EDITORIAL

One in three doctors suffer burnout

AUTHOR
Dr Phillip Bland
BA BM BCh MRCGP DRCOG
Former GP with an interest in mental health, Dalton-in-Furness, UK

NEARLY A THIRD OF DOCTORS WHO RESPONDED TO AN ONLINE SURVEY HAD HIGH LEVELS OF BURNOUT, and just over a quarter had high levels of secondary traumatic stress, a UK study has found.[1]

During October and November 2018, all UK doctors were eligible to complete the online survey. The Royal Colleges and other medical organisations invited members to take part via newsletters, email, websites and social media. The survey incorporated a test of resilience (CD-RISC) and the Professional Quality of Life Scale (ProQOL V), which measures burnout, secondary traumatic stress and compassion satisfaction.

There were 1,651 respondents (1,305 women, 331 men, 15 gender unspecified). Resilience was measured in 1,518 participants. Their mean resilience score was 65.0 (SD 12.4), which was lower than population norms. Of those who completed the ProQOL, 31.5% had a high burnout score, 26.2% had a high secondary traumatic stress score and 30.7% had a low compassion satisfaction score.

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Only 6% of doctors had the optimal combination of low burnout, low secondary traumatic stress and high compassion satisfaction, whereas 8% had the worst combination of high burnout, high secondary traumatic stress and low compassion satisfaction.

Hospital doctors scored higher for resilience than GPs ($P < 0.001$) and GPs scored lower for compassion satisfaction than other specialties. Doctors in Northern Ireland had higher resilience scores than those in England, Scotland and Wales ($P < 0.001$).

There are around 185,000 doctors practising in the UK[2] so the study participants represent less than 1% of the target population. The authors acknowledge that volunteer bias is likely to have affected their results. Also, 55% of UK doctors are male[3] compared with just 20% of the study sample. However, burnout scores for men and women were comparable.

A major difficulty with studies of burnout is that there is no agreed definition. According to the Maslach Burnout Inventory (MBI), burnout comprises exhaustion, depersonalisation/cynicism and perceived ineffectiveness. The Oldenburg Inventory restricts assessment to the two dimensions of exhaustion and disengagement from work, and other measures focus solely on exhaustion.[4] In contrast, the burnout items of the ProQOL, which was used in this study, focus more on lack of wellbeing and negative attitudes to work.[5]

Secondary traumatic stress refers to work-related secondary exposure to traumatic events. Symptoms resemble those of PTSD[5] and include fear, insomnia, intrusive images and avoidance of triggers.[6]

The ProQOL cut-off scores are set at the 25th and 75th centiles for the general population.[6] So for each of the three subscales, the expected proportions with high, moderate and low scores are 25%, 50% and 25% respectively. The study results should perhaps be restated as: Compared with the general population, 6-7 additional participants per 100 had a high burnout score and one additional participant per 100 had a high secondary traumatic stress score.

The ProQOL creators caution that their scale is a screening, not a diagnostic, tool.[6] Furthermore, the ProQOL burnout and secondary traumatic stress constructs do not appear to be sufficiently distinguished from one another.[5]

There is substantial overlap between burnout and depression, particularly if the instrument used to identify burnout focuses solely on exhaustion. DSM 5 does not recognise burnout as a distinct disorder. However, the creator of the MBI feels that burnout is distinct from depression and claims that there is a bidirectional relationship between the two. The link between job strain and depression may be mediated by burnout.[4]

If we accept that doctors are lacking in resilience and at increased risk of burnout and depression, what should be done? The study authors are sceptical regarding the benefits of resilience training and argue that the responsibility lies with the NHS to improve the working environment.

In my opinion doctors themselves have a duty to try to mitigate the effects of job strain on their colleagues by giving them adequate support and positive feedback.

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