire of 22 items has three subscales for the measurement of the three different dimensions of burnout: emotional exhaustion subscale (EE), depersonalization subscale (DP), and personal accomplishment subscale (PA). EE consists of nine items and assesses the feelings of being overextended and exhausted in one's workplace; DP has five items and measures an unfeeling and impersonal response toward recipients of one's service, care treatment, or instruction; PA consists of eight questions assessing feelings of competence and success in one's work [2-5,9-18,20,21,23]. The newly developed Copenhagen Burnout Inventory (CBI) by Kristensen, *et al.* is a more straightforward measurement of burnout in the population of medical professionals and assesses burnout status using three dimensions: personal burnout, work-related burnout and client-related burnout [1,2,8,14]. Bergen Burnout Inventory (BBI) assesses three dimensions of burnout: exhaustion at work, cynicism toward the meaning of work, and sense of inadequacy at work [14]. The Oldenburg Burnout Inventory (OLBI) assesses the two dimensions of exhaustion and disengagement from work [14]. The Shirom-Melamed Burnout Measure (SMBM) distinguishes between physical fatigue, emotional exhaustion, and cognitive weariness [14]. Physician Dis-satisfaction scale (PhyDis Scale), another newly developed scale is used to assess stress, satisfaction of physicians [22].

Bangladesh Perspective

Bangladesh is a densely populated country having population density 1063 per square kilometer and total population is about 160 million; achieved health related Millennium Development Goals (MDGs) significantly with shortage of healthcare providers as well as inequitable distribution of human resource for health [24,25]. The number of total registered physician is about 82,500 for this huge population and most of the physicians are related with the primary health care in different ways with poor referral system between the care levels enabling the patients to visit physician as per their choice [25]. As a result there is huge workload both in the institution as well as in the private chambers and Physicians face difficulties during the community level service provision as well as sometimes doctors and health services providers have to face the harassment even physical assault by the patient party [25]. Physician patient relationship is still poorly addressed and only one scale validated to search the matter adequate (PDRQ-9 Bangla) [26]. Authors' best knowledge revealed, any systematic research on physician burnout is yet to be started, though previous publications mentioned the situation as physicians are being deprived according to their intellectual contribution [26].

Conclusion

As burnout affects both the physician and patients health and health service delivery; health service providers, physicians, the country, society and other stakeholder should consider the issue seriously and appropriately. Maslach stated effective working through burnout by stating: "If all of the knowledge and advice about how to beat burnout could be summed up in 1 word, that word would be balance-balance between giving and getting, balance between stress and calm, balance between work and home."

Competing Interest

Authors declare of having no conflict of interest.

Acknowledgements

Authors thank Asma Khatun for considering her support.

Funding

It was a self funded study.

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Volume 2 Issue 3 February 2017

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