

Tackling burnout: why is it important?

Evidence suggests a significant relationship between healthcare staff wellbeing and patient safety, with burnout directly and indirectly affecting medicolegal risk. Poor wellbeing of doctors has major implications for patient outcomes and the overall performance of healthcare organisations. This editorial looks at the predisposing factors that can lead to burnout and the potential solutions.

Introduction

Medicine offers unrivalled opportunities to improve people's lives and can be a hugely rewarding career. Most doctors start their career with enthusiasm, but burnout can cause irreparable harm to a healthcare professional's sense of vocation, which in turn may affect patient safety.

Evidence suggests that there is a significant relationship between healthcare staff wellbeing and patient safety, with burnout directly and indirectly affecting medicolegal risk (Hall et al, 2016). Poor wellbeing of doctors has major implications both for patient outcomes and for the overall performance of healthcare organisations.

Doctors who are suffering from burnout are more likely to subjectively rate patient safety in their organisations as being lower and to admit to having made mistakes or having delivered substandard care at work. They are less empathic, less able cognitively and can have a negative impact on colleagues, teams and the organization (Hall et al, 2016).

All these factors can jeopardise patient care and lead to complaints, a referral to the General Medical Council or a negligence claim, adding to the stress the clinician is under. It is logical that doctors who are happy and engaged are more likely to be compassionate and provide safer care to their patients.

Wellness of doctors is increasingly proposed as a quality indicator in healthcare delivery (Panagioti, 2017).

What is burnout?

Burnout occurs when passionate, committed people become deeply disillusioned with a job or career from which they have previously derived much of their identity and meaning. It comes as the things that inspire passion and enthusiasm are stripped away, and tedious or unpleasant things crowd in (Mindtools.com, 2020).

The World Health Organization (2019) has included burnout as an occupational phenomenon in its 11th Revision of the International Classification of Diseases, stating that:

'Burnout is a syndrome conceptualised as resulting from chronic workplace stress that has not been successfully managed. It is characterised by three dimensions:

Feelings of energy depletion or exhaustion;

Increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and

Reduced professional efficacy.

Burnout refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life' (World Health Organization, 2019).

It is important to note that burnout is not classified as a medical condition and is different from depression. Time away from the workplace results in resolution of the symptoms of burnout.

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The scale of the problem

Medical Protection carried out a survey of 275 UK-based members in June 2019. Over half (52%) of respondents indicated that they were not or not at all satisfied with their work–life balance while 45% agreed or strongly agreed that they had considered leaving the profession early for reasons of personal wellbeing. Worryingly, 25% of doctors were not or not at all confident that their workplace was a safe environment.

Similar concerns have been noted by other organisations including the British Medical Association, Royal College of Psychiatrists and the Royal College of Physicians. The Royal College of Anaesthetist's morale and welfare survey for trainees identified that three quarters of 2318 trainees who responded reported working a shift without adequate hydration (Royal College of Anaesthetists, 2017). Evidence has shown that working while dehydrated or without adequate breaks is a significant risk factor for burnout.

The problem is not limited to the UK. The Royal College of Physicians of Ireland found that one in three doctors working in the health service is suffering from burnout (O'Regan, 2019). The college is now pursuing innovative approaches to support doctors' health and to raise awareness of the importance of caring for them (Cullen, 2019).

There have also been calls for changes to improve doctor wellbeing in New Zealand hospitals, with research indicating that two thirds of female and half of male doctors experience burnout (Fitzgerald and Jacobsen, 2019).

Causes of burnout

Excessive workload has consistently been identified as a significant contributing factor for burnout. The Medical Protection survey revealed that 40% of those surveyed felt unable to take a break during the working day to eat or drink while 68% responded that regular rest or recovery periods are not the norm. The risk of burnout arising from such working conditions is evident.

The NHS staff survey has also shown that opportunities for staff to recover from work demands can have a strong influence on organisational and patient outcomes. A positive link has been demonstrated between greater satisfaction with work–life balance and higher patient satisfaction, and also with lower rates of infection in hospitals (West and Dawson, 2012). The message is clear, a better working environment can only be beneficial for patient outcomes.

Another potential cause of burnout arises when doctors feel that their own personal goals and values are not in line with those of the organisation. Such a disconnect in values can lead to a strong sense of moral distress.

Another concept that many doctors will identify in themselves or colleagues is the so-called 'superdoctor' trap where clinicians expect the unachievable of themselves. The traditional medical ethos of 'hard work and self-sacrifice is good', 'doctors don't get sick' and 'I have to work excessive hours' undoubtedly increases rates of burnout. It is perhaps this 'superdoctor' issue that explains why 46% of doctors surveyed indicated that they felt guilty for taking time off.

In recent years there has been an increasing focus on incivility in the medical workplace and how this can lead to problems. Many doctors experience disrespectful behaviour from their colleagues while at work and campaigns such as the Royal College of Surgeons of Edinburgh's 'let's remove it' initiative have highlighted the potential cost of such behaviour with respect to patient care. There is little doubt that a disrespectful working environment also increases the risk of burnout. Creating a culture of respect is the essential first step in a healthcare organisation's journey to becoming a safe, highly reliable organisation that provides a supportive and nurturing environment and a workplace that enables staff to engage wholeheartedly in their work (Leape et al, 2012).

Potential solutions

Measures to mitigate the risk of burnout can be considered on an individual, team and organisational level.

Key points

- Poor wellbeing of doctors has major implications for patient outcomes and the overall performance of healthcare organisations.
- Evidence suggests that burnout is becoming increasingly prevalent in the UK healthcare, and other countries.
- Measures to mitigate the risk of burnout can be considered on an individual, team and organisational level.
- The most powerful measures for combatting burnout are those introduced on an organisational level.

On an individual level, it is important to understand how best to manage your energy during the working day. Research has shown that, ideally, you should take a 20-minute break after high intensity work for 90–120 minutes, referred to as the ultradian rhythm (Loehr and Schwartz, 2003).

It is also important to consider how you best recover away from work. Some individuals recover best by quiet reflection or mindfulness, while others prefer socialising with friends or participating in sport; try to find what works best for you.

On a team level, simple measures such as celebrating achievements and saying thank you for a job well done can be hugely beneficial. In south east Scotland, ‘anaesthetic families’ have been introduced where trainees of different levels and two consultants are encouraged to meet socially on an informal basis to provide mutual support. They have also introduced a well-attended Christmas quiz (Bloomfield and Conway, 2019).

The most powerful measures for combatting burnout are those introduced on an organisational level. Institutions can ensure that there are appropriate rest facilities for doctors working shifts and that staff are able to take a break to eat and drink at work. Medical Protection have also advocated that NHS organisations in England should fully commit to the implementation of the NHS Staff and Learners’ Mental Wellbeing Commission’s recommendation to establish Workforce Wellbeing Guardians in every NHS organisation.

Conclusions

It was announced on 20 October 2019 that all NHS doctors and dentists in England now have 24/7 access to confidential advice and support through NHS Practitioner Health, a service previously limited to those working in London (Department of Health and Social Care, 2019). While the expansion of this hugely important service is to be wholeheartedly welcomed, the fact that it is necessary clearly indicates that there is much that needs to be done to mitigate the risks of burnout within the profession. As leaders, managers and peers, we are all responsible for identifying signs of burnout in ourselves and others and working together to develop strategies to combat this endemic issue in healthcare.

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