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Physician well being, burnout and compassion fatigue

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Preamble

Physician burnout although an issue for many a decade is now gaining the limelight urging recognition and discussion in view of discovering remedies. Here we briefly explore burnout in terms of its definition, what brings it about, who suffers from it, how it can be identified and measured. Towards the latter end of the article, views and perceptions on how burnout takes its form in a Sri Lankan context is addressed with suggestions on remedies and interventions.

What is burnout?

Burnout is a term coined in the early 1970s by an American Psychologist Herbert Freudenberger.(1) However this aspect has been recognized at least a decade earlier.(2)

He defined it as the 'consequences of prolonged stress and anxiety experienced by people working in healing professions'.(1)

Later, Maslach et al defined it as "An emotional and passive reaction to chronic job stress, the core of which is the gradual depletion of one's internal energy resources which includes emotional exhaustion, depersonalization (a sense of distancing, feeling negative towards or cynical towards one's job) and a reduced sense of professional accomplishment, which is primarily driven by workplace stressors."

Thus burnout is a state of mental fatigue resulting from a person's professional life. Professional burnout, emotional exhaustion, and loss of satisfaction with patient care affect doctors at every stage in their career from postgraduate trainees to certified specialists.

It no doubt affects the quality of patient care with increased risk of medical errors and lower patient satisfaction.

World Health Organization International Classification of Diseases (ICD) 11th Revision lists it as an occupational phenomenon.(3,4)

Burn-out is defined in ICD-11 as follows:

"Burn-out is a syndrome conceptualised as resulting from chronic workplace stress that has not been successfully managed. It is characterised by three dimensions:

- feelings of energy depletion or exhaustion;
- increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and
- reduced professional efficacy.

Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life."

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Who is prone to burnout?

Burnout can affect especially those engaged in people-oriented professions like emergency service providers and teachers.

Healthcare workers are more prone to burnout due to the nature of their work involving empathy, compassion and understanding that the work one does has a direct bearing on the immediate wellbeing of the patient and his family. High expectations of the people of a fault free service of the physician are a source of much emotional burden on the caregiver.

Naturally, the frontline healthcare workers like those in family medicine, internal medicine and emergency medicine are more subjected to burnout.

There is a significant prevalence among surgeons and anaesthetists as well.

Measuring burnout

There are a number of tools that have been introduced to measure burnout. Out of which two principal tools are;

1. Maslach burnout inventory (5)
2. Copenhagen burnout inventory (6)

The Maslach burnout inventory is the first scientifically developed tool to measure burnout and is universally used as a gold standard encompassing 3 scales: emotional exhaustion, depersonalization, and personal accomplishment.

The Copenhagen burnout inventory, developed later, is a part of PUMA (Project on Burnout, Motivation and Job Satisfaction) carried out in Denmark and shows comparable efficacy in assessing the level of burnout. It too, comprises 3 scales: personal burnout scale, work related burnout scale, client related burnout scale.
In the interest of information presented in this article, the Copenhagen burnout inventory is mentioned with some detail in table 1.

A study done in 2019 by Fernando and Samaranayake, among 245 postgraduate doctors in Colombo found the incidence of burnout to be; personal burnout 42%, work related burnout 32%, client related burnout 9%.(7)

Female postgraduate trainees were found to be more prone to burnout.(7)

Table 1 - Advantages and difficulties related to online learning and online assessments

Copenhagen Burnout Inventory (BCI)
Personal burnout scale Personal burnout is a state of prolonged physical and psychological exhaustion.
Work related burnout scale Work-related burnout is a state of prolonged physical and psychological exhaustion, which is perceived as related to the person's work.
Client related burnout scale Client-related burnout is a state of prolonged physical and psychological exhaustion, which is perceived as related to the person's work with clients*.
**Clients, patients, social service recipients, elderly citizens, or inmates*

High emotional burden, having to look after household chores, need to look after children's education, well being and being mainly responsible for orderly management of the household, were the likely causes.

