



## Burnout among surgical residents in a lower-middle income country – Are we any different?



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### HIGHLIGHTS

- A cross sectional survey of surgical residents revealed very high levels of burnout among them.
- Males were most commonly affected.
- Job dissatisfaction and owning a smart phone were high risk factors for developing burn out.
- Having children and having some knowledge of burn out syndrome were protective against it.
- Working hours, financial constraints, smoking and consumption of coffee had no effect.

### ARTICLE INFO

*Article history:*  
Received 24 February 2016  
Received in revised form  
14 May 2016  
Accepted 15 May 2016

*Keywords:*  
Burnout  
Surgical residency  
Stress  
Training  
Work hours  
Lower middle income  
Pakistan  
MBI  
Mobile phone

### ABSTRACT

*Objective:* To assess the presence of burnout among surgical residents working at various public sector hospitals in Pakistan.

*Design:* A survey based on MBI was used to assess the presence of burnout. Residents were grouped into Group A (Burn out) or Group B (No burn out). Pearson Test was used to see any correlation between different variables and burn out. A p value of <0.05 was taken as significant.

*Setting/participants:* A cross sectional survey of all the surgical residents at various public sector hospitals in Lahore was done.

*Results:* A total of 133 residents responded to our questionnaire. 74% respondents were male and 26% were female. All residents showed a very high level of burnout. 50.4% residents had high levels of burn out on the EE category, 49.6% in the DP category and 53.4% residents had low levels on the PA scale. When assessed for overall burn out 57.9% residents had overall burnout. Males were more prone to develop burnout. Job dissatisfaction was the most prevalent reason for burn out. Owning a smartphone was significantly associated with development of burnout. Awareness regarding the burnout syndrome and having children were two factors which had a protective effect against burnout syndrome. Marriage, working hours, financial conditions, smoking and consumption of coffee/tea had no effect on development of burnout syndrome.

*Conclusion:* There is high prevalence of burnout among the surgical residents in our hospitals. Unsatisfactory training is the number one reason for development of this syndrome.

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## 1. Introduction

Residency is a stressful, overwhelming period during which residents work long hours and during which the lives of others depend on residents as they increase their knowledge base exponentially. Resident physicians have tremendous responsibilities in the workplace yet they may feel they control very little. This

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arrangement sets the stage for residents to develop burnout. Residents have long weekly working hours, sleep deprivation, post-call clinical responsibilities and difficult working conditions. All these factors are known to be predisposing factors for burnout [1,2]. A lot of stress has been placed on restricting the working hours of residents so as to reduce any kinds of stress. The burnout syndrome is a pathological emotional depletion and maladaptive detachment secondary to prolonged occupational stress. Burnout differs from depression in that burnout only involves a person's relationship to his or her work, whereas depression globally affects a person's life [3].

A broad range of professions that share an intense involvement with people; including physicians, nurses and educators; experience burnout. Burnout is associated with decreased job performance and reduced job commitment and predicts stress-related health problems and low career satisfaction [4,5]. Burnout appears common among practicing physicians, with rates ranging from 25% to 60%. Several studies have analysed the prevalence of the burnout syndrome among residents, suggesting that burnout levels range from moderate to high [6,7].

According to Maslach et al. burnout has three dimensions: (i) emotional exhaustion, characterised by personal energy depletion; (ii) depersonalisation and cynicism, by which the individual detaches him/herself from his/her job and (iii) feelings of inefficacy, by which the individual perceives a failure to reach his/her personal goals. The 22-item Maslach Burnout Inventory (MBI) gives the frequency of specific symptoms a score from 0 to 7 and measures all three burnout dimensions. It is the standard test used in medical literature and has previously been validated among human service workers, including residents. Each dimension receives a sub-score, which is categorised as low, medium or high according to standard scores. High scores in the emotional or depersonalisation dimensions are considered to be clinically relevant and associated with decreased job performance, reduced job commitment, stress-related health problems and low career satisfaction. The MBI has been extensively validated and has become the gold standard for identifying burnout in the medical research literature [8,9].

