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Understanding Burnout and Its Potential Effects on Clinical Care

INTRODUCTION

Professional burnout reduces the physical and/or emotional resources people have and evolves overtime as a result of long-term work-related stress. Although burnout is not currently recognized by the DSM-5, it is often seen as a medical condition that has similar symptoms to major depressive disorder. The three dimensions that define professional burnout are emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment.

Recently, burnout has been increasingly found among healthcare workers. This is because healthcare workers have to work for long hours under stressful circumstances, and are therefore often overworked. It is currently suggested that over 50% of physicians in the United States experience at least one dimension of professional burnout. One group of physicians who are at an increased risk for burnout are psychiatrists. They are found to experience burnout at an increased frequency because of the nature of their jobs and a lack of positive feedback from patients and families. Professional burnout is seen as a severe problem in our healthcare system today, and we reviewed this topic as it relates to psychiatrists and their ability to provide high quality care.

FACTORS RELATED TO BURNOUT

Symptoms of burnout. Physicians and psychiatrists report both physical and psychological symptoms when they are experiencing burnout. The physical symptoms that are common include chronic fatigue, headache, frequent sickness, insomnia, rapid pulse, nausea, heartburn, and weight gain/weight loss. The psychological symptoms include poor psychological well-being, irritability, anxiety, depression, poor concentration, suicidal ideation, apathy, dysphoric mood, a sense of helplessness, negative attitude toward one's life and job, excessive criticism, and the need to control everything. Additional negative symptoms typically experienced include a loss of idealism, reduced work goals, greater self-interest, and an increasing sense of emotional detachment from patients and family. Burnout also affects physicians' spirituality. In particular, it may cause one to develop doubts about spiritual beliefs, religions, or personal values.

Etiology of burnout. Stress is the root of burnout and occurs when the demands of one's current environment exceeds available coping abilities. Studies suggest that coping strategies used at work could influence whether one experiences burnout. For example, psychologists who use escape-avoidance or emotion-focused coping are found to experience higher levels of burnout. However, if psychologists use problem-focused coping strategies, they are found to feel less depersonalization and more of a sense of personal accomplishment.

Risk factors for, and protective factors against, burnout. Studies suggest that risk factors for burnout in healthcare workers include having to complete a large amount of bureaucratic tasks, long work hours, lack of respect from others, role conflict, family stress, financial stress, personality

traits, and relationships with patients. There are some protective factors against burnout as well. These include things such as a sense of calling, a sense of control, beliefs about the effectiveness of their treatments, positive work experiences, a balance between work and personal life, self-awareness, autonomy, and effective coping strategies (i.e., problem-focused coping).

CONSEQUENCES AND EFFECTS OF BURNOUT

When burnout is not properly treated in psychiatrists, there can be many consequences. The psychological consequences for these physicians include a loss of a sense of self, depression, and anxiety. The most significant psychological consequence though is suicidal ideation and an increased risk for a suicide attempt. In addition to this, burnout can result in impaired cognitive functioning and physical illnesses. Psychiatrists, and other physicians, who experience symptoms related to burnout over a period of time are found to be at an increased risk for physical illnesses such as coronary heart disease, irritable bowel syndrome, and dementia. These psychological and physical changes can result in negative behaviors such as alcohol and drug abuse and engaging in boundary violation with patients. The combination of these can then negatively affect the psychiatrist's relationships with family, friends, colleagues, and patients resulting in a significant reduction in their quality of life. Besides, burnout leads to reduction in physicians' caregiving quality and commitment to their job. They are more likely to make medical mistakes, have poor documentation, engage in poor quality of work, procrastinate, lack empathy, reduce time spent with patients, and have an emotional outburst. These all affect their jobs, their patients, and the hospitals or organizations negatively.

CONCLUSION

With the increasing number of psychiatrists experiencing burnout, there is a need for interventions that focus on both individual and environmental factors that can mitigate its occurrence among this group of physicians. Previous research suggests that psychiatrists who have a sense of control, positive work experiences, a balance between work and home, and positive self-awareness are more likely to have a lower burnout rate. Additional methods for lowering burnout rates include teaching a class, self-acceptance, social activities, support at the workplace, feedback from supervisors, and job autonomy. These interventions should be commonly implemented in the workplace in order to help reduce physician burnout, to create a quality and empathic relationship between physicians and patients, and to help physicians have a positive attitude towards their careers and personal lives. Policy makers should promote research on interventions for physicians to develop effective coping strategies to help them prevent burnout or reduce the severity of their related symptoms.

Original Article

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