During the COVID pandemic, the burnout rates in frontline healthcare workers increased exponentially. The reasons for this rise, as shown by a meta analysis published in 2023 of 30 studies from January 2020 to September 2021, can be summed up to a sense of helplessness, fear of death and inability to lead a normal life in comparison to the general population. (8)

Causes of burnout

Causes of burnout could be individual or work related.(9,10)

Individual factors

1. To be perfect and expect others to be perfect (Perfectionism)
2. High (idealistic) self expectation
3. Strong need for recognition
4. Wanting to please others constantly (people-pleaser)
5. Suppressing own needs (lack of work and personal life balance)
6. Feeling irreplaceable
7. Overestimation of one's ability to deal with challenges

8. Being overly self critical of performance
9. Considering work as the only meaningful activity and work as a substitute for social life (workaholic attitude)

By their very nature, all these traits have a high risk of disappointment. When such high ideals are not met, there is a risk of unprofessional behaviour and eventual burnout.

External factors (work-related and client-related)

1. Complex and disorganised workplace
2. Impedance in performance due to clerical work demanding extra time
3. Understaffed and overcrowded wards
4. Staff shortage aggravated by the brain drain
5. Overworked staff not in a position to help with caring for patients
6. Lack of availability of medical supplies
7. The shortage of resources for meaningful research that one has been trained to undertake
8. Loss of autonomy due to external pressures such as medical reimbursement policies influencing the patient care plans formulated by the physician
9. Lack of a rewarding system for the service rendered
10. Inadequate leadership skills of immediate supervisors
11. Feeling shackled and powerless by the deprived socioeconomic background of patients which hinders optimal practice of medicine

Features of Burnout

Features of burnout are as follows:

1. Loss of motivation
2. Feeling helpless, trapped or defeated
3. Detachment
4. Negative outlook, indifference
5. Decreased satisfaction or sense of accomplishment
6. Reduced professional efficiency
7. Feeling tired and drained most of the time
8. Tiredness not responding to adequate rest
9. Anxiety, sleep disturbance, depression

The "Doctor Lifestyle" and burnout

Sri Lankan culture has given prominence to the medical profession as a preeminent occupation in society. From early days we have been imbued with the idea that becoming a doctor is the best one can achieve in life. The parents, both medical and non medical, would wish for their children to become doctors.

- Doctors are respected in society irrespective of one's reputation as good or bad
- The notion that doctors are omnipotent, solving problems the laymen do not understand
- The presumed ability to accumulate a fortune over the years
- High value in the marriage market
- The belief that one is above the laws of the land

are factors that make one covet becoming a doctor.

Long hours spent getting ready for examinations to come out on top to enter medical school, in the process sacrificing many other more pleasurable activities of late childhood and early adult life, are tolerated purely for ensuring a secure future. Intensive studying as a medical student and intensive training during postgraduate studies to specialise saps out so much energy that one should surely be fatigued in the end. Unforeseen delays beyond one's control at every stage, wasting so much time in achieving aims, must certainly make one frustrated throughout.

Delayed marriage and bringing up children late are another problem. The stress and uncertainty of finding a training centre abroad followed by the stress of adjustment to a new culture and work ethic are issues that matter. Having survived all that, a qualified physician naturally expects to be treated with respect by everyone on return.

The lack of physician-friendly policies during service allocations and sluggish development of infrastructure in the peripheries creating inconveniences and uncertainties for the families who move with the physician can perhaps be seen even in the light of harassment. Posting to remote places, with no facilities for accommodation or transport, with no consideration for children's education is a significant cause for frustration. Certainly one may argue that all areas in the country should be served but the attempts made by administrators to improve facilities in the periphery and to make them habitable is minimal.

The foregoing facts show that all the ingredients for frustration and eventual burnout exist already even before a physician starts serious work. One should have peace of mind and at least the basic physical comforts to concentrate on the energy sapping work dealing with human lives that awaits him.

In more **developed countries**, a significant proportion, as much as 50%, of working hours spent away from the patient doing electronic medical record (EMR) keeping seems to be a major cause of physician burnout. Although this was meant to improve the practice of medicine to be more efficient, it has actually created more barriers between the doctor and the patient, resulting in an enormous amount of extra paperwork at the same time. This may not be an issue in our country. However, the resulting lack of easy access to past medical records makes it less efficient and prone to mistakes in diagnosis and treatment, in turn contributing to burnout.

