

Professional Burn Out: How Caring for Ourselves Helps Us Care for Others.

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INTRODUCTION:

Increasing numbers of doctors are experiencing burnout now more than ever before and the worrying part is that what we see is just the tip of the iceberg⁵. Burnout makes it nearly impossible for individuals to provide compassionate care for their patients⁷. A healthcare provider's chronic exposure to patients in distress can result in conditions known as compassion fatigue, secondary traumatic stress, or vicarious trauma, all of which can lead to a syndrome called professional burnout. The process of "[burning out](#)" refers to a progressive state that occurs through the cumulative impact of both empathizing with other's suffering and being committed to their recovery².

Scientific research has demonstrated that professional burnout encompasses [three symptom dimensions](#)²:

- (1) Emotional exhaustion,
- (2) Depersonalization, and
- (3) Reduced personal accomplishment.

Overall, the [symptoms](#) of professional burnout resemble those of post-traumatic stress disorder and can also include intrusive thoughts, nightmares associated with work, insomnia, chronic irritability, fatigue, difficulty concentrating, avoidance of patients or work events, hyper-vigilance, and angry outbursts. These symptoms can lead to serious personal repercussions for healthcare providers including

problematic alcohol use, broken relationships, and suicidal ideation².

LITERATURE REVIEWS:

Most studies find that nearly 50% of healthcare providers are burnt out². Healthcare providers including physicians, nurse practitioners, and physician assistants are susceptible to professional burnout. Since 1970, when burnout was first described in scientific literature, thousands of conceptual papers and empirical studies have investigated this multifaceted phenomenon. In 2007, the U.S. Department of Health and Human Services declared burnout a major problem resulting in poor retention of competent healthcare professionals, and it was then that burnout was officially described as an occupational hazard.

Burnout, a condition of emotional exhaustion affecting professionals in contact with people, is an important occupational hazard in clinical services in hospital¹.

A [2011 survey](#) of physicians found that 37.9% reported high emotional exhaustion, 29.4% reported high depersonalization, and 12.4% reported a low sense of personal accomplishment. A [follow-up survey in 2014](#) found that these rates of burnout symptomology have increased by 10% in just three years. Burnout impacts individuals by increasing their risks for substance abuse

conditions, suicidal ideation, and physical illness.

Burnout poses problems for both health care organizations and patients. While burned-out physicians attempt to maintain quality of care at their own expense, work conditions that result in burnout are associated with poorer care quality. Burned out doctors are more likely to leave their practice, thus reducing access to care⁶. Satisfied role models could make a difference in this steady drain on primary care, but it is getting harder to find them. The situation may be no better for hospitalist physicians, for whom burnout is also common. Women physicians in national surveys have a 60 % higher burnout rate than that seen in men, yet the workplace remains largely unmindful of gender as a predictor of burnout. And despite known work condition challenges that contribute to burnout in clinics serving minority patients, few if any changes have occurred to improve this situation⁶.

WHO IS AT RISK?

Healthcare providers are at a [greater risk](#) for professional burnout than the general population. Emergency room clinicians, primary care providers, surgeons, and mental health professionals tend to report higher rates of burnout symptoms. Younger providers and those with children are also at an [increased risk](#). Healthcare providers who feel undervalued and disrespected by their colleagues or employing organization are also at [greater risk](#) for developing symptoms of burnout.

Risk factors for professional burnout are sometimes called the "[big four](#)," and they include:

- Lack of control over work conditions;
- Time pressure;
- Chaotic workplaces; and
- Lack of alignment of values (around mission, purpose and compensation) between providers and their leaders.

PREVENTING PROFESSIONAL BURN OUT²

A unique [study](#) published in 2013 investigated the habits of 200 German physicians who had never experienced symptoms of professional burnout. These researchers conducted semi-structured interviews with each of them and

found three specific qualities they described as "resilience factors."

These resilience factors included: (1) job-related gratification, (2) leisure practices, and (3) attitude. First, these German physicians were more likely to scheduled regular contact with their colleagues to discuss patient cases, reflect on errors, and set team goals. Next, they reported a positive work-life balance, at least two hobbies, and weekend get-togethers with friends and family. These hobbies usually included exercise and life-long learning activities. Lastly, these resilient physicians seemed to possess an adaptive attitude that meant accepting tough situations and leaving organizations that didn't support their well-being. The study concludes by stating that the happiest physicians were those that did not derive work satisfaction from curing illness but instead from forming genuine connections with their patients and coworkers.

WHAT CAN ORGANIZATIONS DO?²

Start an Anti-Burnout Team

To prevent their employees from burning out, organizations should create an anti-burnout committee comprised of physicians, nurse practitioners, and physician assistants from various specialties. An organization may wish to elect an anti-burnout champion to lead the initiative and understand the scope of the problem. This committee should meet with leaderships regularly to plan anti-burnout initiatives and review current projects.

Distribute a Burnout Survey

The American Medical Association teamed up with the Medical Group Management Association to create the "[Mini Z](#)" survey, a 10-item questionnaire that assesses a provider's level of burnout. The Anti-Burnout Team should distribute this survey to all providers at least annually to assess their levels of burnout and to direct anti-burnout initiatives.

Involve Providers in Decision-Making

Create scheduled team meetings that include physicians, nurse practitioners, and physician assistants. Present relevant problems and allow providers to collaboratively find a solution. Decentralizing decision-making will increase employees' feelings of autonomy and sense of control over their work conditions.

Create Shared Values

To promote a positive work culture, allow providers to develop their own team values and mission statement. Providers will naturally create team values that align with their own, promoting a sense of organizational engagement.

Increase Positive Feedback

Acknowledging the hard work and dedication of an employee can go a long way. Managers should provide positive social support, ongoing encouragement, and consistent gratitude to their employees. Providers should also offer positive feedback to each other in order to encourage teamwork.

DISCUSSION:

The fact that burnout is a long-term stress reaction allows time to measure and intervene. To combat burnout, organizations need to identify stress in its earlier stages, and choose programs to prevent burnout before it occurs. Following the quality improvement (QI) model for organizational self-care can produce a sustainable workplace for clinicians, with high quality and accessible care for patients⁶. What applies worldwide unquestionably would apply in our country. In fact, that is what we professionals have been relying on. We extrapolate from others work and apply it to our practice. Similarly despite the extensive worldwide data on physician burnout, to our knowledge, there have been no reports of published burn out research among doctors in Nepal. Lamichhane N, Sapkota R et.al are conducting a study aimed to investigate the level and factors associated with burn out among medical professionals working in Gandaki Medical College, Pokhara⁴. A self-administered questionnaire is used in this multi-center cross-sectional study. We will use self-administered "Mini Z burnout survey". The 10-item Zero Burnout Program survey, also referred to as the "mini Z," is short and easy to use. It is a validated survey tool and is one of the most commonly used survey for 'burn out'⁴.

We hope this study will come forward with the glimpse of this burning issue in Nepalese context. Furthermore if carried out in other centers in the country should provide more

comprehensive picture. With individual and institutional support burn out can be tackled in our workplaces.

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