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How to avoid becoming an emotional bankrupt. An estimate of the job burnout level of palliative medicine specialists in comparison with other medical practitioners

Abstract

Background. Job burnout is a syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment that can occur in people working with others. The aim of the study is to estimate the level of job burnout among palliative medicine specialists when compared with other medical practitioners.

Material and methods. The level of total job burnout and its three dimensions (emotional exhaustion, depersonalization, reduced personal accomplishment and personal commitment) were assessed with the self-description Maslach Burnout Inventory (MBI) questionnaire.

Results. The study sample group comprised 518 medical practitioners of different specializations, including 79 palliative medicine specialists, 74 surgeons, 77 psychiatrists, 65 anaesthetists, 84 general practitioners, 67 radiologists and 72 dentists. Palliative medicine specialists showed one of the lowest levels of emotional exhaustion and only slightly higher than the level occupied by psychiatrists and dentists. Like dentists, they showed a lower level of depersonalization and had a better sense of personal accomplishment and job satisfaction, scoring even higher in this aspect than surgeons. Amongst palliative medicine specialists, 16% reached low rates on each of the MBI subscales simultaneously (emotional exhaustion, depersonalization, lack of a sense of personal accomplishment), which means that they showed no symptoms of job burnout syndrome (the average for all examined medical practitioners being 15%). Only 4% of palliative care specialists were "highly burnt-out" (with a 9% rate for the whole group of those studied), which means that they had the highest results compared to the reference values in all three scales of MBI.

Conclusion. The intensity of job burnout is associated with the kind of professional duties characteristic to a given medical specialization. In comparison with other medical practitioners, palliative medicine specialists seem to suffer the negative consequence of excessive work-related stress in the form of job burnout to a much smaller extent.

Key words: palliative medicine, burnout, depersonalization

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Introduction

Job burnout is a syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment that can occur in people working with others [1]. Among factors supporting the occurrence of job burnout, medical practitioners mention the following: strain associated with decision making, duties reaching beyond their knowledge and experience, the impact of work on personal life, not enough time for private life, no sleep, relationship and communication problems with patients, family and colleagues, lack of support, overwork, insufficient success in treatment, helplessness related to limited possibilities of bringing help [2–6].

Medical practitioners as people-orientated professionals very often start their work having idealistic targets and being orientated towards treatment, they work according to the norm that requires their continual emotional and physical commitment to bringing help to the ill [7–11]. These idealized expectations come from patients and their families, as well as from society or other professional medical care specialists. However, there is a trap. As those eager and willing to fulfil all the imposed unrealistic requirements, medical practitioners experience many problems and disappointments, feel overloaded and unappreciated (also financially undervalued). At the same time, they try to deny existing problems [12]. The strain coming from the combination of “high requirements — low control” reported in the first year of a medical practitioner's work, together with a lack of time for talking with their relatives about their emotions and problems, proved to be an easy route to job burnout [6]. Looking from the perspective of factors supporting job burnout, we can expect that palliative medicine specialists will be the main group exposed to the occurrence of the syndrome. However, the sparse analyses to date indicate a relatively lower level of job burnout (as is the case with surgeons) among palliative medicine medical practitioners compared to other specialists, such as radiologists or medical practitioners [5, 12–18]. These observations seemed interesting to us and prompted us to carry out research evaluating the level of job burnout in palliative medicine specialists compared to other medical practitioners working in Poland.

Material and methods

The study was conducted from January 2005 to June 2006 in several Polish cities: Bydgoszcz,

Warsaw, Cracow, Opole, Inowroclaw and Plock. In order to gather socio-demographic data we created our own questionnaire. For an estimation of the level of job burnout among medical practitioners the self-description Maslach Burnout Inventory (MBI) questionnaire was applied [1]. In Poland, MBI is used only for scientific research [19].

The MBI questionnaire contains 22 test positions grouped in three subscales corresponding to the three aspects of burnout syndrome distinguished by Maslach:

- emotional exhaustion (EE) — 9 test positions;
- depersonalization (DP) — 5 test positions;
- personal accomplishment (PA)/personal commitment — 8 test positions.

