



Burnout in healthcare professionals – epidemic that is swept under the carpet

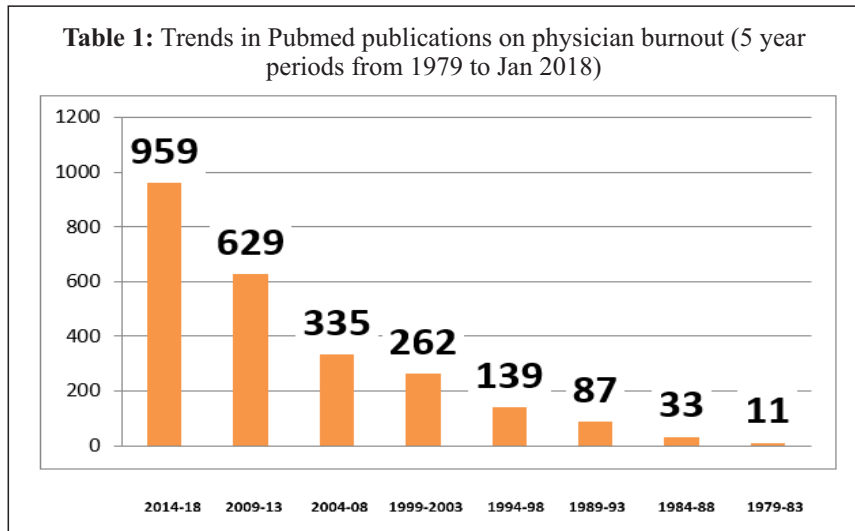
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1. What is burnout?

Physician burnout is the term commonly (and often incorrectly) used to describe the downward spiral of physical and emotional exhaustion, depersonalization or development of cynical attitude and reduced sense of personal accomplishment. Christina Maslach, describes it as, “erosion of the soul, caused by a deterioration of one's values, dignity, spirit and will”. (1) It is caused by chronic overwork the constant need to make split second life or death decisions, constantly being surrounded by traumatically stressful events as well as diseased human being in miserable conditions.

Usually recovery from such stress is possible by “recharging batteries” during off duty time. Burnout occurs when such windows of opportunity to be under normal conditions and normal environment are lost.

In short, physician burnout is the terminology used by administration and those in authority to pass on the blame to the victims, in this case the doctors on the line of duty (syn fire). (2) This is not fair circumstances. Normally it is said that the physician patient relationship is an unequal one with the patient at the short end of the stick. Actually it is the other way around. It is the physician who is vulnerable – the daily stress of practicing medicine lead to circumstances that virtually guarantee physician burnout for all doctors. (3) The classical comparison to other fields is what is shown in the movie “Sully”, based



on a true story. (4) On chilly January 15th of the year 2009, a commercial airliner had to make emergency landing at Hudson River in New York. The captain of this US airways flight no 1549 was Chesley "Sully" Sullenberger, played by Tom Hanks in the movie. Shortly after takeoff the aircraft was struck by birds and both engines were lost. Thanks to the calculated action by the experienced captain, all 155 passengers as well as the crew made it alive. The ferry operators, coastguard and emergency response teams of the big apple also played their crucial roles. Overnight Captain Sully was a national hero, but not in the eyes of the aviation authorities. He was made to face a humiliating investigation threatening his career and reputation. (4) This is exactly what is happening to doctors every day!

Personal Accomplishment, 5-item Cynicism and 6-item Professional Efficacy scales. In due course of time, five versions of the MBI have been developed - namely Human Services Survey (MBI-HSS), Human Services Survey for Medical Personnel (MBI-HSS (MP)), Educators Survey (MBI-ES), General Survey (MBI-GS) [and General Survey for Students (MBI-GS (S))] (5,6)

The 22-item Maslach Burnout Inventory (MBI) contains three subscales (emotional exhaustion, depersonalization, and sense of personal accomplishment). Those who scored high on either the emotional exhaustion (score of 27 or higher) or depersonalization (score of 10 or higher) domain of burnout are deemed to have at least one manifestation of professional burnout. (7) This ensures that the burnout problem is well documented in an objective manner that allows comparison across socio-economic and geographical differences.

