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Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)



Understanding and Supporting Trainees and Trainers with Burnout

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Question

What proportion of you have suffered with burnout or recognised a colleague suffering from burnout.

- A. Suffered myself
- B. Colleague suffered.
- C. Both
- D. Neither

Plan

1

Define burnout
including features

2

Consider wider
context

3

Discuss results of
recent work with
trainers and
trainees

4

Outline triggers
and management
strategies

5

Identify solutions

What is Burnout

- Currently no widely accepted definition for burnout
- “A syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do “people-work” of some kind” (Maslach et al 1981; Kristensen et al 2005).
- Emotional exhaustion is thought to be a key aspect resulting in negative reactions to clients (in this case patients) leading to a deterioration in quality of care.
- Chronic stress within the workplace has been closely associated with work-related burnout and mental health problems.

What is Burnout

- 3 principle domains
 - Emotional exhaustion
 - Depersonalisation
 - Personal accomplishment

Question

At what point in your career are you most likely to suffer from burnout?

- A. Early career
- B. Late career
- C. At any point



- Alcohol
- Drugs

- Loss of interest in pursuing specialty of interest
- Lack of interest in exams and pursuing audits
 - Wanting to quit

- Poor work life balance
- Disengagement with family and friends
 - Lack of control over personal life
 - Poorer relationships

- Eating issues
- Fatigue
- Sleeping issues
- Pain

- | | | |
|-------------------------------|--|---|
| • Being late | • Feeling unfulfilled | • Lack of sensitivity |
| • Brain fog | • Inability to receive and take on board praise/feedback | • Loss of interest in colleagues and patients |
| • Caring less | • Lack of conscientiousness | • Making mistakes |
| • Difficulty making decisions | • Lack of control | • No clear goal |
| • Disillusionment | • Lack of enjoyment for work | • Poor performance |
| • Dread going to work | • Lack of enthusiasm | • Work avoidance |

Internal feelings

- | | | |
|----------------------|-------------------------|----------------------|
| • Anhedonia | • Frustration | • Lack of motivation |
| • Anxiety | • Hopelessness | • Low mood |
| • Apathy | • Lack of concentration | • Mental exhaustion |
| • Boredom | • Low confidence | • Overwhelmed |
| • Depression | • Lack of empathy | • Poor self-esteem |
| • Difficulty coping | • Lack of energy | • Sadness |
| • Emotional blunting | • Lack of interest | • Stress |
| • Emotional lability | | |

External behaviours

- Anger
- Irritability
- Labile mood
- Restlessness
- Short-tempered
- Tearfulness

Literature review- relevant articles

There are NO studies specifically in foundation doctors or trainers

- Lemaire JB, Wallace JE. Burnout among doctors. BMJ (Clinical research ed.). England; 2017. p. j3360.
- Rimmer A. Half of doctors don ' t go straight into specialty training. 2017;672:1–2.
- Dyrbye L, Shanafelt T. maintaining well-being A narrative review on burnout experienced by medical students and residents. 2016;132–49.
- [Burnout and self-reported suboptimal patient care amongst health care workers providing HIV care in Malawi.](#) Kim MH, Mazenga AC, Simon K, Yu X, Ahmed S, Nyasulu P, Kazembe PN, Ngoma S, Abrams EJ. PLoS One. 2018 Feb 21;13(2):e0192983. doi: 10.1371/journal.pone.0192983. eCollection 2018.
- Halliday L, Walker A, Vig S, Hines J, Brecknell J. Grit and burnout in UK doctors: a cross-sectional study across specialties and stages of training. Postgraduate medical journal. 2017;93(1101):389-94.
- O'Kelly F, Manecksha RP, Quinlan DM, Reid A, Joyce A, O'Flynn K, et al. Rates of self-reported 'burnout'and causative factors amongst urologists in Ireland and the UK: a comparative cross-sectional study. BJU international. 2016;117(2):363-72.

Studies from all over the globe, all describing worsening and increasing problem. Limited UK studies.

