

Burnout in doctors & medical students

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Burnout: definitions

- Stress: **Situations or events that put pressure on us** – for example, times where we have lots to do and think about, or don't have much control over what happens.
- **Our reaction to being placed under pressure** – the feelings we get when we have demands placed on us that we find difficult to cope with. (Mind 2020)
- Burnout is a pervasive and debilitating state that results from an unsustainable period of overwhelming stress (Staten 2019).
- Not unique to medical professionals but there are specific issues

Burnout: definitions

- Classically defined as an experience of physical, emotional and mental exhaustion caused by a long-term involvement with situations which are emotionally demanding (Mateen & Dorji 2009)
- Three major components: emotional exhaustion, depersonalization and absent sense of personal accomplishment (Tidy 2015)

Burnout: definitions

- **Emotional exhaustion:** feeling of being emotionally overextended by one's work , seen as very important as it has a pervasive effect on the ability of the doctor to carry out their work effectively and for students to learn effectively. Affects relationships and life outside work
- **Depersonalisation:** unfeeling, unempathetic, impersonal response to the interaction with patients and their carers.
- Poor sense of **self-accomplishment** or its complete absence. More in pain specialists (Maslach et al 1986, Staten 2019)

Stages of Burnout

- First stage is known as stress arousal typified by difficulty in concentrating, memory lapses, irritability, anxiety and physical symptoms of anxiety may be seen e.g. poor sleep, palpitations, panic, loss of libido
- Second stage is the period of energy conservation and maladaptive strategies appear such as avoidance, lateness, social withdrawal, lateness, excessive sick leave
- Third and final stage is exhaustion associated with anxiety, depression, suicidal ideation, apathy, poor decision making

Burnout versus stress

Stress

- Over-engagement
- Emotions - overactive
- Urgency and hyperactivity

- Energy
- Anxiety disorder

Burnout

- Disengagement
- Blunted emotion
- Helplessness and hopelessness-trapped

- Motivation and hope
- Detachment and depression

Doctors' health

- **Goldberg (1978)**

30% doctors above threshold on GHQ compared to 18% workers outside health profession

- **Caplan (1994)**

- 47% stress, 29% anxiety, 27% depression

Doctors' health

- **Borrill (1997)** – 27% psychological morbidity
- **Ramirez (2000)** – Evidence of stress among consultants. 27% psychiatric morbidity on GHQ (management and communication)
- **Firth-Cozens (2000/3)** – 28% doctors show work-related stresses

Doctors' health

- 50% of GPs at high risk of burnout, 14% at very high risk (Pulse 2015)
- 43% of GPs resigned or thought of resigning over work related stress (BMA News 2016)
- 58% report personal or family life suffered because they chose medicine as a career (Canadian study)

Doctors' health

- Presenteeism - 65% of NHS staff reported that they had not taken time off work despite feeling ill enough to do so (Boorman 2009)
- BMA Counselling taking 3,000 calls per year and rising!
- Differences across specialities, gender, age etc

Doctors' health and suicide

- In the UK, around 1:5 adults has considered suicide and 1:15 have attempted it. Attempts resulting in death, estimated to be about 1 in 10 000 per annum.
- The suicide rate for doctors have been variably estimated at between two and five times the rate of the general population.

Doctors' health and suicide

- In an Australian survey, 24.8% doctors reported having had thoughts of suicide prior to the past 12 months. 10.4% reported having had thoughts of suicide in the previous 12 months. Thoughts of suicide are significantly higher in doctors (24.8%) compared with the general population (13.3%) and other professionals (12.8%).

Doctors' health and suicide

- In a systematic review, Lindeman *et al.* estimated physicians' relative suicide risk at 1.1–3.4 for men and 2.5–5.7 for women compared with those for the general population, and at 1.5–3.8 for men and 3.7–4.5 for women compared with those for other professionals.
- Anaesthetists, general practitioners and psychiatrists appear to be associated with higher risk.

Doctors' health and suicide

- In a 2008 study, members of the American College of Surgeons were approached for an anonymous survey with questions on suicidal ideation and use of mental health services, and questionnaires for depression, burnout and quality of life.
- Of 7905 participating surgeons (response 31.7%), 501 (6.3%) reported suicidal ideation during the previous 12 months (more common in older surgeons). These levels of suicidal thoughts were between **1.5 and 3.0 times** more common of the general population. Only 26.0% with suicidal thoughts had sought help, whereas **60.1%** (301) were reluctant to seek help.

