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Psychiatrists and occupational burnout syndrome – a phenomenon, a problem, a threat?

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Summary

The aim of this work is to present the results of research on occupational burnout in a group of psychiatrists. The electronic databases and empirical publications from 2000–2017 were searched. In order to identify reports that met the selection criteria, the papers were critically assessed. In the presented studies it was shown that the burnout syndrome is most often presented in accordance with the theoretical model proposed by Christina Maslach (including the dimension of depersonalization, emotional exhaustion and the feeling of lack of personal achievements). Risk factors include, among others: too long working hours, low earnings, negative self-image, specificity of treated patients, conflicts with colleagues, satisfaction with the work performed, insufficient supervision of work.

Key words: burnout, stress, psychiatrists

Introduction

A contemporary employee faces new threats, nuisances and difficulties. The existence of stressful working conditions and pathological phenomena (mobbing, workaholism) generates psychological costs, thus lowering the efficiency and adaptability of the employee [1, 2]. One of the components of professional work is burnout syndrome. This phenomenon is analyzed in the context of various professions. Health professionals dealing with mental health are particularly vulnerable to it [3, 4]. Risk factors include,

among others: too long working hours, low earnings, negative self-image, specificity of treated patients, conflicts with colleagues, satisfaction with the work performed, insufficient supervision of work [5].

The functioning of man in difficult situations, along with the ways and possibilities to meet the requirements of the modern world, is an object of interest for many scientific disciplines [6]. An important place in the area of the above analysis deals with the topic of stress and its impact on the psychosocial functioning of the individual. It is commonly perceived as a negative phenomenon. Severe stress, exceeding the ability to cope, and its long-term course has the most negative effect on the individual [6].

Explanation of occupational burnout terminology

Nowadays, work is perceived as an important or even the most important element of everyday life. Opportunities to improve professional qualifications are more accessible. The employee often perceives himself/herself mainly in the context of successes related to the professional field, thus determining the level of his/her self-esteem. When this does not happen – the level of negative emotions and frustration in relation to the working environment increases. Stress in the medical profession environment may result in the symptoms of occupational burnout syndrome [5–8].

The term 'burnout' was introduced for the first time in 1974 by an American psychiatrist Herbert J. Freudenberg. The author defined burnout as a state of tiredness or frustration that results from dedicating oneself to a matter, relationship or way of life, which did not bring the reward expected by the individual [7]. Christina Maslach, a social psychologist, tried to define this phenomenon a bit differently. Together with her colleagues at the University of Berkeley, she conducted research on people working in stressful professions (including psychiatrists, clinical psychologists, prison staff, psychiatric nurses, social workers) [5]. According to the author, professional burnout is a response to stress directly related to work. This definition initially assumed that the burnout contains two components: depersonalization and emotional exhaustion. In the course of subsequent research, another element was added, i.e., the feeling of lack of personal achievements. Currently, Christina Maslach's approach is the most commonly used [8].

Risk factors for burnout in a group of psychiatrists

Among the professional groups particularly exposed to the occurrence of burnout syndrome, people associated with health care are usually listed [8–11]. Glasheen et al. [11] presented the results of a survey conducted on a group of 420 doctors working in 20 academic medical centers. Of these, 76% were satisfied with their work, 63% of respondents felt support from their superiors, while 54% stated their direct impact on the schedule of duties. Despite this, 67% of doctors declared a high level of stress

experienced at work, while 1 in 4 reported a burnout feeling. High prevalence of burnout syndrome is typical for anesthetists and intensivist and tends to be higher in female and young doctors [12]. High-level burnout was identified in 46.5% of residents of intensive care in France [13]. Moreover, multiple medical errors in the last year were reported significantly more frequently in high burnout risk group of anesthesiology residents compared to low burnout risk group (33 vs. 0.7%; $p < 0.001$) [14].