- **Physician Burnout: Contributors, Consequences, and Solutions.** [West CP^{1,2}](#), [Dyrbye LN¹](#), [Shanafelt TD³](#).
- [Meta-Analysis of Surgeon Burnout Syndrome and Specialty Differences.](#) Bartholomew AJ, Houk AK, Pulcrano M, Shara NM, Kwagyan J, Jackson PG, Sosin M. J Surg Educ. 2018 Feb 27. pii: S1931-7204(17)30619-0. doi: 10.1016/j.jsurg.2018.02.003.
- [Empathy, burn-out and the use of gut feeling: a cross-sectional survey of Danish general practitioners.](#) Pedersen AF, Ingeman ML, Vedsted P. BMJ Open. 2018 Feb 28;8(2):e020007. doi: 10.1136/bmjopen-2017-020007

GMC National Training Survey

- Starting collecting burnout data in 2018
- 1 in 4 trainees and 1 in 5 trainers feel burnout to a high or very high degree
- Half of rostered doctors work beyond their hours
- 1 in 5 short of sleep

Caring for doctors
Caring for patients

How to transform UK healthcare environments to support doctors and medical students to care for patients

Professor Michael West and Dame Denise Coia

HEIW/Cardiff University Burnout Research

- Observational study
- All foundation doctors and trainers in Wales invited to take part in 2020/21
- Abbreviated Maslach burnout inventory, demographic data and free text responses for foundation doctors
- Invitation for semi structured interview with narrative and thematic analysis for trainers

Results - Trainers

- 13 interviews (5h 30mins)
- Areas covered include perceptions, triggers, signs and symptoms, impact, management, prevention and COVID-19

Results – Foundation Trainees

- 63 responses (9%)
- 75% self reported suffering from burnout
- 24% scored high on EE and DP indicating clinical burnout
- 43% demonstrated high PA

Discussion

What would you consider to be the main triggers for burnout amongst trainees and trainers?

Triggers

Trainees

- Workload
- Lack of resources
- Culture
- Personal factors
- COVID-19
- Transitions

Trainers

- Workload
- Lack of resources
- Additional burden of training role
- Lack of place and space
- Poor leadership of organisations
- Personal capacity and professionalism
- Interplay between work and personal roles

Quotes

TRAINEES

“management who have no idea of your job and responsibility you have but being pestered to work extra shifts and fill rota gaps”

“I’m not able to do what I used to do to de-stress because of COVID e.g. flying home to see family every few months”

“I put so much pressure on myself at work. It’s difficult to maintain a work-life balance and even relax outside of work“

“I had never heard that foundation year 1 to year 2 was such a difficult step, I wasn’t really prepared for that”

TRAINERS

“erosion of the collegial aspects”

“I think that when you’re in a position where I think after 10 year of austerity we’ve all been squeezed more and more. There are fewer resources and an ever-growing demand and I think that is what has pushed a lot of people to a point where they are constantly stressed and fire-fighting”

“If you put somebody through a divorce and a major illness and a bereavement and a separation and a house move and a job move and a child death and, you know, they’re almost bound to become depressed so... so if you put somebody into a role in which they’re unfulfilled, not listened to, bullied, harassed, overworked, underpaid, undervalued I suspect that they’d be likely to become burnt out.”

Discussion

What do you consider are the main strategies that are used to manage burnout amongst trainees and trainers?

Management strategies

Trainees

- Individual coping strategies (self care)
- Relational/support
- Time out
- Mindset
- Impact of COVID-19
- Difficulty coping

Trainers

- Time out
- Shedding responsibilities
- Agency/control over work
- Avoiding work
- Resilience
- Self reflection and recognition
- Self care
- Negative management strategies

Quotes

TRAINEES

“I get home and count down the days until August 2021 when I can take an F3 year and leave the NHS.”

