

Editorial**Vocational ‘Burnout’: The ‘silent anguish of the healers’**

Amer Al Durazi, MD*

Looking after the interest of patients and fulfilling a singularly privileged role in the lives of others offers the physician day-to-day rewards that are unmatched in any other profession. However, one must not forget that it is also an occupation in which goals and daily professional activity may become masked in an onrush of operational, financial, and regulatory demands. Many a times, stress among physicians is left dangerously unmanaged.

The special demands placed on physicians, combined with the personality traits favored by the profession, too often lead to vocational ‘burnout’, which is taking an excessive toll in their lives and performance.

In recent medical literature there is an abundance of papers and surveys that highlight the growing discontent of physicians worldwide with the increasing complexities of practice and teaching of medicine¹⁻⁴. ‘Burnout’, a term that has moved from colloquial speech into the social and psychological jargon, adequately describes this growing phenomenon.

Vocational ‘burnout’ is a syndrome defined by the three principal components of emotional exhaustion, depersonalization, and diminished feelings of personal accomplishment³. Unlike major depressive disorder, which pervades all aspects of a patient's life, ‘burnout’ is a distinct work-related syndrome. It is most likely to occur in jobs that require extensive care of other people⁴.

Maslach describes this condition as the index of the dislocation between what people are doing versus what they are expected to do. It represents an erosion of values, dignity, spirit and will. She describes this constellation of assaults as ‘an erosion of the soul’, but she does not define what is a ‘soul’⁴.

The most commonly used tool for assessing ‘burnout’ is the 22-item Maslach ‘burnout’ Inventory–Human Services Survey (MBI-HSS)⁴. The diagnosis is established by the combination of high scores for emotional exhaustion and depersonalization and low score for personal accomplishment.

* Assistant Editor
Bahrain Medical Bulletin &
Senior Resident
Department of Surgery
Salmaniya Medical Complex
Kingdom of Bahrain

The seeds of 'burnout' may be sown even before careers begin. Fatigue and emotional exhaustion that traditionally shadow the medical student serves as an early foundation for the stress of overwork, thus preventive strategies designed to combat 'burnout' should begin on the first day of medical school and continue throughout one's career¹.

The major factors that determine the extent of physician 'burnout' are sheer workload and perceived loss of control over the work environment. This phenomenon is significantly more common among physicians in mid career than among those who are older, and female physicians have a somewhat higher incidence of 'burnout' than males³.

Certain personality traits may enhance the risk of 'burnout'. Compulsiveness is a character trait found in many physicians, and although it may be adaptive in getting them through the demands of training, it can also have an enormous detrimental impact on their professional, personal, and family lives. The compulsive triad of doubt, guilt feelings, and an exaggerated sense of responsibility have been well described. Physicians with compulsiveness have chronic feelings of 'not doing enough,' difficulty setting limits, hypertrophied guilt feelings that interfere with the healthy pursuit of pleasure. A 'psychology of postponement' takes root in which physicians habitually delay attending to their significant relationships and other sources of renewal until 'all the work is done' or the next professional hurdle is achieved. Healthy self-interest becomes confused with selfishness².

The symptoms and signs of 'burnout' include emotional exhaustion, cynicism, ineffectiveness and a sense of depersonalization in relationships with coworkers or patients. 'Burnout' has been associated with impaired job performance and poor health, including headaches, sleep disturbances, irritability, marital dysfunction, fatigue, hypertension, anxiety, depression, myocardial infarction and may contribute to alcoholism and drug addiction⁴.

It is the personal responsibility of physicians and hospital administration to combat vocational 'burnout'.

Hospital administration should have a major role in preventing 'burnout' since physician well-being is associated with productivity, retention, patient satisfaction, and patient safety. Another reason is that a 'burned out' individual is contagious, since his tardiness, criticism, or sloppy work affects all other workers, increasing their stress and their risk of 'burnout'. The administration should strive to accommodate physicians' physical and emotional needs in the workplace. This can be achieved by supporting physicians to balance work with personal life and providing opportunities for continuing medical education. Physicians should also be given the opportunity to control their work design and practice management. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has mandated that as of January 1, 2001 all hospitals have a process to address physician well being².

Physicians themselves should play an active role in preventing 'burnout'. This is best achieved by setting limits at work and protecting time spent with family and friends. If

the workload gets out of hand, they need to consider ways to reduce it. It helps to pursue a positive outlook and positive relations with others as maintaining strong relationships with one's spouse, friends and colleagues is the key to withstanding occupational stress. Physicians should also pay attention to their nutrition and exercise.

We should not lose sight of the meaning of our work. To succeed as physicians, we must learn first to care for ourselves. We are surrounded by sources for renewal both at home and at work, we must seek out these experiences.

REFERENCES

1. Parshuram CS, Dhanani S, Kirsh JA, et al. Fellowship training, workload, fatigue and physical stress: a prospective observational study. *CMAJ* 2004;170:965-70.
2. Shanafelt TD, Sloan JA, Habermann TM. The well-being of physicians. *AM J Med* 2003;114:513-9.
3. Graham J, Potts HW, Ramirez AJ. Stress and 'burnout' in doctors. *Lancet* 2002;360:1975-6.
4. Maslach C, Schaufeli WB, Leiter MP. Job 'burnout'. *Annu Rev Psychol* 2001;52:397-422.