Doctors' health

- North Indian Survey of burnout in doctors (Bhugra et al 2008).
- Used Burnout inventory and GHQ-12.
- Rates of burnout very low in this sample.
- Is it related to private practice and control over working hours/rewards etc?

Doctors' health

- Tyssen and Vaglum (2009) observed that symptoms of mental health problems, particularly of depression, were highest during the first postgraduate year.
- Family background, personality traits (neuroticism and self-criticism), and coping by wishful thinking, as well as contextual factors including perceived medical-school stress, perceived overwork, emotional pressure, working in an intensive-care setting, and stress outside of work, were often predictive of mental health problems.

Doctors' health

- 349 Australian doctors in postgraduate years 1–4, who completed a web-based survey assessing emotional labour (surface and deep acting), training stress, work-related burnout, and depressive symptoms.
- Surface acting and training stress were associated with work-related burnout and depressive symptoms; deep acting and work-related burnout were associated with depressive symptoms.
- Assisting junior doctors to manage workload demands and patient contact will have beneficial effects on their work enthusiasm and mental health.

Doctors' feedback

- Want greater understanding of what generated their problems
- Importance of being in charge of ones own destiny
- Want more than protocol driven approach
- Value knowledge as a means to autonomy and self worth

Halpert, Int J of Psychoanalysis 2009

Doctors' health

- Dealing with physical and emotional distress
- Emotional giving all day (and night) - who gives to you?
- Lack of feedback (except complaints!)
- Working in isolation, poor support
- Long hours - poor family relationships, work-life balance
- Organisational factors, politics!

Why are doctors vulnerable?

- Professionalism
- High standards-perfectionism
- Increasing and changing expectations
- Empathy versus professional distance
- Lack of teams
- Lack of support and praise?

Stresses of doctoring

- **Inherent Double Bind I**
- **To be a good doctor one needs to be able to relate to patients
(capable of empathy and humanity)**
- **And Yet**
- **To survive emotionally one needs to be detached from their
pain and suffering**

Stresses of doctoring

- **Double Bind II**
- **Higher levels of self criticism associated with high rates of depression**
- **And Yet**
- **Need doctors to be obsessional / self critical to avoid mishaps**

Findings from BMA survey

- Online survey October 2018.
- Used Oldenburg Burnout Inventory : two core dimensions of burnout – exhaustion (for example, from long-term exposure to cognitive or physical strain) and disengagement from work.
- Risk of burnout among the respondents to the survey was largely driven by high scores for exhaustion.
- 4300 usable responses

Findings from BMA survey

- The majority of doctors (80%) were at high/very high risk of burnout with junior doctors most at risk;
- More than a quarter (27%) of respondents reported being diagnosed with a mental health condition at some point, and 7% said they were diagnosed in the past year;
- 40% of respondents reported currently suffering from a broader range of psychological and emotional conditions. Doctors working the longest weekly hours (51 or more hours per week) were most likely to say they were currently suffering;

Findings from BMA survey

- 90% of respondents reported their current working, training, or studying environment had contributed to their condition either to a significant or partial extent;
- In primary care, half of GPs said they or their practice had sought help or support for a condition affecting their work or training;
- One in three reported using alcohol, drugs, self-medication or prescribing to cope.
- Men and older doctors were most likely to do so.

Qualitative findings: Factors

Factors which can impact on doctors' mental health

1. **Systemic factors** – problems with structures, systems and processes
2. **Occupational factors** – the nature of the job
3. **Interpersonal factors** – relationships with peers
4. **Environmental factors** – practical issues linked to workplace environment
5. **Socio-cultural factors** – wider contextual factors outside of the profession

Systemic factors

- Understaffing & rota gaps
- Poor work-life balance – staying late
- Blame culture
- Less time available to spend on ‘main role’ – i.e. patient care
- Rotational nature of medical training
- Paperwork, increased accountability and regulatory fears
- Short consultations

Occupational factors

- Unexpected outcomes
- Traumatic events – no debrief, no recognition of impact on individual
- Keeping skills up to date - rapidly evolving medical/pharmaceutical landscape