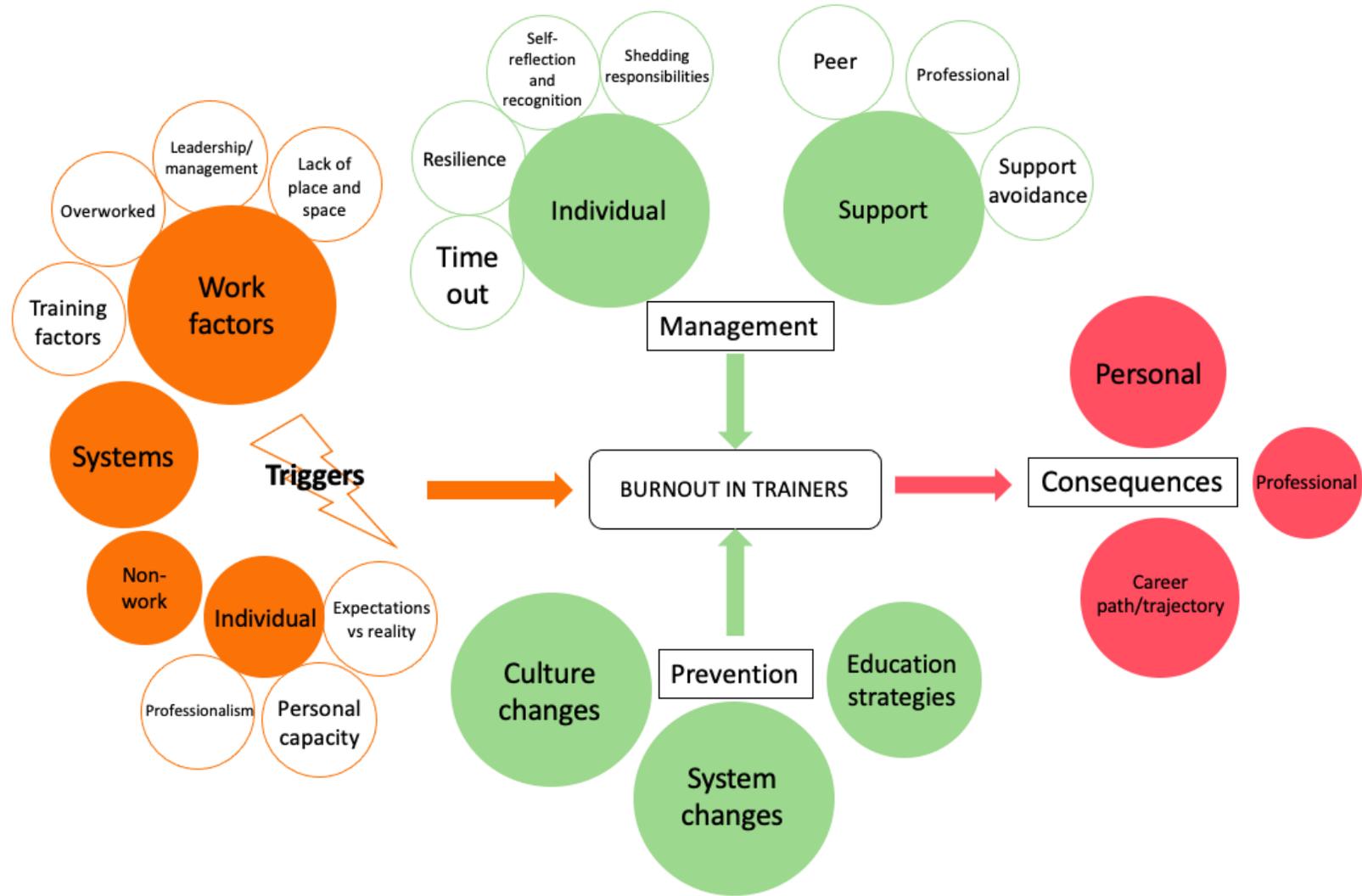
“I wouldn’t say I have strategies. I have ways of trying to stay afloat like sleeping as soon as I get home.”