Next to the general result representing the overall level of burnout, its three dimensions were individually analysed. In the case of the PA scale, the results were reversed so that high parameters indicate lack of satisfaction from personal accomplishment and low parameters indicate its presence. In all other cases, a high score suggests the increase of burnout symptoms and a low score indicates their lack. In that way, a high level of complete burnout can be stated in the case of the simultaneous occurrence of a high level of emotional exhaustion, depersonalization and the lack of a sense of personal accomplishment.

Statistics

To compare the initial level of the three dimensions of job burnout syndrome in the studied medical practitioners with the reference values of the MBI, the former were presented as average values with a standard deviation [20]. The relationship between job burnout and professional duties characteristic to a given specialization was studied with the help of the ANOVA Analysis of Variance and RIR-Tukey test.

To verify the relationship between job burnout and particular socio-demographic variables, Pearson's correlation analysis (in the case of age and job seniority variables) and the ANOVA Analysis of Variance (in the case of marital status and sex variables) were applied.

We made an assumption of 5% error in inference and statistical significance of $p < 0.05$. Calculations were carried out with Statistica 6.0 for Windows.

Results

An estimate of job burnout syndrome among medical practitioners of different specializations

The study sample group consisted of 518 medical practitioners from different specializations, including 79 palliative care specialists, 74 surgeons, 77 psychiatrists, 65 anaesthetists, 84 general practitioners, 67 radiologists and 72 dentists.

A comparison was made between the initial levels of the three dimensions of burnout syndrome in everyone in the studied sample and the reference values of MBI. It has been proved that job burnout is associated with the kinds of professional duties characteristic to a given medical specialization (Table 1). The highest level of emotional exhaustion (EE), which is considered to be the core ingredient of job burnout, was diagnosed in general practitioners (mean = 27.06), radiologists (mean = 26.87) and anaesthesiology specialists (mean = 24), and the lowest in psychiatrists (mean = 20.61), dentists (mean = 20.99) and palliative medicine specialists (mean = 21.11). The highest rate of depersonalization (DP) occurred among radiologists (mean = 12.01) and the lowest level of this variable was noted among dentists (mean = 7.19) and palliative medicine specialists (mean = 8.24). Palliative medicine specialists and surgeons also showed

the lowest level of a lack of sense of personal accomplishment (PA) (mean = 11.51 and 11.55, respectively) which distinguished them from radiologists who showed the highest rates of PA (mean = 12.01).

In the next stage of the analysis the number and percentage of medical practitioners with a high level of job burnout in all its aspects and those without any of the symptoms of job burnout were calculated (Table 2). Professionals with high scores (in relation to the reference values) on each of the MBI scales (EE, DP, PA) were classified as a "highly burnt out" group. Medical practitioners with low levels in all three dimensions of the MBI questionnaire were considered to be "non-burnt-out".

More than a half the tested group of general practitioners (56%) and radiologists (51%) shows highly developed symptoms of emotional exhaustion, which constitutes the highest percentage among all the analysed specializations. Radiologists are also the most numerous group among controls with a high level of depersonalization (as much as 57%) and a relatively low sense of personal accomplishment (27%). Of all the studied medical practitioners, 9% scored high rates simultaneously on all three subscales of MBI. The frequency of occurrence of general burnout was the highest among radiologists (19%) and anaesthetists (14%), and the lowest among dentists (3%) and palliative medicine specialists (4%).

Table 1. The results of the initial level of burnout dimensions (MBI) among tested doctors (n = 518)