Interpersonal factors

- Stigma – fear of judgement
- Erosion of peer relations and support in the workplace
- Hierarchy – intergenerational differences
- Isolation

Environmental factors

- Lack of breaks
- Lack of basic amenities / staff mess
- Travelling long distances for work

Socio-cultural factors

- Feeling undervalued by the general public
- Increasing patient expectations and patient self-diagnosis

Medical Students' health

- Used Oldenberg Burnout Inventory dimensions of exhaustion and disengagement
- GHQ-12 to measure common mental disorders
- CAGE to assess alcohol use
- Basic demographic details
- Confidentiality assured
- N= 3766 medical students from **12 countries now expanded to 25 countries**

Medical Students' health

Country (sample)		GHQ 12%	OLBI Disengagement %	OLBI Exhaustion %
Brazil	129	73	82	88
Canada	69	75	64	70
England	84	77	82	85
Hong Kong	123	87	95	95
India	597	62	88	81

Medical Students' health

Country Sample		GHQ 12 %	OBI Disengagement %	OBI Exhaustion %
Italy	360	74	79	84
Morocco	637	47	68	93
New Zealand	220	53	68	77
Paraguay	180	95	61	99
Portugal	622	81	81	89
Wales	266	89	84	87

Medical Students: alcohol and cannabis

COUNTRY	CAGE +	CANNABIS
India	8	15
Italy	9	21
Jordan	8	3
Morocco	5	28

Medical Students : alcohol and cannabis

COUNTRY	CAGE+	CANNABIS
New Zealand	18	35
Paraguay	20	26
Portugal	10	79
Wales	24	23

Medical Students' stressors

COUNTRY n	MONEY	STUDIES	RELATIONSHIPS	HOUSING
Brazil 157	43	57	85	12
Canada 212	46	64	83	19
England 218	52	24	83	59
Hong Kong 184	27	47	98	12
Paraguay 101	24	28	41	8

Medical Students' stressors

COUNTRY	n	MONEY	STUDIES	RELATIONSHIPS	HOUSING
India	135	18	6	69	42
Italy	153	76	49	17	11
Jordan	145	68	52	15	90
Morocco	182	37	42	90	13
New Zealand	198	51	15	81	51
Portugal	138	72	47	7	12
Wales	219	52	23	85	59

Medical Students' stressors

ACADEMIC: ALL YEARS

- Increased scholastic workload
- Competition for scores and subsequent career choice
- High stake examinations and style, essays versus MCQs
- Too many tests?
- Other expectations