3. What is magnitude of problem?

The first publication on physician burnout was in the year 1981. Since then there have been 2455 publications in the English

literature on pubmed search, with as many as 292 of them being last year

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2. How is it recognized / measured?

In 1981 the publication on Maslach Burnout Inventory (MBI) was the first documentation of addressing this problem systematically. (1) It has 9-item Emotional Exhaustion, 5-item Depersonalization, 8-item

Table 2: Published incidence of physician burnout in larger series

First Author	N =	Burnout rate	Ref No.
Dyrbye	4402	44.6 %	6
Shanafelt	1490	44.7 %	7
Blanchard	593	71 %	8
Tetzlaff	250	34.8 %	9
Total	6735	46.58 %	

Table 3: Burnout in Life Stages of Medical Professionals

Stage in Professional Career	Age in years	Description of professional stage	Incidence of burnout
Phase I	17 - 23	Medical College student level	50 %
Phase II	22 - 29	Residency training level	27 – 75 %
Phase III	28 – 60+	Senior Consultant level	33 – 60%

(in 2017). In fact google search gives 28,90,000 hits for the words doctor burnout. Table 1 shows the consistent increase in publications related to physician burnouts across the years, clear evidence of the growing problem that has now reached epidemic proportions.

The largest series published are between 2014 and 2017, which are shown in Table 2. (7-10) It shows that almost half of the physicians suffer from burnout (46.58%) during their professional career. Burnout is due to exhaustion from chronic overwork and time pressure. Compassion fatigue is the consequence of exposure to traumatically stressful events as a consequence of managing patients who are having pain and suffering. This also results in lower levels of satisfaction with work-life balance, being the highest amongst US medical oncologists.

In multivariable analysis, age, time spent on indirect patient care, (Medical) oncology subspecialty, and relationship with collaborating physician were factors associated with burnout. (10) And time pressure at work is a key predictor of burnout and compassion fatigue.

A comprehensive MEDLINE search of the medical literature was done from January 1, 2000 through December 28, 2016. It concluded that, compared with the population control samples, medical students, residents/fellows, and EC physicians were more likely to be burned out (all P < .0001).(7,11)

4. When does this occur?

Table 4: Physician Burnout in India

Question	Total (N=)	No answer	Yes
1 – In self	238	2	111 (46.6 %)
2 – In colleagues	238	6	129 (58.4%)

It does not take long for burnout to occur during the professional life of those involved in healthcare (Table 3) (12-16) . As early as medical college, while the individual is still to studying to become a doctor, upto half experienced burnout and as many as 10% even had suicidal thoughts. During the residency training, this continues to affect between 27 and 75 % - some specialities having a significantly higher incidence. And the ordeal continues in later life. Among senior consultant level doctors, the incidence of burnout is usually 33% and can be as high as 60%. In other words, the issue of burnout is like an epidemic that threatens to engulf the lives of doctors throughout their professional life – spanning 50+ years.

5. What is the Indian status?

We did a quick survey to find out the status of this malady in India. Doctors from different specialities were asked two simple yes/no questions. Question one was whether they themselves had experienced burnout at any time (viz. currently or in the past) during their professional life. Question two was whether they knew of a colleague who had experienced burnout at any time during his/her professional life. The results are shown in Table 4. Colleagues who might be startled at these figures are reminded that this is a real world situation and in line with international data (see table 2 above).

6. What are its consequences of physician burnout?

Published literature shows that feeling of frustration or feelings of professional failure are commonly used to describe burnout. (17-20) Lack of protected personal time (at workplace) and denial

of due leave/ annual vacation time (away from workplace) are the common stumbling blocks leading to burnout. Bullying by seniors (in the guise of professionalism) and exhaustion are big factors. Contrary to common belief, every death results in toll on the physician's health. Yes, patient deaths hurt doctors – physically and mentally. Academic distress also dents the dreams of medical students.

Malpractice / medical negligence court cases are devastating. When any lay person feels that their doctor has made a mistake (real or imagined), they are publicly shamed in court, on TV and in newspapers. Even if they are proven innocent, the stigma and fake news remains online forever. Doctors continue to suffer the private and personal agony of such harassment — sometimes for the rest of their lives.