Debate exists about whether residents' psychosocial distress has immediate or long-term consequences for patients, or for the physicians themselves. Given the goals of residency training, some stress seems inevitable, even favourable, yet scattered studies suggest that residents experience high rates of burnout, a severe stress reaction, and that burnout may be associated with adverse mental health and work performance. Substance abuse, tendency towards depression, higher anxiety and suicidal thoughts. Therefore, high levels of burnout in doctors can lead to poor performance, medical errors, and decreased quality of medical care and deterioration of confidence in health services [10–12].

Unfortunately very little evidence has been generated for the doctors and other professionals working in Pakistan. Although there exist studies which show the presence of stress among doctors [13–15]. No study on burnout syndrome among medical professionals has been done. We decided to do our own survey among residents working in different public sector hospitals. For our study we decided to use the MBI as a pre validated tool for diagnosing burn-out. We only focused on the residents working in the department of surgery. Surgical residents are one of the most stressed out residents [16–18]. Long working hours, never ending emergencies and ward weeks, all add to the stress of these young resident doctors. This study is a cross sectional survey carried at all the public hospitals in Lahore, Pakistan.

## 2. Methodology

A special questionnaire was designed and was circulated among

all the residents working at different surgical wards of all the public hospitals in Lahore. The questionnaire had two parts. The first part collected all the demographic information of the residents and also asked various questions which could be a possible cause for burnout among these residents. These questions included those pertaining to salary, working hours, marital status, number of children among others.

The second part of the questionnaire was based on Maslach Burnout Inventory. Licences for using the MBI were purchased and were included in the survey.

After seeking permission from the ethical review committee at Services Institute of Medical Sciences, Services Hospital, Lahore the questionnaires were distributed among all the residents working in departments of surgery at various public sector hospitals. Participation in the study was voluntary. All residents were required to fill a consent form to allow for anonymous use of the data. The questionnaires were distributed by our team personally in the wards and outdoors of all the public sector hospitals. The team visited the hospitals on several consecutive days to make sure that no residents were missed out because of their duty in theatres or emergencies.

A total of 200 questionnaires were circulated and given to surgical residents. 133 questionnaires were filled and returned to our team members. All the forms were reviewed and data was manually entered into IBM SPSS ver. 20.0 and were analysed through its statistical software. Frequency of demographic variables were assessed. All residents were tested in all three categories and were identified for presence of burnout. Each category had three levels; high burnout, average burnout and low burnout.

To identify possible reasons for burn out we divided residents into 2 groups: Burn out and No burn out. For this reason using previously accepted criteria all participants with at least two subscale high scores (High on emotional exhaustion subscale; high on depersonalisation subscale; low score on personal accomplishment) were classified as having burnout [19–21]. All others were labelled as having no Burn Out. Pearson Test was used to see any correlation between different variables and burn out. A p value of <0.05 was taken as significant.

## 3. Results

We had a response rate of 66.5% as out of 200 only 133 residents responded from 5 public sector hospitals in Lahore. Of these 74% respondents were male and 26% were female. Most residents who responded were from year 1 and 2 followed by year 3 and least from year 4. Table 1 shows all the demographic information of the respondents.

The daily habits of the residents were also assessed and it was found that 42 (31.6%) of the residents were smokers (Smoked at least 5 cigarettes per day). 106 (79.7%) residents drank at least one cup of tea per day. 45.9% residents complained of sleeping less than 6 h per day. 60.3% residents did no regular exercise.

Only 54.1% residents were aware of the burn out syndrome. When asked how they deal with burn out the most common response was taking a time out 24.8%. 20.3% said sleeping helped. 8% preferred to do some exercise while 8% said they do nothing to deal with burnout. Only 5% residents sought professional help to deal with burnout.

All residents showed a very high level of burnout. 50.4% residents had high levels of burn out on the EE category as well as DP category. 53.4% residents had low levels on the PA scale. When assessed for overall burn out 57.9% residents had overall burnout (Table 2).

An institute wise comparison showed residents at Jinnah Hospital to be most widely affected with 61.3% residents showing

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