Medical Students' stressors

CLINICAL YEARS

Unfamiliar environment

Variable type of patients

Variable type of supervision

Poor role models

Administrative difficulties

Medical Students' stressors

SOCIAL STRESSORS: PERSONAL

Loss of contact with friends/family

Forming new friendships and peer expectations

Loneliness

PSYCHOLOGICAL

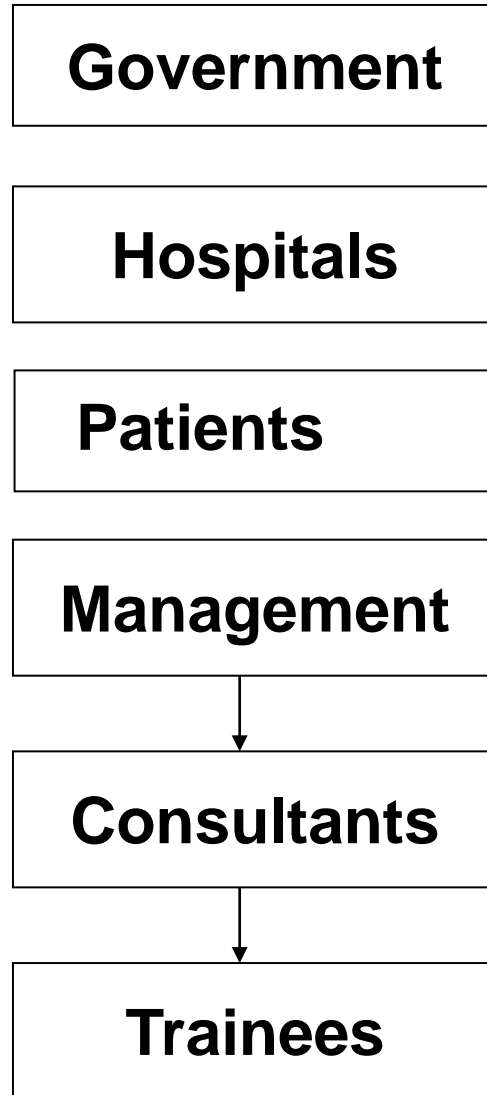
Unrealistic expectations

FAMILIAL/SPIRITUAL/FINANCIAL PRESSURES

GMC survey 2018: Burnout

- **Burnout** to a high degree or very high degree reported by 24% trainees in England, 21% in Northern Ireland and Scotland and 23% in Wales with a total of 23.8% in the UK trainees.
- Among trainers figures are 21.3% in England, 20.4% in Northern Ireland, 18.5% in Scotland, 22.9% in Wales and overall in the UK 21.2%.
- Trainees are more likely than trainers to say they always/often feel worn out at the end of the working day, with well over half of trainees (56.68%) reporting this compared to 49.85% of trainers. More trainees in England and Wales than Scotland and Northern Ireland. For trainers, a higher proportion feels this way in England and Northern Ireland.

Organisational Pressures



Maximum
power

Pressure
Coercion
Targets

Minimum

What's needed

- Personal
- Organisational
- Governmental

Resilience

Resilience defined as: the individual's ability to adapt to and manage stress and adversity (Lown et al 2015)

Resilience is complex, multi-dimensional and dynamic.

Factors influencing resilience include : facing fear, moral compass, religion and spirituality, social support, good role models, physical fitness, brain fitness, cognitive and emotional flexibility , having meaning, purpose and growth in life and realistic optimism (Southwick and Charney 2012)

Encouraging self-care and peer support

- **Self-care:** valuing and maintaining one's mental health, acknowledging support available
- **Peer support:** recognising ill-health in colleagues and offering support, understanding the difficulties colleagues face and being alert to signs of mental health problems, fostering a collegiate and inclusive environment

What the individual must do

- Use primary care physician before problems arise!
- Use support organizations and initiate memberships where appropriate
- **Boundaries**, make space for yourself and allow for colleagues
- Seek help early, where from?
- Share problems with family, friends, colleagues - admit vulnerability

You are human just like your patients

What to do?

- Identify and prioritise activities
- Adapt a healthy balanced lifestyle: good sleep, exercise, diet etc
- Maintain good relationships and friendships for support
- Use peer support systems
- Sense of humour
- Regular breaks
- Emotional intelligence
- Find a voice through professional bodies

What to do?

- Seeking help early, knowing the sources of help
- Right career: mix of interests
- Research/clinical/teaching/management/medical politics/ medical writing/entrepreneurial
- Change something in the job portfolio every few years

What to do?

- **Self-help:**
- Understanding your mind: mindfulness training
- Developing self-compassion
- Team 'you'-feedback, who are the people who will support you
- Lifestyle and sleep

What the organisations must do

- Are support avenues publicized?
- If you are responsible are they confidential? Fit for purpose?
- Balint groups
- Schwarz rounds
- Recognize and prioritize issue of well-being among doctors

What the organisations must do?

- Appreciation and Empowerment of workers
- Wellness programmes, wellness offices and guardians
- Better communication
- Resources physical and emotional
- Trustworthy confidential monitoring
- Prevention of bullying and harassment
- Coaching and mentorship
- Moral concerns and open listening (Moffic et al 2020)

Why is all this important?

- Your health and wellbeing is important
- Healthy doctors make for healthy patients
- Awareness of these issues can help colleagues
- Culture change for the future
- Poor medical student/doctor health relevant to staff retention, presenteeism and finances of NHS

Doctors' health

- **Better health inevitably will lead to**
- Increased Patient satisfaction
- Better Quality of care
- Better advocacy

Doctors' health

- **Poor health inevitably will lead to:**
- Increased clinical error rates
- Malpractice risk
- Higher staff turnover

BMA DocHealth programme

- Counsellors certified by the British Association for Counselling and Psychotherapy
- Receives over 300 calls per month
- Available 24/7

Conclusions

- Important to look after oneself
- Seek confidential peer support if needed/possible
- No need to be ashamed, you are human
- Will make you a better doctor