Physician Burnout: An Overview

Nmadu AG, Omole VN, Oyefabi AM, Usman NO, Igboanusi CJC, Gobir AA, Sambo NM.

Departments of Community Medicine, College of Medicine, Kaduna State University and Ahmadu Bello University Zaria, Kaduna, Nigeria;

Department of Public Health, 2nd Division Medical Services & Hospital, Headquarters 2nd Division, Nigerian Army, Adekunle Fajuyi Cantonment, Ibadan, Nigeria.

Correspondence: Awawu Grace Nmadu, Department of Community Medicine, College of Medicine, Kaduna State University.
E-mail: jumainmadu@gmail.com
For reprints contact: chsjournals@gmail.com

ABSTRACT

Physician burnout rates are on the rise and have reached epidemic levels worldwide, it is particularly so in developing countries like Nigeria where the physician-patient ratio is extremely low at about 1:6000. An increasing number of doctors are experiencing burnout now more than ever and the disturbing part is that physicians frequently fail to recognize burnout. Burnout is a psychological syndrome that results from exposure to chronic work-related stress. It is a serious issue of concern among medical professionals and in healthcare institutions because of its detrimental effects on physicians’ well-being as well as on the quality of care of patients. This article is an overview of burnout among physicians, the causes of burnout, symptoms, consequences and proposed strategies for managing it.

Keywords: Burnout, emotional exhaustion, long working hours, management, physicians

INTRODUCTION

Burnout is a psychological syndrome that results from exposure to chronic work-related stress. Burnout is defined by psychologist Herbert Freudenberger as “a state of mental exhaustion caused by one’s professional life that consists of three salient features: emotional exhaustion, depersonalization and a reduced sense of accomplishment or success.” Emotional exhaustion is one of the earliest and most important signs that points to burnout and can present as fatigue, loss of energy and weariness. It is a state of being emotionally depleted from overwork, while depersonalization, which is the sense of being unfeeling towards patients or peers and can present with irritability and negative attitudes toward patients and may lead to callous and detached responses. The development of depersonalization could be related to the experience of emotional exhaustion and hence there could be a correlation between both of them. A reduction in the level of personal accomplishment is usually characterized by a sense of ineffectiveness and inadequacy related to job performance and it is usually accompanied by negative evaluation of self and reduced professional efficacy. This is often triggered by a negative belief in one’s self. It presents with reduced productivity, low morale and difficulty coping with work.

Clinical manifestations of burnout are usually non-specific and maybe characterized by symptoms that include headaches, changes in sleep patterns, insomnia and other sleep disorders, eating problems, tiredness, irritability, fatigue, loss of creativity, lack of motivation, and social withdrawal among others. There may also be the presence of depressive symptoms such as sadness, lack of interest, and diminished energy. It may also lead to anxiety symptoms, chronic pain syndromes or functional disorders of the cardiovascular or gastrointestinal system. Burnout can have devastating consequences for affected physicians, their colleagues, their patients, and the healthcare system at large. Burnout is generally high among doctors globally, although the prevalence varies in different
countries, practice settings, medical specialty, gender, and career levels. The mean prevalence of physician's burnout has been found to be two to three times higher than in other professions. Research has shown that many physicians will experience burnout in their careers and that burnout rates are rising and have reached an “epidemic level. 

A study conducted among doctors in residency training in a tertiary hospital in Lagos, Nigeria reported overall, 46% of respondents with burnout in the dimension of emotional exhaustion, 58% in the dimension of depersonalization, and 62% in the dimension of reduced personal accomplishment. Excessive workload and emotional distress were some of the factors associated with the three dimensions of burnout. Another study conducted in Jos, Plateau state in Nigeria among primary care physicians reported that 35% of the sample of physicians had high burnout rate in at least one of the three dimensions. Self-reported perceived health status of excellent or good health was associated with lower risk of high burnout.

Causes of Physician Burnout

The causes of burnout are due to three factors: organizational, personal or patient related factors. Psychological disturbance and dysfunctional social relationships from burnout can have great impacts on physicians.

Organizational Factor

The high prevalence of burnout among physicians globally has been found mostly to be due to unfavourable working environment that increase pressure on physicians. For example, excessive workloads such as long work hours, frequent overnight call duties, high work intensity and when physicians have to perform multiple roles by engaging with their colleagues and patients can result in exhaustion. Similarly, bad working conditions, lack of management support and limited vacation can cause burnout symptoms among physicians.

Adequate staffing, good leadership and support have been found to reduce the risk of burnout, highlighting the importance of fair hospital management, policy and practice. Other organizational causes of burnout include lack of rewards or insufficient resources, lack of organizational support, lack of promotions and lack of work autonomy and lack of opportunities for professional development. Negative leadership behaviour and limited inter-professional collaboration and lack of social support for physicians also influence burnout. The effectiveness of how leaders engage their followership, mentor and recognize individuals for their contributions also relates to burnout and career satisfaction amongst the physicians they lead.

