

Burnout & Wellness

Dr S Rajan

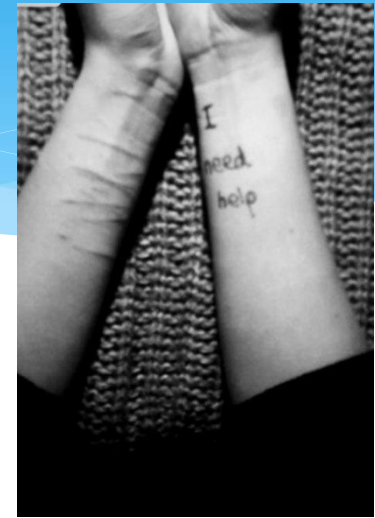
Specialist Emergency Physician

University of Pretoria





When is it more?



Why are we Burned out?



DOCTOR I'M TIRED ALL THE TIME

Causes of burnout

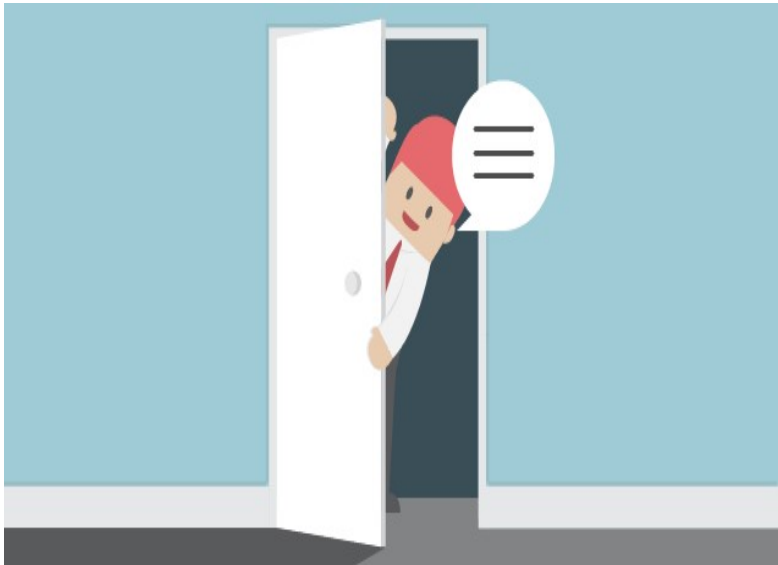
- * Negative work environment
- * High stress and pressure
- * Lack of engagement and challenge
- * Lack of recognition and benefits

- * Role Overload – expectations of others exceed one's ability to perform
- * Role Conflict – forced to make a choice about which demand to satisfy
- * Expectation- the doctor can bear it all, the patient is always right
- * Resources
- * Family
- * Sleep

How to mitigate it?



TEAMBUILDING




 **SPEAK UP**

Mitigating factors:

- * Recognise special situations
- * Empathy
- * Rest post a shift
- * Facilities
- * Staff
- * Promoting a different work culture
- * Promoting work life balance

A person who stays late at the office is not a hardworking person. Instead he/she is a fool who does not know how to manage work within the stipulated time. He/She is inefficient and incompetent in his work.





"I learned that to humiliate another person is to make him suffer an unnecessarily cruel fate. Even as a boy, I defeated my opponents without dishonouring them"

Nelson Rolihlahla Mandela

100 Nelson Mandela
Centenary
2018
Be the Legacy

THE
SAME
OLD
THINKING

THE
SAME
OLD
RESULTS



Thomas Schedule & so on

- * Forward rotating shifts
- * Nights only
- * Days only
- * Isolated nights
- * Circadian rhythm
- * Employees are entitled to regular medical exams
- * Sleep debt

Managing shift work

- * 19 hrs without quality sleep= blood alcohol level =0.05%
- * 24hrs= 0.1%
- * Disruption of circadian rhythm- stress hormones, cardiovascular disease
- * It has been shown that a longer shift in the ED is associated with less number of patients seen per hour.