In a 2015 study surveying United States physicians of all specialties, career tracks, and work environments, 54.4% reported at least one symptom of burnout compared with 45.5% in 2011, and work-life balance had declined (40.9% vs. 49.5%) [15]. Physicians were sampled using the American Medical Association Physician Master File – a record of all physicians in the United States. In a study by Shanafelt et al. [16], it was indicated that 40% of responding surgeons were burned out, 30% screened positive for symptoms of depression, and 28% had a mental QOL score > 1/2 standard deviation below the population norm. Mikalauskas et al. [17] showed that 34% of anesthetists and intensive care physicians indicated high levels of emotional exhaustion, 25% indicated high levels of depersonalization, and 38% showed low personal accomplishment. Burnout was found more frequent among subjects with problem drinking, depressiveness, cardiovascular disorders and digestive disorders. Some favorite after-work activities positively correlated with burnout, such as medications abuse, alcohol abuse, eating more than usual, and transferring the accumulated stress to relatives. In contrast, reading of non-medical literature seemed to have a protective effect.

A large survey of 593 young oncologists, defined as those less than 40 years old, reported a staggering rate of burnout amongst this population (71%) [18]. In the study of female emergency medicine physicians, in which 34% of participants were academic faculties, Soltanifar et al. [19] showed that the level of burnout in three subscales – emotional exhaustion, depersonalization and perceived low personal accomplishment – was moderate to high. A total of 94.8% of female emergency medicine physicians perceived their workload to be moderate to high and only 1.3% of them had high job satisfaction. In the recent issue of *Lancet* we can read in the Editorial [20] that half of doctors in the USA may have symptoms of burnout (work-related emotional exhaustion, depersonalization and a sense of diminished accomplishment). Even more shocking, according to the Editors, is the disproportionately small amount of attention that burnout receives from doctors and healthcare system. One of the reasons for the relative silence surrounding burnout and its adverse effects on physicians and patients might be the lack of consensus about its etiology.

Working in a psychiatric team is not always associated with success. Difficulties are also caused by work while engaging emotions. A strongly felt failure is here the demand and aggression on the part of psychiatric patients, non-compliance with the recommendations issued, which results from the structure of their disturbed personality and the current life situation [8, 21].

In the literature, one can find information that 89% of psychiatry specialists suspected that they might have or had experienced burnout symptoms [22]. They constitute one of the specialties groups suffering from high levels of stress, low job satisfaction and depressive symptoms that may lead to suicidal ideations or acts [23]. In a study by Frank et al. [24] – which compared women psychiatrists to women from other medical specialties – it was shown that women from the first group were older, smoked cigarettes, were less likely to be married and had more problems with their health.

The literature on the subject [25] states that the development of occupational burnout in psychiatrists is conditioned by: (a) individual factors, such as personality traits, temperament and biological features related to the functioning of the nervous system (e.g., a tendency to excessive emotional involvement in the work, the desire to quickly get a promotion, high expectations towards oneself and colleagues, low self-esteem, difficulty in controlling emotions, inability to cope with difficult situations, and low level of coping competences) [8, 25, 26], (b) interpersonal factors, such as lack of communication in a psychiatric team, conflicts with co-workers (paradoxically they are the most important source of beliefs about their own professional effectiveness; when relations are tense – it is difficult to find confirmation of effectiveness at work), increasing aggression, mobbing [27], a sense of lowering the value of employees, disagreements between the doctor and the patient, specificity of the problems of patients in the ward/visiting the psychiatric office [8, 25, 26], as well as (c) institutional factors, such as a workplace (e.g., a psychiatric ward) in itself containing a stressful factor, discrepancy between expectations and real work in the ward, lack of cooperation on the employer-employee line, prevailing working conditions and standards of patient care, amount of earnings, dissatisfaction with career progression, monotony, lack of a sense of permanence of work, work style not adapted to the needs of employees, work in the evening and at night [8, 25, 26].

The factors listed above may have a negative impact on the employee's mental functioning. In the literature on the subject it can be found that people with occupational burnout are characterized by a high level of irritability and cynicism, resulting in a negative, distanced response to various aspects of the work performed [8]. This is directly related to reduced efficiency and a drop in professionalism, which is particularly important in medical professions related to work with people with mental disorders. Physicians are particularly exposed to the symptoms of burnout – their work requires special commitment, responsibility, contact with demanding patients and their families, which is closely related to the level of burnout, especially exhaustion and depersonalization [28]. Contact with members of the patient's family, who often have unrealistic expectations regarding treatment, causes the feelings of frustration and irritation. In this case, emotional exhaustion is caused by a simultaneous attempt to satisfy the requirements set by the family and the requirements set for the doctor

himself/herself. The problem is also the aggression of psychiatric patients, which affects the occurrence of burnout [4].