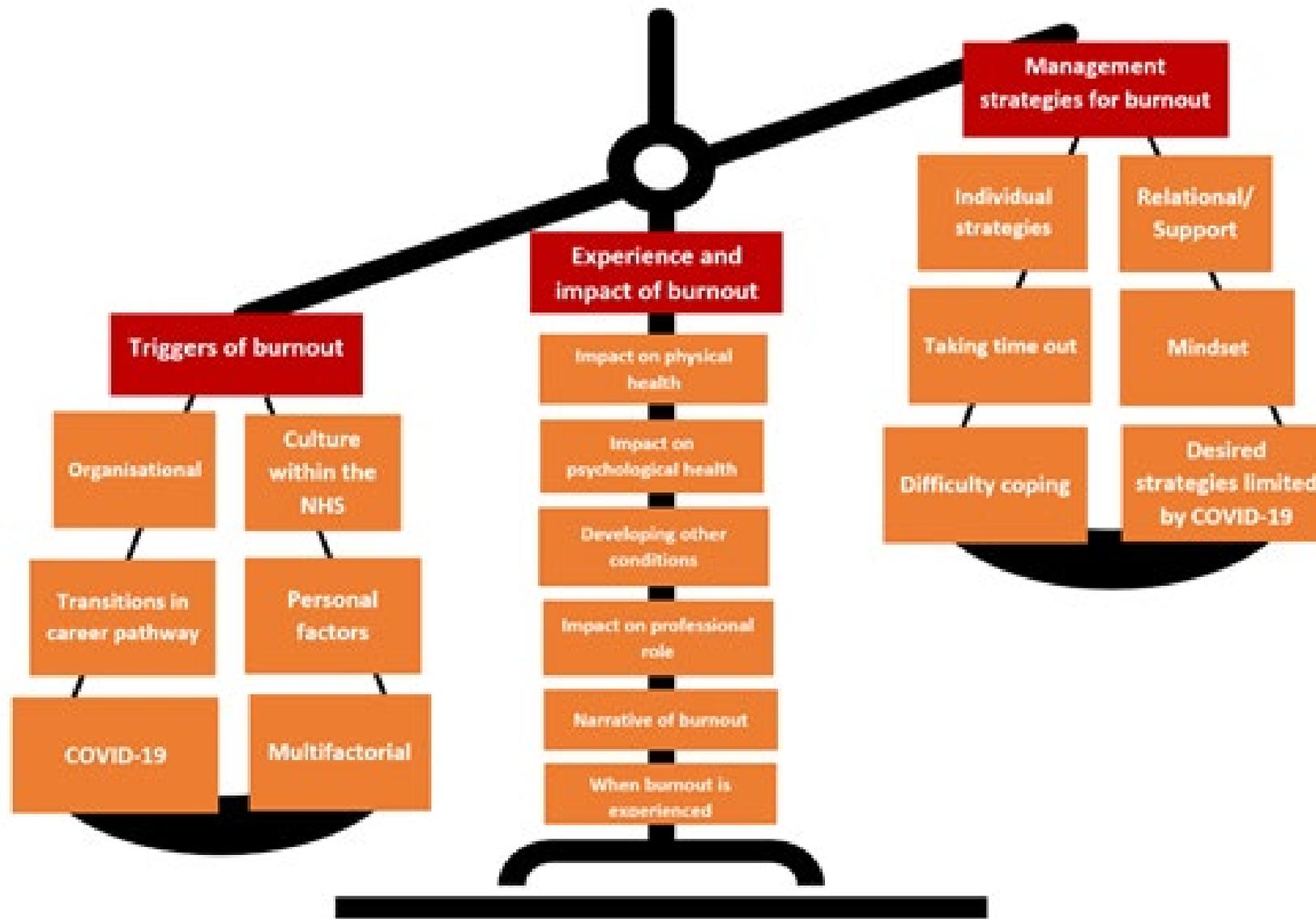
“I prevent burnout by keeping a realistic recognition of my abilities, competence, limitations and position.”

TRAINERS

“So, I know there is professional support particularly as a trainee there’s a professional support unit in Cardiff which you know I’ve found a very excellent support unit. But as a consultant or as a senior doctor I don’t know what networks are there. I guess you would go to your line manager but I don’t know if any of us in reality would do that?”

Results Trainers





Next steps



SHARING BEST
PRACTICE:



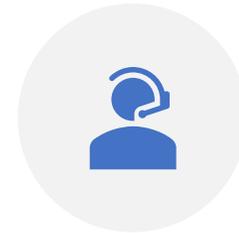
POOL EXPERIENCES
AND WORKED
EXAMPLES



CREATE GUIDE:



HIGHLIGHTING
STRATEGIES



SIGNPOSTING
SUPPORT

GMC Wellbeing Review

A - Autonomy/control – the need to have control over our work lives, and to act consistently with our work and life values

B - Belonging – the need to be connected to, cared for, and caring of others around us in the workplace and to feel valued, respected and supported

C - Competence – the need to experience effectiveness and deliver valued outcomes, such as high-quality care

GMC Wellbeing Review

- Voice, influence and fairness
- Work conditions
- Work schedule and rotas
- Team working
- Culture and leadership
- Workload

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- GMC (2018) National Training Survey: initial findings report [online]. Available at: https://www.gmc-uk.org/-/media/documents/dc11391-nts-2018-initial-findings-report_pdf-75268532.pdf
- GMC (2019) National Training Survey: initial findings report [online] https://www.gmc-uk.org/-/media/national-training-surveys-initial-findings-report-20190705_2.pdf?la=en
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Thank you

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