The common lament is “We have no time for our own pain. No one bothers to acknowledge its existence, leave alone take concrete steps to address this”.

Had it not been for Ms Pamela Wilbe and her single minded documentation, we would never have realized the monstrous consequence of physician burnout – physician suicides. (21,22)

Over seven years, she has documented a tally of 757 doctor suicides. And this is just the tip of the iceberg. All publications show that physician suicide rates are higher as compared to the general population. Male doctors have 1-4 times higher risk of committing suicide than other men. Its risk is even higher among female doctors - 2-3 times higher than the general female population. (23)

In fact, high doctor suicide rates have been reported since 1858. Today, this has become a public health crisis. Male anaesthesiologists are at highest risk.

Doctors often kill themselves in hospitals, their place of work. The risk increases when they are blamed by seniors, administration or patient families of wrong doing. It also increases with bullying, hazing and sleep deprivation. (24). Dr Krishnaprasath who hanged himself in his hostel room of PGIMER on 26th Feb 2018 is "living" proof of this problem in India as well. (25) A top ranker from humble background, who was a resident for only two months, his post says that he "hated every minute of training" but did not want to quit. And the same institution also lost Dr Sunit Chandel, another junior resident doctor in Sept 2016.

When a doctor commits suicide, often colleagues are surprised. They are often under the impression that the doctor is "happy" - the actual stress under which their colleague existed being camouflaged. Fortunately, suicidal doctors are not homicidal. They don't react by taking action against colleagues, patient families or others. And for those who survive a suicide attempt, on-the-job post-traumatic stress disorder is not uncommon.

Why urgent action is necessary is because everyone pays a price when physician burnout occurs. It has been shown to have the following consequences:

- § Reduced level of professionalism
- § Increase risk of medical errors
- § Lower levels of both patient satisfaction as well as compliance
- § Increased physician suicide and intent to leave practice

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7. What else can be the cause?

There are other factors that contribute to physician burnout. The most important is our current norm of upto 36 hours duties to doctors in hospital units on emergency days. They are not given enough time to have even a quick bite, let alone a proper meal. Doctors are also held accountable without being given the authority to deal with the situation. Doctors are soft targets from all corners of society (media, police, politicians, govt, legislation) and are treated with apathy. Violence against doctors and hospitals is increasing on a daily basis. No action is taken against the perpetrators even when applicable legislation is available in the form of Prevention of Violence.... bill. On top of all such issues is the growing menace of allegations of medical negligence. Usually they are due to failure of improvement in the patient's condition, being instigated by others and the greed of extracting money from the doctors. Lack of sufficient punitive measures against frivolous charges compounds the problem.

8. What steps have been taken / are required to tackle this mammoth problem?

Burnout is a preventable work-related health problem. This fact needs to be recognized and accepted as a fact. Stop sweeping this under the carpet, have open discussions, highlight the fact that it is the system that is killing the doctors and take specific drastic

steps to correct this.

No matter how brilliant or compassionate a physician is, it is impossible to take care of complex medical problems of patients in 15 minute slots. In fact, the workload at most hospitals in south Asia allows only five minutes or less per patient. What else can the physician do when 100s of patients are waiting to be seen? So, failure to address the real reasons for physician burnout, means that patients will ultimately continue to suffer and the physician will continue to be blamed falsely.

Besides increasing manpower, reducing work hours and controlling workload, other steps are also vital.

Healthcare professionals should be given scheduling control/flexibility. This will effectively reduce work-family conflicts. Family-supportive workplace cultures have also been shown to help remedy this problem.

A major step in the right direction is the new version of our Hippocratic Oath. This was ratified by World Medical Association on 4th Nov 2017. (25,26) This is the first revision in a decade and reflects in the changing circumstances. It has the inclusion of a new statement, "I will attend to my own health, well-being, and abilities in order to provide care of the highest standard". (26,27) Recognition of the epidemic of physician burnout forced the world to add a new statement to the decade old Hippocratic Oath. Now it is up to other stake holders to ensure that physician burnout is tackled on a war footing.

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