The effects of occupational burnout

Occupational burnout affects both the physical and mental spheres, causing considerable exhaustion in both of these spheres. The most common effects include lack of energy, weakness, chronic fatigue, change in body weight, sleep disorders, increased susceptibility to viral infections and colds, weakness, changes in eating habits, tension around the neck and shoulders, alcohol and psychoactive substance abuse, feeling of helplessness, depression, unrestrained crying, hopelessness, emotional emptiness, disappointment, lack of willingness to take action, loneliness, despair, negative attitude towards oneself, other people and to work, cynicism, neglect and humiliation of patients in a psychiatric ward or office, a sense of lower value, breaking of contacts with relatives, friends, sense of own ineptitude [23].

According to Torre et al. [29], the mortality rate for American psychiatrists was 4.46 compared to the general population and was the highest among all specialist groups – compared to pediatricians, internists, surgeons, and others. The situation is similar in the case of British psychiatrists, in whom – as in the case of environmental medicine doctors and anesthetists – the highest mortality rate was found in comparison with other groups of doctors employed in hospitals [30].

Maslach and Leiter [28] mention the occurrence of secondary traumatic stress disorder (STSD) among psychiatrists. In their work, psychiatrists often meet people who have experienced traumatic events. The mere fact of being a witness to events difficult for patients may contribute to the development of anxiety of a specialist.

Method

With the use of the PubMed database, Wiley Online Library, MEDLINE, and Google Scholar, worldwide medical literature from 2000–2017 was searched for articles describing studies on burnout of psychiatrists. The following keywords were entered in the search process: ‘occupational burnout’, ‘mental health professionals’, ‘psychiatrists’, ‘psychiatric staff’, ‘burnout’, ‘workload’, ‘job satisfaction’.

Results of international research

Snibbe et al. [31] in the conducted studies showed that psychiatrists are characterized by a high rate of depersonalization and emotional exhaustion. The sense of personal achievement was also rated as high. In the surveyed professional groups, psychiatrists and social workers showed statistically higher results in terms of depersonalization compared to doctors of other specialties and psychologists. In the studies of Kumar

et al. [32], conducted on the population of New Zealand psychiatrists, it turned out that two-thirds of them showed a high level of emotional exhaustion and low level of personal achievement. In the surveyed professional group, it was shown that job satisfaction is related to the degree of burnout. In another study, Kumar et al. [33] mentioned factors related to burnout, in particular: overloading with work, too long working hours, conflicts in administrative environment, low level of support from employers, and low wages. They also pointed to the fact that the low level of job satisfaction is related to the higher level of professional burnout in the group of psychiatrists [34]. Bressi et al. [35] examined a group of Italian psychiatrists, 47 of whom (58%) were women. Most of the respondents had over 10 years of work experience. The analysis showed high results in terms of emotional exhaustion, depersonalization and low in terms of personal achievements.

Similar results were obtained by Neves et al. [36] examining a group of Portuguese psychiatrists. Benbow and Jolley [37] pointed to a high level of emotional exhaustion in the group of senior psychiatrists. The relationship between gender and burnout was noticed by Hungarian scientists – Adám et al. [38]. In the opinion of researchers, female doctors showed a higher level of emotional exhaustion. A high degree of conflict in the medical team was considered the main risk factor. Research conducted by Umene-Nakano et al. [39] on a group of 704 psychiatrists working in Japan showed that half of the respondents experienced difficulties in their daily work. 21% of them were emotionally depleted, 12% had high results in terms of depersonalization, and 72% felt a low level of personal achievement. The low level of support received by doctors, difficulties in maintaining a proper work balance and low level of professional satisfaction were related to the level of emotional exhaustion index; whereas a significant number of night hours worked in a month – with depersonalization.

