

Burnout among physicians; a significant issue in Sri Lanka?

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Introduction

Burnout is a psychological condition of emotional exhaustion, depersonalization and reduced personal accomplishment in people persistently exposed to emotional and interpersonal stressors at work. According to the International Classification of Diseases (ICD 11) of World Health Organization, burnout is defined as “a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed”¹. Burnout is well recognized among medical doctors. Identifying and, where possible, treating burnout is critical, as it has a major impact on the quality of life of physicians, patient safety and health outcomes^{2,3}. United States and European countries have imposed guidelines to restrict duty hours of doctors, however no such restrictions are implemented in Sri Lanka.

Reasons for physician burnout

There are many factors that can lead to physician burnout with increasing levels of dissatisfaction, disillusion, frustration, anger and stress. They include both internal and external factors. Internal factors such as age and generational values, gender differences, culture, ethnic, and religious beliefs, geographic contributions, and life experiences all lead to a person's “personality” which affects attitudes, values, and behaviors. External factors include new environmental pressures and thwarted expectations^{2, 3}.

There are several sources of stressors affecting physicians. They include lack of leisure time, excessive workload, lack of sleep, emotional drain and work responsibilities coinciding with major events of life. Heavy workload, lack of resources to provide effective patient care, associated legal implications, adverse reactions of seniors in pressure situations, and deficiencies in the administrative system can be the main causes of stress experienced by Sri Lankan doctors during practice. Furthermore, deprivation of

personal time due to continued patient commitments, individual responsibility towards patient care, guilt due to management errors and interpersonal conflicts among healthcare workers appeared to be contributors³.

Symptoms in burnout can be categorized into three domains: emotional exhaustion, feeling isolated, and low work satisfaction. Postgraduate trainees are at higher risk due to the combination of academic and in-training clinical care responsibilities^{4, 5, 6}.

How burnout can manifest

Burnout can manifest in different ways, including, physical and emotional exhaustion, dysfunctional coping mechanism such as keeping the patients at a distance, cynicism, sarcasm, fatigue and feeling lack of efficacy such as work has no purpose. Severe symptoms of burnout include distress, anxiety, worry and depression. If not managed appropriately, burnout can result in a lowered quality of life, negative impact on patient care, and in extreme cases, substance abuse, and even suicidality. Major impacts from physician burnout include lower job satisfaction, desire to work fewer hours, and desire to retire early or to leave the practice for another career^{3, 4, 5}.

How serious is the problem?

Physician burnout of multifactorial origin is real, currently under diagnosed and the impact on the health-care workforce and systems is underappreciated. Manifestations such as diminished compassion, irritability, reduced ability to listen to the patients will have a serious impact on patient care. Stress or psychological difficulties faced by doctors in the work place may result in reduced productivity and negative effects on personal wellbeing among doctors. Unfortunately, it seems to be relegated to low priority status. This issue of *JCCP* will carry two articles which highlight the gravity of this problem in Sri Lanka^{7, 8}.

Burnout is an issue identified during all the stages of a physician's career: period as a medical student, intern, postgraduate trainee, overseas training and as a specialist.

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