Burnout in doctors, an impending crisis in quality and timely care?

Research shows that high percentages of healthcare workers including doctors are suffering bad effects of workplace **burnout**. Burnout is seen as a syndrome (a collection of symptoms that go together) which covers feeling of physical and emotional exhaustion and a distancing yourself from your work which then reduces your work efficiency and job satisfaction. Both these problems are associated with stress, depression and anxiety. Recently the WHO refers to burnout as an illness resulting from chronic workplace stress that has not been successfully managed.

Some surveys (BMA 2018) and recent medical searches (Imo et al 2017 BJPsych) show that up to half or more of the doctors in UK (and similar proportions if not more in the US, maybe many fewer in Italy?) may be suffering from considerable degrees of burnout. Given the rota gaps and other pressures on our GPs and their teams, hospital doctors in A and E and many other specialisms in medicine there is much we need to do to increase awareness. Several recent suicides of young doctors in the medical profession have highlighted the issue. Some say the suicide rate is currently at 1 doctor every 3 weeks with certain groups of doctors now overrepresented cf general population by up to 3 times in the suicide statistics.

Generally, the earlier the problem of chronic stress or depression is detected the more reversible it can be. Treatment consists of supported time to decompress, CBT, sometimes medication, and other psychological help depending on the person involved, the level of sickness and their work context. Most doctors do well with treatment but the NHS can ill afford to lose any highly trained experienced doctors like this.

Some people argue that where possible all doctors should become more **resilient** to counter the effects of burnout or ward it off. It sounds one good remedy. We are not very sure what resilience is and their multiple correlates to consider here relating to coping, self efficacy, adaptation, learning, and self esteem. We hear of emotional or personal resilience and we also think about system resilience. There appears to be circularity within the concepts operational definitions and then measurement of outcomes related to it.

However quite a number of stress management experts are saying that it is the work system that needs to adapt more than the person trying to work in it. Afterall, there is only so much coping or adaptation you can do, before you find things intolerable and most people are already, it would seem, working up to their tolerance limit already. Doctors are usually hard working strivers with a very high expectation of themselves as carers. They have sacrificed much already to be in the privileged position to help their patients. They therefore often struggle on and deny their stress problems until very late stages.

The problems now for many GPs is that, compared to 30 years ago, they are working under increased pressures, with much of their energy and time going into risk and complaint management, more complexly ill patients, and many feel plagued by extra form filling. They have to take a large emotional load every day often finding a rapid switching of empathy with good communication for 30 or more people in a working day which is very tough. Their roles are changing, they have little control over many aspects of their work and less opportunity to decompress out of work because of how stressed they feel in work. They often cover for rota gaps. They often do many more hours than they are scheduled to do. This is especially true for the most junior of junior who travel around for their jobs, sometimes every 1 year. They get destabilised, lack support systems and can feel isolated.

All studies show that the youngest GPs and other more junior doctors (some of whom can be up to 40 years old) are likely to be the most affected by stress factors, yet they are the ones we depend on most for the future of our frontline community services. Many are now choosing to go into less frontline work or work part time where possible. Some go abroad seeking a better life. They don’t want to continue getting hurt, and that’s understandable. A sick doctor does not make for a good doctor or a long-lasting doctor. So, all round, things will have to change if we want to go and see a doctor who feels ok in themselves can take emotional risks for us to show us empathy and especially one not suffering burnout. People in medicine are trying to change things but the question will be whether they can act fast or radically enough to do so now. The statistics on suicide and burnout should be a massive wake up call.