In the course of analysis, Korkeila et al. [23] showed that in 3,133 Finnish psychiatrists and child psychiatrists the surveyed factors in the form of: depression, inability to consult and supervise their work with doctors of these specializations and experience of threat of violence – have a direct impact on the level of professional burnout, and especially emotional exhaustion. Baumgardt et al. [40] conducted a survey on a group of 352 Swiss psychiatrists. Among the respondents there was a higher percentage of younger men, with shorter seniority, working more often with chronically ill patients than conducting psychotherapy. The results showed that older doctors working with a larger number of psychotherapeutic patients and better assessing cooperation in the hospital are less exposed to the experience of burnout. The strongest relationships were observed between job satisfaction and professional burnout.

Jeanneau and Armelius [41] observed a connection between the negative image of oneself and burnout syndrome. The negative self-image had an impact on the way of coping with difficult situations, influenced the level of experienced stress and thereby reduced the individual's ability to cope with the difficulties encountered at work.

Holmqvist and Jeanneau [42] came to interesting conclusions. In the opinion of the above-mentioned researchers, the high level of occupational burnout experienced by psychiatric staff was associated with negative feelings directed towards treated patients. Vicentic et al. [43], in a group of 60 Serbian psychiatrists, pointed out that occupational burnout is closely related to the perceived quality of life and individual characteristics. Higher levels of occupational burnout concerned women who had difficulty coping in stressful situations. The quality of life was identified with the quality of interpersonal relationships and with the degree of satisfaction with earnings obtained at work. Interesting conclusions were presented by Turkish scientists – Gül et al. [44], pointing to the relationship between the slower cognitive pace of the examined psychiatrists and the degree of burnout. According to the researchers, it correlates positively with the results obtained by respondents on the scales: emotional exhaustion and depersonalization.

A separate group constitute studies conducted on groups of psychiatrists in the process of specialization. Kealy et al. [45], analyzing questionnaires completed by 400 Canadian doctors during specialization, showed that 21% of them had symptoms of burnout. These residents were characterized by a high level of empathic functioning combined with the use of ineffective coping strategies in difficult situations. In the above-mentioned studies, no relationship was found between occupational burnout and age, gender and workplace. Future psychiatrists constituting the study group in the study conducted by Dennis and Swartz [46] showed frequent exhaustion related to the level of burnout. The authors also highlighted the important role of burnout for the future medical career of residents. Those who have experienced the symptoms of professional burnout in the first year of their specialization are more susceptible to their continuation at further stages of the development of their professional path.

The relationship between the level of occupational burnout and the system of performed work was shown by Scarella et al. [47]. Availability of the doctor in the 24h system and participation throughout the year in night shifts significantly affect the level of professional burnout and the quality of life. Ferrari et al. [48] show the impact of work overload, depressive symptoms and low level of professional satisfaction as the causes of burnout in a group of 108 Italian psychiatrists during specialization. Jovanović et al. [49] mention the low number of supervision and the choice of psychiatry as the initially unplanned direction of professional development. Earlier studies of this author et al. [50] on the group of Croatian-French psychiatrists during specialization showed a high level of cynicism and emotional exhaustion. Both groups noticed a connection between the signs of burnout and the prevailing working conditions.

Conclusions

The problem addressed in this work is burnout syndrome in the group of psychiatrists. The results obtained from international surveys confirm that occupational burnout is an important part of the work in the profession. Among the factors directly

affecting burnout in psychiatrists, the authors mention, among others: low level of job satisfaction, long hours of work, lack of support from colleagues of the same specialization and superiors, low earnings, negative self-image, perception of treated patients, conflicts with co-workers, a small number of supervisions, the choice of specialization not in line with the planned intent, individual characteristics.

It would be important to select already at the stage of recruitment for medical studies those who are at risk of future burnout [51]. This would enable to create psychoeducational programs that would prepare for the chosen profession. During professional work it would be worth creating support groups for psychiatrists, which would give them emotional, information and instrumental support [51]. It would be worthwhile in the future to pay special attention to medical students in order to familiarize them with the topic of professional burnout. It would be required to care for their substantive preparation, interpersonal competences, shaping realistic professional beliefs and equipping them with constructive coping skills in the face of stressful situations. It would also be advisable to carry out extensive research in Poland on the issues discussed in this article

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