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BURNOUT SYNDROME: GLOBAL MEDICINE VOLUNTEERING AS A POSSIBLE TREATMENT STRATEGY

Kenneth V. Iserson, MD, MBA, FACEP, FAAEM, FIFEM

Department of Emergency Medicine, The University of Arizona, Tucson, Arizona
Reprint Address: Kenneth V. Iserson, MD, MBA, FACEP, FAAEM, FIFEM, Department of Emergency Medicine, The University of Arizona, 4930 E. Calle Faja, Tucson, AZ 85718

☐ **Abstract—Background: In the last few decades, "burnout syndrome" has become more common among clinicians, or at least more frequently recognized. Methods to prevent and treat burnout have had inconsistent results. Simultaneously, clinicians' interest in global medicine has increased dramatically, offering a possible intervention strategy for burnout while providing help to underserved areas. Discussion: Caused by a variety of stressors, burnout syndrome ultimately results in physicians feeling that their work no longer embodies why they entered the medical field. This attitude harms clinicians, their patients and colleagues, and society. Few consistently successful interventions exist. At the same time, clinicians' interest in global medicine has risen exponentially. This paper reviews the basics of both phenomena and posits that global medicine experiences, although greatly assisting target populations, also may offer a strategy for combating burnout by reconnecting physicians with their love of the profession. Conclusions: Because studies have shown that regular volunteering improves mental health, short-term global medicine experiences may reinvigorate and reengage clinicians on the verge of, or suffering from, persistent burnout syndrome. Fortuitously, this intervention often will greatly benefit medically underserved populations.** © 2018 Elsevier Inc. All rights reserved.

☐ **Keywords—burnout; professional; global health; international health; work engagement; volunteers**

INTRODUCTION

In the last few decades, "burnout syndrome" has become more common among clinicians, or at least more frequently recognized. Among emergency physicians, a majority of those surveyed have experienced burnout. Caused by a variety of stressors, it ultimately results in physicians feeling that their work no longer embodies why they entered the medical field. Simultaneously, clinicians' interest in global medicine has risen exponentially. This article reviews the basics of both phenomena to see if we can view global medicine experiences as a way to assist populations in need while preventing and treating clinician burnout.

DISCUSSION

What Is Burnout?

Burnout is "an erosion of the soul," characterized by a deterioration of values, dignity, spirit, and will (1). Those experiencing burnout are overwhelmed, unable to cope, and unmotivated, display negative attitudes, and perform poorly. At its core, burnout may result from clinicians doing work they must do in place of work they want and have been trained to do (2).

When research on physician burnout first appeared in the 1970s, many in the profession denied that it existed or downplayed its importance (2–4). Subsequent studies, however, demonstrated that approximately one-third of physicians across all specialties are experiencing burnout at any given time. With about 50% of physicians in training and in practice reporting burnout symptoms, it

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is 15 times more likely that clinicians will experience burnout than professionals in any other field (5–9).

Since the 1980s, professionals have commonly used the 15-min-long Maslach Burnout Inventory to assess burnout (10). Since then, other burnout measures have been used occasionally, including the Oldenburg Burnout Inventory and the Copenhagen Burnout Inventory (11,12).

Typically, psychologists evaluate three characteristics to determine whether, and to what extent, individuals have burnout syndrome: exhaustion, cynicism, and a decline in professional effectiveness (efficacy). The Stressors-Burnout-Outcome Model (Table 1) matches these three characteristics with common burnout symptoms. Clinicians with *emotional exhaustion* demonstrate a lack of enthusiasm for their work and feel depleted, debilitated, and fatigued. Some researchers erroneously use this single characteristic to measure burnout.

Clinicians with *cynicism* (originally called disengagement or depersonalization) have lost their idealism about practicing medicine, treat patients as if they were objects, exude negative or inappropriate attitudes toward them, and easily become irritable. Cynicism, often linked to poor relationships with co-workers or patients, is a state that Spickard et al. describe as being withdrawn with a sense of depersonalization (13). Such clinicians often face a paucity of necessary resources and ultimately have reduced job satisfaction and poor job performance (14). Research suggests that cynicism, rather than exhaustion, is the key aspect of physicians' negative work experiences (13).

Clinicians with *inefficacy* (originally called perceived clinical ineffectiveness or reduced personal accomplishment) not only lack a sense of meaning in their work, but also have reduced productivity or capability, low morale, and an inability to cope (2,15). This ineffective profile, often seen among clinicians, "reflects a psychological relationship with work that is not distressed but is also not fully engaged" (14).

Burnout and engagement may make up two ends of a continuum. Whereas most of those suffering with burnout measure higher on some of the characteristics than others, they all demonstrate low scores on work-engagement scales that evaluate vigor, dedication, and absorption. Leiter and Maslach found that the two ends of the burnout spectrum are burnout, with high scores on all three characteristics, and engagement, with low scores on all characteristics (Table 2) (14,16). Individuals with high scores for only one characteristic may be overextended, disengaged, or ineffective (14). Some people move between these poles over time or even on the same day in response to events at work, variations in their health, or their general life experiences (17,18). Viewing

Table 1. Stressors-Burnout-Outcome Model*

- Stressors
  - Lack of critical resources at work
  - Burdensome bureaucratic tasks
  - Increased computerization (e.g., electronic health records)
  - Distracted from meaningful interactions with patients
  - New regulatory requirements (meaningful use, e-prescribing)
  - Quality metrics
  - Patient satisfaction scores
  - Cost measures
  - Lack of control over practice environment
  - Difficult work–life integration
  - Maintenance of certification requirements

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- Burnout
  - Emotional Exhaustion
    - Lack of enthusiasm for their work
    - Feel worn out
    - De-energized
    - Depleted
    - Debilitated
    - Fatigued
  - Cynicism/Depersonalization
    - Withdrawn
    - Unfeeling toward patients
    - Treating patients as objects
    - Loss of idealism about practicing medicine
    - Easily irritable
    - Reduced job satisfaction
  - Inefficacy
    - Lack a sense of meaning in their work
    - Reduced productivity or capability
    - Low morale
    - Inability to cope

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- Outcomes
  - Individual
    - Impaired physical health
    - Disregard of personal safety
    - Low morale
    - Incivility (exudes negative or inappropriate attitudes)
    - Impaired mental health including suicidal ideations
    - Decreased motivation
    - Problems with professional identity
  - Work Environment and Patients
    - Poor job performance
    - Diminished work effort
    - Reduced work hours
    - Absenteeism
    - Major clinical errors
  - Society
    - Lack of professionalism
    - Reduced quality of care
    - Diminished patient satisfaction
    - Reduced clinician cost-effectiveness
    - Health care system dysfunction

* This model describes causative factors leading to burnout, descriptions of the three key elements of burnout, and the effects of burnout on the individual, the workplace, and society.