MBI scales		Medical practitioners (in general)	SUR 1	GP 2	PSYCH 3	AN 4	RAD 5	DENT 6	PAL 7	RIR-Tukey's test
EE	M	23.35	22.91	27.06	20.61	24.00	26.87	20.99	21.11	2-3, 6, 7
	SD	10.40	11.02	10.93	9.16	10.52	10.88	9.67	8.67	
Reference values: EE 0-16 low; 17-26 medium; 27-54 high										
DP	M	9.52	8.92	10.54	9.30	10.68	12.01	7.19	8.24	1-5, 2-6
	SD	5.37	5.90	4.94	4.35	5.81	6.03	4.87	4.39	
Reference values: DP 0-6 low; 7-12 medium; 13-30 high										
PA	M	13.23	11.55	13.69	12.94	14.40	15.57	13.40	11.51	1-5
	SD	6.12	6.52	5.44	6.02	6.76	5.68	6.36	5.32	
Reference values: PA 0-12 low; 13-20 medium, 21-48 high										
MBI — in total	M	45.98	42.84	51.43	42.88	48.98	54.28	41.58	40.67	1-2, 5
	SD	18.49	20.07	17.74	16.30	20.20	18.99	16.97	15.15	

SUR — surgeons; GP — medical practitioners; PSYCH — psychiatrists; AN — anaesthetists; RAD — radiologists; DENT — dentists; PAL — specialist in palliative medicine; MBI — maslach burnout inventory; EE — emotional exhaustion; DP — depersonalization; PA — personal accomplishment; M — mean; SD — standard deviation; n — number; Tukey's test: 2-3, 6, 7: means statistically significant difference between group 2 (GP) and 3 (PSYCH), group 2 and 6 (DENT), group 2 and 7 (PAL)

Table 2. The number and percentage of medical practitioners with different specializations characterized by a high level of job burnout in each of its dimensions, and low and high general MBI index (n = 518)

Specialization	High result			General MBI	
	EE ≥ 27	DP ≥ 13	PA ≥ 21	Low result	High result
SUR	28 (38%)	20 (27%)	10 (14%)	15 (20%)	6 (8%)
GP	47 (56%)	26 (31%)	13 (15%)	9 (11%)	8 (10%)
PSYCH	15 (19%)	19 (25%)	10 (13%)	9 (12%)	7 (9%)
AN	29 (45%)	25 (38%)	11 (17%)	10 (15%)	9 (14%)
RAD	34 (51%)	38 (57%)	18 (27%)	5 (7%)	13 (19%)
DENT	20 (28%)	11 (15%)	9 (12%)	17 (24%)	2 (3%)
PAL	20 (25%)	13 (16%)	6 (8%)	13 (16%)	3 (4%)
In total	19 (37%)	15 (29%)	77 (15%)	78 (15%)	48 (9%)

SUR — surgeons; GP — medical practitioners; PSYCH — psychiatrists; AN — anaesthetists; RAD — radiologists; DENT — dentists; PAL — specialist in palliative medicine; MBI — maslach burnout inventory; EE — emotional exhaustion; DP — depersonalization; PA — personal accomplishment; n — number

Analysis of the relationship between job burnout and particular socio-demographic variables in the subgroup of palliative medicine specialists

A weak but statistically significant negative correlation between the depersonalization dimension and both age and seniority (Table 3) was stated. It indicates that with age and time of service a tendency for a decreasing intensity of cynical attitude and depersonalization becomes more vivid. The results of the Analysis of Variance (Table 4) generally

do not confirm the presence of statistically significant marital-status-related differences in the level of job burnout. One significant difference occurs in the vividly marked tendency for depersonalization in married medical practitioners (F = 3.66, p < 0.03). In the case of both emotional exhaustion and the lack of a sense of personal accomplishment, no differences were observed on the required level of statistical significance. Sex proved to be another factor differentiating depersonalization only (F = 5.24, p < 0.002). Female participants showed a significantly lower intensity of depersonalization compared to male medical practitioners (respectively: mean = 7.54 and mean = 9.96).