Individual Factor

The physician's makeup also plays an important role in susceptibility to burnout. Individual characteristics such as depth of commitment, upbringing, role models, expectations, moral values and resilience are related to level of stress tolerance. Gender and age have been implicated as significant factors associated with physician burnout. Some studies reported female physicians to have increased odds of burnout than their male counterparts. Female physicians had to perform multiple work and family roles, resultanty being more physically and emotionally exhausted. Related to age, young physicians have been reported to have high burnout when compared to the senior ones. They experienced high level of emotional exhaustion and depersonalization. Those in the younger age group usually have lower stress coping capacities. Burnout level has been reported as high among young and less experienced physicians who were at their initial career job positions. The marital status and having children have also been found to be significant factors for burnout. Unmarried physicians have been reported to have higher levels of burnout than those married and physicians without children have been reported to be more prone to burnout. Previous research shows also that marriage and family provides strong social support and better coping skills. Therefore physicians who have families and spouses are in a better position to combat burnout. Having a child younger than 21 years old has been found to increase the risk of burnout by 54% and having a spouse/partner who works as a non-physician healthcare professional has been shown to increase burnout risk by 23%.

Certain personality traits such as perfectionism, neuroticism or relying on denial and avoidance as coping strategies are positively related with burnout. Burnout rates have been demonstrated to differ across medical specialties, with some specialties associated with lower burnout rates (e.g. preventive and occupational medicine) and others associated with increased odds of burnout in comparison with other specialties. Physicians working in specialties like emergency medicine, surgery, gynaecology, and paediatrics have been
reported to experience more burnout due to the demanding nature of their specialties. This implies that there are unique aspects of the work lives in these specialties that contribute to differing burnout risks.

Patient-related factor
There are certain patient-related factors that may also contribute to burnout; these include unrealistic expectations from patients, declining patient health and aggression from patients. Prolonged patient contact and development of family-like relationships may also result in emotional blurring of boundaries and burnout. Burnout can also arise from dissatisfied or strained doctor-patient relationship such as when dealing with problematic patients who may disagree with therapeutic choices or in cases of disputes arising from patient dissatisfaction with care.

Consequences of Burnout
The consequences of burnout include both individual and organizational effects. The individual effects of burnout can include sleep disorders, lack of appetite, depression, body pain and even daily consumption of alcohol, tobacco or other addictive substances leading to substance abuse. These effects can lead to diminished quality of life, reduced perspective taking and lower empathic concern, resulting in medical negligence and errors which are likely to harm patients. Whereas, the organizational effects of burnout consists of job dissatisfaction, intentions to leave job, high physician turnover diminished organizational commitment and job performance.

Strategies for addressing Burnout
The physician burnout is a recognized workplace hazard and poses a serious threat to the social and professional lives of physicians. Therefore, it should be handled in a proactive manner by taking effective interventions measures at individual and institutional levels. By understanding the warning signs of burnout, physicians can take active steps to prevent it, both for themselves and for their colleagues. At the individual level, physicians should adopt a healthy lifestyle to prevent burnout. Individuals should be involved in activities besides work, allowing themselves to pursue hobbies of interest. Physicians should take vacations and prioritize their physical fitness and well-being. The final goal should not just be to prevent burnout but to promote physician wellness. Physician wellness encompasses all aspects of health, namely physical, emotional, and mental. It involves eating healthy, maintaining physical fitness, managing stress, having adequate sleep, and monitoring mental health.

A recent systematic review showed that, individual-targeted interventions such as mindfulness, stress reduction techniques, and education around communication skills, exercise, and self-confidence resulted in small reductions in burnout. They however, worked better in combination with organizational interventions such as rescheduling shifts, reducing workload, and enhancing teamwork and leadership. Suggestions for preventing burnout on a large administrative scale include maintaining sufficient number of staff so that physicians are not required to work longer hours regularly.

Effective collaboration is another way to reduce stress levels and increase intellectual stimulation, but for this to happen good relationships need to be maintained among co-workers, which is aided by a healthy environment and social interactions. There is need for the elimination of the toxic aspects of medicine that cause and sustain burnout. The profession should foster clinical leadership and a supportive organizational culture that encourage doctors to advocate for important reforms such as eliminating harassment and perfectionist expectations and minimizing excessive job demands. Improving the working lives of clinicians should be viewed as key to optimizing health system performance alongside other established aims such as enhancing patient experience, improving population health, and reducing costs.

CONCLUSION
Burnout is a common phenomenon among physicians in the medical profession. This syndrome is characterized by: emotional exhaustion, depersonalization, and lack of personal accomplishment. Burnout can lead to substance abuse, depression and in extreme cases suicide. Individually, physicians should promote wellness and adopt healthy lifestyles that prevent burnout. Institutionally, the management of hospitals should provide conducive working environments for physicians.

Conflict of interest
None declared
REFERENCES