Especially in larger hospitals, one may consider it a blessing to have a team of doctors of all categories available to share the work. At the same time knowing that they are all waiting with eager wide open eyes to learn from you could be an added source of stress to a physician. A bunch of medical students too could be similar unless one enjoys teaching after a heavy ward round. Of course imparting knowledge and skills to the juniors is an integral part of medical practice.

But one should always find ways of rationalising the work schedule wherever possible. With many doctors migrating overseas resulting in many shortages in a system with little attempts at rational distribution of human and material resources, burnout of frustrated doctors and other healthcare workers is necessarily rampant. The patient, whose welfare is our primary and ultimate responsibility, is the loser in the end.

Private consultation practice, rather than the daytime hospital work, is a main contributor to physician burnout in Sri Lanka. The private sector has become a necessity due to the extant structure of healthcare services where mandatory service is only till 4.00 p.m. The gap between the qualification/ skill level and the salary scales is the other reason that drives the physician to the private sector. The major risk of burnout lies in forgetting the concept of moderation. Physicians tend to forget or overestimate their capacities and end up compromising their own health, social and family life.

The physician intentionally/unintentionally gets entangled in a race against time aggravated by the patients who seek their service in the “after hours” and end up delivering a suboptimal service where communication and empathy are compromised. Their service is further affected by the lack of rest which carries forward to the following day impacting their daytime work.

Remedies

The medical students and young doctors should be constantly made aware from the very beginning, of the rewarding nature of the medical profession. At the same time, it should be understood that medicine is an imperfect science and its practice is an art where one can make unintended mistakes.

Correct attitudes should be imparted early in one’s career. Some key points that need to be addressed are as follows:

- Impart knowledge of what professionalism is
- Understanding what makes a good doctor
- Striving to achieve a sense of value and purpose
- Recognise good medical behaviour and install a commendation system for such behaviour.
- Identify early lapses in professionalism that could lead to burnout
- Provide early support and remediation
- Be aware of early signs of burnout in colleagues

Interventions for burnout should be two pronged:

1. **Physician directed interventions(8,9)**
    - Targeting individuals involving lifestyle changes or cognitive behavioural techniques (CBT)
        - To enhance job competence
        - To improve communication skills and personal strategies for coping.
    - Isolating self for self appraisal.
    - Learning to accept to be “good enough” rather than to be “the best”.
    - Addressing daily habits and health practices that affect the overall health and well being of individuals.
    - Practising principles of lifestyle medicine to promote good mental and physical health.
        - Mindfulness training, meditation, psychological counselling
        - Regular meal times, avoiding binge eating
        - Undertake regular physical activity, exercise
        - Talk to family, close friends
        - Reading, listening to music
        - Adequate sleep
        - Avoid excess alcohol and drugs
2. **Organisation directed interventions (11)**
    - Optimising work schedules
    - Reduction of workload
    - Promoting teamwork
    - Redistribution of workforce
    - Increasing levels of participation in decision making
    - Establishing a mentoring process

A resilient lifestyle prioritises self-care to maintain physicians' cognitive and physical performance. To promote workplace efficiency, the clinical and administrative workload should be supported by sufficient resources to maintain quality, productivity and work life balance.

An effective wellness programme hinges on an enlightened executive team who recognizes physician well being as critical to the success of the organisation and addresses the issue with the urgency it demands.

Conclusion

Burnout has become an important factor and a challenge for public health. There is an agreement that burnout in medicine is harmful to the professional, the institution and the patient. Risk situations should be identified and preventive measures should be implemented early to avoid future harm.

As most of the corrective measures currently employed have only low to moderate success, further studies are needed to identify and improve individual and organisational interventions to achieve greater success.

Sri Lanka, with enormous problems in the delivery of satisfactory health care, is yet to identify physician burnout as a significant issue. It is likely to worsen due to staff shortage resulting from the brain drain, as well as the shortage of drugs and other facilities due to the economic crisis.

More studies are needed to identify its causes which are likely to be somewhat different from those seen elsewhere in the world.

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