Table 3. Rates of correlation between job burnout and age or seniority in palliative medicine specialists (n = 79)

	EE	DP	PA	MBI — in total
Age	-0.05	-0.22	-0.17	-0.15
p	NS	0.04	NS	NS
Seniority	0.08	-0.22	-0.14	-0.16
p	NS	0.05	NS	NS

MBI — maslach burnout inventory; EE — emotional exhaustion; DP — depersonalization; PA — personal accomplishment; NS — not significant

Discussion

Among other specialists, palliative medicine specialists seem to be less vulnerable to the occurrence of job burnout. It becomes very visible in a high sense of personal accomplishment and job satisfaction (similar to surgeons) and in a low level of depersonalization (as with dentists). The high rate of job burnout in all dimensions in radiolo-

Tab.4. Average values of job burnout depending on sex and marital status of palliative medicine specialists (n = 79)

	Sex					Marital status						
	Men (n = 23)		Women (n = 56)		p	Single (n = 17)		Married (n = 57)		Divorced/widowed (n = 5)		p
	M	SD	M	SD		M	SD	M	SD	M	SD	
EE	22.74	7.75	20.45	9.00	NS	19.94	10.67	21.47	8.09	21.00	9.30	NS
DP	9.96	3.99	7.54	4.38	0.02	6.00	3.49	9.04	4.35	6.80	5.31	0.03
PA	10.87	4.40	11.77	5.66	NS	10.77	5.1	11.56	5.44	13.40	5.03	NS
MBI — in total	43.22	13.73	39.62	15.69	NS	36.53	16.64	41.86	14.38	41.20	19.41	NS

MBI — maslach burnout inventory; EE — emotional exhaustion; DP — depersonalization; PA — personal accomplishment; NS — not significant; n — number; M — mean; SD — standard deviation

gists is surprising. Palliative medicine specialists value job satisfaction highly. Scientists frequently mention the buffer role of job satisfaction as a factor, which when adequately developed and supported can resist the occurrence of job burnout symptoms [5, 13].

The results of the analysis conducted among the subgroup of palliative medicine specialists are in accordance with the observations of prior research [9, 21–25]. Men more frequently than women try to protect themselves against stress by distancing themselves from work-related strain, which can take the form of a negative attitude towards patients (depersonalization). Following other authors, this regularity may be explained by an association of the depersonalization dimension with a higher level of aggression ascribed to men and a greater interest in an educational role among women [22, 25]. It is much more complicated to explain why the diagnosed depersonalization was more frequent in married subjects.

Job burnout is not a psychopathology but it is a result of achieving success at a disproportionately higher cost. It often originates in an excessive long-term emotional strain. Medical practitioners who become tired try to protect themselves by creating a distance from their work and patients. It then starts to turn into negative attitudes of cynicism and depersonalization towards patients. The medical practitioner-patient relationship loses its subjective character and becomes more impersonal or depersonalized. Medical practitioners avoid psychological contact, demonstrate a lack of compassion and blame the patient for problems that they, in consequence, need to address. A patient's question is interpreted as "nagging". We can call it a psychological escape of the medical practitioner from the patient. It is a very dangerous way of coping as it gives immediate, albeit short-term, psychological comfort, an illusory sense of problems being solved and tension released. What comes afterwards is the loss of professional identification, the loss of a sense of a profession performed and there is no place for job satisfaction. Developing the ability of balancing the input (amount of work) with the gain (satisfaction) and achieving an emotional balance can be very helpful and preventive. How is it possible to take care of the terminally ill and not become an emotional bankrupt? Every person has the potential ability to react both emotionally and rationally. It is essential to maintain appropriate proportions between these reactions. For palliative medicine specialists it should be reflected in ensuring sufficient

rest or emotional release inter alia by a talk with a close friend. For example, there may be a situation in which a specialist can ask somebody who understands the problems (a close medical practitioner) and who could listen to a lengthy complaint about a patient or situation so that gall/anger can be vented. It leads to an effective distancing from what may be justifiable but negative emotions. It is also essential to balance success and failure. Success can indicate what emotional behaviour and reactions are beneficial to continue and develop. Nevertheless, a constructive analysis of failures should lead to a decrease in the frequency of wrong emotional behaviour and reactions. How can a dying patient contribute to not letting the medical practitioner become an emotional bankrupt? Following a medical practitioner's recommendations for treatment that lead to expected results can influence the level of job satisfaction. A patient's acceptance of the situation may lead to an open communication with the medical practitioner. Thus medical practitioners have the chance of receiving a lesson in humility ("not everything depends on them and on the achievements of the medicine") and patience ("following the ill"). Then they can face facts that cannot be rationally explained.

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