International

- * The **Medscape Emergency Medicine Lifestyle Report 2016** reports that for the year 2016, the highest percentages of burnout were shared between **critical care, urology and EM.**²
- * In 2014, a study was done at a tertiary centre in **Saudi Arabia** using the MBI-HSS. The results showed that **40%** were at high risk for emotional exhaustion and depersonalisation and **32%** were at high risk in the personal accomplishment component of burnout.³
- * In **China** in 2012, a study was done in three large public hospitals of Beijing Chaoyang Hospital, Peking University People's Hospital and Beijing Anzhen Hospital found burnout is at a **moderate level.**⁴
- * **The French SESMAT study** showed that plans to leave the medical profession was widespread across French physicians but even more so amongst emergency physicians at 17.4% and 21.4% respectively. Burnout was also greatly prevalent at 42.4% and 51.5% respectively.⁵
- * In Romania, two nationwide studies, both which were published in 2010, were conducted on occupational burnout levels in EM.^{6,7}

Local

- * Very little research on burnout has been done on South African emergency physicians. Naude J, Rothmann S⁸ conducted a study in **Gauteng** which was published in 2006, which included doctors, paramedics and nurses. The study showed that occupational stress as a result of a shortage of job resources and a weak sense of coherence, were predictors of depersonalization and emotional exhaustion.
- * In **Cape Town**, burnout and depression in medical doctors working in the Cape Town Metropolitan Municipality **community healthcare clinics** and district hospitals of Western Cape was seen to be prevalent. **76%** experienced burnout as indicated by high scores in either emotional exhaustion or depersonalisation components of burnout. The MBI-HSS, Beck Depression Inventory and the Connor- Davidson Resilience scale were used as instruments in this study which was conducted in 2010.⁹



ORIGINAL ARTICLE

A cross-sectional survey of burnout amongst doctors in a cohort of public sector emergency centres in Gauteng, South Africa

Suma Rajan*, Andreas Engelbrecht

Division of Emergency Medicine, School of Medicine, Faculty of Health Sciences, University of Pretoria, P/Bag x323, Arcadia 0007, South Africa



ABSTRACT

Introduction: Working in emergency care is commonly regarded as highly stressful. This is also true in the African setting characterised by high patient loads and limited resources. As in other similarly demanding occupations, burnout can be anticipated. The aim of this study was to examine the level of burnout amongst doctors in a cohort of public sector emergency centres in Gauteng, South Africa.

Methods: An observational, cross-sectional design was employed, using the Maslach Burnout Inventory-Human Services Survey (which has been tested and validated in similar settings elsewhere). The study included a cohort of doctors working in the emergency centres of public sector hospitals in Gauteng, South Africa.

Results: One hundred participants completed the questionnaire out of a possible 124 doctors working at the five centres. Ninety-three met the inclusion criteria and was further analysed. Seven respondents were specialist emergency physicians (7.5%), 36 were emergency medicine registrars (38.7%) and 50 were medical officers (53.8%). Fifty one respondents were female (55.0%). Analysis of burnout component scores showed a mean emotional exhaustion score of 31.69 (standard deviation, SD = 10.32), with 62 respondents (66.7%) in the high-risk group – from 86 (92.5%) at moderate to high risk. The mean de-personalisation score was 13.39 (SD = 6.21), with 50 respondents (53.8%) in the high-risk group – from 75 (80.7%) at moderate to high risk of burnout. The mean personal accomplishment score was 34.87 (SD = 6.54), with 21 respondents (22.6%) in the high-risk group – from 65 (69.9%) at moderate to high risk of burnout.

Discussion: The results indicate that a large proportion of the doctors who work in these emergency centres are at moderate to high risk of burnout. Based on our findings we recommend that interventions be introduced at the work place to reduce burnout in doctors and improve their mental well-being. This will ensure better service delivery to patients with emergencies. Further research into the causes of occupational burnout should be explored.

Results of study:

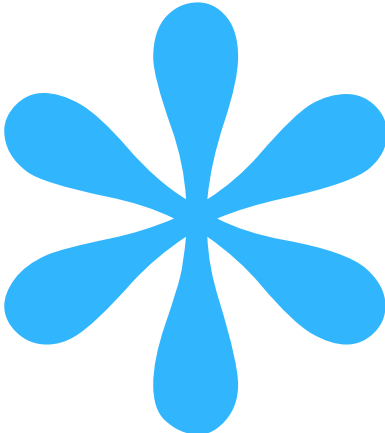
w	High Risk Group (%)	Moderate- High Risk Group (%)
EE	66.7	92.5
DP	53.8	80.7
PA	22.6	69.9







#putyourmaskonfirst



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