Physicians Burn Out - Silent Crisis

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Life is getting tougher and busier with every passing day despite advancements in technology. The chain between demand and supply is pushing people to take an extra step forward, be it personal, professional or educational. The working class faces the dual responsibility of keeping home and profession go in harmony. In maintaining stability during this tussle, a stressful environment brings individuals to a point where they end up burning out. Burn out syndrome is a rising complex phenomenon first described in mid-1970s by Freudenberg and since then it has been the subject of discussion[1]. To date, neither a definition of burnout exists nor it succeeded to become part of medical diagnosis. Yet, it is an important process lacking attention and timely intervention is need of the hour. In general, burnout refers to exhaustion, listlessness and inability to cope with situations, which leads indirectly to feeling low, reduces performance and even negative attitude towards work and life. It can also be described as an imbalance between work demands and personal capabilities. More precisely, it is a psychological state resulting from prolonged exposure to job stressors.

The risk factors and predictors of Burn out syndrome, as documented are job pressure, magnitude of work, lack of social support, role ambiguity and more recently competitive life style. A person who is suffering from burn out feels physically and emotionally low, dissatisfied with their job, reduced functionality, decreased productivity and estranged from co-workers. Over the decade, research progressed and Maslach conceptualized Burnout syndrome as having three dimensions: emotional exhaustion (depletion of emotional resources while communicating with people), depersonalization (negative feelings and cynical attitudes toward the recipient of one's services or care) and reduced personal accomplishment (a tendency to evaluate oneself negatively, particularly with regards to work)[2].

Certain specific professional categories, which demand interaction with people, such as doctors and nurses, are more prone to burn out syndrome. Few reasons brought forward in this regard are that medicine is a career that is believed to consume the brain, pushing all priorities to a side and working full time with sick patients, creating physical and emotional debilitation. However, individuals working in other environment involving responsibility, meticulous performance, shift work, or tasks and responsibilities not favorable, are the most at risk. It might not be incorrect to state that burn out is an occupational environment related melancholy. Work milieu comprises of overall surroundings, co-workers, fellows, associates, hierarchy and organizational structure. Instability or variances in any of the elements in the chain of links might supposedly lead to the phenomenon of burn out.

Research among health cadres in communities from several parts of the globe disclosed unequivocal responses to this occupation specific dysphoria. A study from Spain among health care professionals showed a high association of burn out syndrome with absenteeism, inordinate sick leaves, quitting job, and overall eudaimonia[3]. Assessment with Maslach Burnout Inventory Scale (MBIS) revealed low levels of burn out among dentistry graduates from Barcelona, whereas moderate burn out was seen among General practitioners working in a Spanish town Avila[4-5]. Emergency physicians and nurses from Egypt also revealed moderate burn out using MBIS with work burden as significant predic-

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tor[6]. Similar findings from Tunisia revealed working environment and lack of experience as salient risk factors among young nurses leading them to burn out[7]. Residents during training also suffered from burn out and factors associated were perceived heavy workload and emotional distress[8]. Health workers from Iran also experienced moderate burn out with low job satisfaction rate[9]. A study among Pakistani nurses showed burnout being very common because of increasing workload, henceforth negatively affecting their quality of life and leading to compromised patient care[10].

Overcoming this escalated problem is possible with providing a motivated, trustworthy and respectful environment, allowing communication independence to professionals. Adequate training of supervisors in identifying employees and sub-ordinates at risk of this syndrome and deploying leadership role in combating with the situation can be promising. In addition, support-groups assistance, coping mechanism and psychoanalysis should be considered modality for early intervention[11]. Further research has promising evidence in utilizing newer measures of emotion regulation strategies such as mindfulness, self-compassion, resilience and empathy promotion for combating burnout and improving stress management[12]. Prevention and therapy of burnout can be considered three dimensionally: personal (psychotherapy), team (communication) and institution / organizations (support groups). A multi-pronged psychosomatic model can also be an effective means to combat the situation.

Even though its inception and recognition has passed three decades, health care providers suffer with stressful work conditions. The health care systems continuously strives to improve quality and cost, whereby overlooking this important phenomenon of burn out among professionals. Over the next decade, we believe that burn out syndrome might be acknowledged as an important occupational hazard in clinical research. Early recognition and appropriate measures will bring fruitful results on personality and better accommodation to work with accomplishment of goals.

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