

FAST FACT AND CONCEPT #167
HEALTH PROFESSIONAL BURNOUT: PART I

Linda Blust, MD

Health professionals caring for seriously ill/dying patients and their families are frequently exposed to distressing emotional situations and profound suffering. Lack of attention to health providers' stress responses to this suffering can lead to burnout, which has consequences for the provider and his/her interpersonal relationships. This Fast Fact will describe burnout and its risk factors, and review essential research regarding health professionals and burnout. Additional Fast Facts will address symptoms, consequences, avoidance and assessment of burnout.

- **Definitions: Burnout is a . . .**
 - “Psychological syndrome in response to chronic interpersonal stressors on the job.” (Maslach, 1982)
 - “State of mental and/or physical exhaustion caused by excessive and prolonged stress.” (Girdin, 1996)

- **Common features (adapted from Maslach, 1982)**
 - A predominance of mental or emotional exhaustion, fatigue, and depression
 - The symptoms are more mental and behavioral than physical
 - The symptoms are work-related
 - Burnout manifests in persons with no previous history of psychopathology
 - Decreased effectiveness and work performance result from negative attitudes and behaviors

- **Situational Risk Factors**
 - Physician Worklife Study: 2326 US physicians identified via AMA masterfile responded to 38-item mailed questionnaire developed and validated for this study. Predictors of stress were:
 - Demands of solo practice, long work hours, time pressure, and complex patient
 - Lack of control over schedules, pace of work, and interruptions
 - Lack of support for work/life balance from colleagues and/or spouse
 - Isolation due to gender or cultural differences
 - Hospital consultants in the U.K.: 882 gastroenterologists, radiologists, surgeons, and oncologists responded to 12-item General Health Questionnaire and Maslach Burnout Inventory. Sources of stress were:
 - Work overload and its effect on home life
 - Feeling poorly managed and resourced
 - Managerial responsibility
 - Dealing with patients' suffering

- **Individual Risk Factors**
 - At risk earlier in career
 - Lack of Life-partner
 - Attribution of achievement to chance or others rather than one's own abilities
 - Passive, defensive approach to stress
 - Lack of involvement in daily activities
 - Lack of sense of control over events
 - Not open to change

See Fast Fact # 168-170 for further discussion of burnout

References

Girdin DA, Everly GS, Dusek DE. *Controlling Stress and Tension*, Allyn & Bacon, Needham Heights MA, 1996.

Linzer M, et al. Physician stress: results from the physician worklife study. *Stress and Health* 2002; 18: 37-42.

Linzer M, et al. Predicting and Preventing Physician Burnout: Results from the United States and the Netherlands. *The American Journal of Medicine*. 2001; 111: 170-175.

Maslach C. *Burnout: The Cost of Caring*. Englewood Cliffs, NJ; Prentice-Hall; 1982.

Maslach C, Schaufeli WB, Leiter MP. Job Burnout. *Annual Review of Psychology*. 2001;52: 397-422.

Ramirez AJ et al. Mental health of hospital consultants: the effects of stress and satisfaction at work. *Lancet* 1996;347: 724-728.

Ramirez AJ, et al. Changes in mental health of UK hospital consultants since the mid-1990s. *Lancet* 2005; 366: 742-744.

Schaufeli WB, Maslach C, Marek T, eds. 1993. *Professional Burnout: Recent Developments in Theory and Research*. Washington, DE: Taylor & Francis.

Fast Facts are edited by David E. Weissman, MD; Palliative Care Center, Medical College of Wisconsin. For comments/questions write to: dweissma@mail.mcw.edu. The complete set of Fast Facts are available at EPERC: www.eperc.mcw.edu

Copyright/Referencing Information : Users are free to download and distribute Fast Facts for educational purposes only. Blust L. Fast Fact and Concept #167. Health Professional Burnout Part 1. November 2007. End-of-Life Physician Education Resource Center End-of-Life Palliative Education Resource Center www.eperc.mcw.edu.

Disclaimer: Fast Facts provide educational information. This information is not medical advice. Health care providers should exercise their own independent clinical judgment. Some Fast Fact information cites the use of a product in dosage, for an indication, or in a manner other than that recommended in the product labeling. Accordingly, the official prescribing information should be consulted before any such product is used.