

ORIGINAL PAPER

The Bucharest College of Physicians' Study on Burnout Amongst Healthcare Professionals in Romania's Capital City

Fabian KLEIN¹, Bogdan O. POPESCU^{1,2}, Lucian NEGREANU^{1,2}, Horia BUMBEA^{1,2}, A. MIHALAS¹, Catalina POIANA^{1,2}

Abstract

Since its first description in 1980 by Freudenberger, the phenomenon of burnout has been studied intensively by many scholars in the past decades and stakeholders are getting more and more aware of the problematic burnout poses in the professional field, as well as the healthcare threat it poses.

It is well known today that when it comes to the field of healthcare workers, burnout plays a significant role in regards to physicians' well-being.

The Bucharest College of Physicians wanted to evaluate this phenomenon amongst doctors working in Romania's capital city and launched a survey addressing its' members. The study revealed a rather high number of physicians suffering from at least one kind of burnout. The numbers were highest in the field of personal and professional burnout – 55% and 52% of respondents respectively. In regards to burnout caused by the nature of their work (working with patients), a still high number of 36% of respondents showed signs of burnout.

Participants in the study named the increasing number of bureaucratic tasks as one of the major stressors at the job and suggested that by eliminating some bureaucracy, one could improve their level of stress on the job.

The results of the study conducted by the Bucharest College of Physicians fall in line with other studies regarding healthcare workers around the globe. The alarmingly high numbers of burnout cases and increased levels of stress should signal stakeholders in the healthcare system to take action in order to improve physicians' well-being.

Keywords: physician burnout, Copenhagen burnout inventory, Bucharest College of Physicians, healthcare management.

REZUMAT

De la prima sa descriere în anul 1980 de către Freudenberger, fenomenul burnout a fost studiat intens de mulți cercetători în ultimele decenii, iar experții devin din ce în ce mai conștienți de problematica acestui fenomen în domeniul profesional, precum și de amenințările la adresa sănătății reprezentate de către acesta.

Este bine cunoscut astăzi că atunci când vine vorba de domeniul lucrătorilor din domeniul asistenței medicale, burnout-ul joacă un rol semnificativ în ceea ce privește sănătatea medicilor.

Colegiul Medicilor din Municipiul București a dorit să evalueze acest fenomen printre medici care lucrează în capitala României și a lansat un studiu adresat membrilor săi. Studiul a relevat un număr destul de mare de medici ce suferă de cel puțin un tip de burnout. Numerele au fost cele mai ridicate în domeniul epuizării personale și profesionale.

¹ Bucharest College of Physicians, Romania

² „Carol Davila” University of Medicine and Pharmacy, Bucharest, Romania

Corresponding author:

Fabian KLEIN, Bucharest College of Physicians, 2 Avram Iancu Street, Romania.

E-mail: fabian.c.klein@gmail.com

onale - 55% și, respectiv, 52% dintre respondenți. În ceea ce privește epuizarea cauzată de natura muncii lor (lucrul cu pacienții), un număr încă destul de ridicat de 36% dintre respondenți au prezentat semne de burnout.

Participanții la studiu au numit numărul din ce în ce mai mare de sarcini birocratice ca fiind unul dintre principalii factori de stres la locul de muncă și au sugerat ca, prin eliminarea unor astfel de sarcini, s-ar putea îmbunătăți nivelul lor de stres în exercitarea meseriei.

Rezultatele studiului realizat de Colegiul Medicilor din Municipiul București sunt în concordanță cu alte studii privind lucrătorii din domeniul sănătății din întreaga lume. Numărul alarmant de mare de cazuri de burnout și creșterea nivelului stresului ar trebui să semnalizeze factorilor decisivi din sistemul de sănătate să ia măsuri pentru a îmbunătăți condițiile de muncă ale medicilor.

Cuvinte cheie: burnout la medic, Colegiul Medicilor din București, asistență medicală.

INTRODUCTION

Literature suggests, that burnout is becoming an increasingly prevalent problem among physicians in comparison to the general population. The past 30 years of literature on the topic of burnout underline the increased strain it puts on healthcare workers, affecting both their professional and personal life. Different studies from all around the world emphasize that the levels of professional and personal burnout among healthcare providers are consistently high and comparable on a cross-country level¹⁻¹⁰.

The phenomenon of burnout has first been described by Freudenberger¹¹ in the later part of the past century. Since then, many scholars attempted to build on the initial definition and refined tools to measure the different aspects of burnout amongst the population. Generally speaking, burnout is a prolonged response to chronic emotional and interpersonal stressors on the job. It is defined by the three dimensions of exhaustion, cynicism, and professional inefficacy¹². According to this definition, it becomes clear that due to the complexity of their job, physicians have an increased exposure to factors that lead to the development of burnout. An excessive workload, combined with long working hours and a disturbed work-life balance tend to be the main reasons for the high prevalence of exhaustion among doctors.

When talking about measuring burnout amongst a target population, several options are available to researchers. One must recognise the merit of Maslach in the development of the Maslach Burnout Inventory (MBI)¹³, a valuable tool in assessing the different aspects of burnout in the target group. The MBI has been validated in numerous studies dealing with the burnout phenomenon in different populations. Another, more recently developed means to investigate the levels of exhaustion tied to one's workplace, is the Copenhagen

Burnout Inventory (CBI)¹⁴ which has a good applicability in the healthcare sector, due to its specific focus on the ability to extrapolate patient-related stressors.

In Romania, the study of burnout has yet to become a more popular topic amongst researchers. There are a few literature entries that deal with the topic in specific populations, amongst which the healthcare sector tends to be of the greatest interest. However, there is still somewhat of a discrepancy between the general perception of the phenomenon and the plenitude of vocations amongst healthcare workers regarding several aspects of professional stress. In analysing the continuous complaints of its members, regarding job-related stressors, the decay of a healthy work-life balance and general bureaucratic problems, the Bucharest College of Physicians decided to study the burnout phenomenon amongst doctors working in the capital city.

MATERIAL AND METHODS

In order to accurately measure the level of burnout amongst physicians in Bucharest, the authors used a descriptive study design, based on a self-devised questionnaire which was distributed to members of the Bucharest College of Physicians both through online means and on paper during the annual conference hosted by the College.

The questionnaire used in this study comprised a total of 15 independent items, 5 referring to personal data, used to further describe the population of participants and 10 questions specifically referring to burnout related subjects. Thus, the first 5 questions related to age, sex, professional level and the number and type of workplace the respondents were activating in.

The 10 specific questions regarding stress and burnout related issues were devised as follows: 2 open questions regarding the time spent at work per week and the mean number of patients consulted per day.

For the next question, the respondents were asked how much (on a scale of 0 to 5), a series of factors contributed to workplace related stress. These factors were mostly adapted from the Medscape Physician Lifestyle Report 2017.

Further 2 open questions were used to identify other stress generating factors that are related to the workplace environment and possible solutions on how to reduce this work-related stress.

The main part of the study revolved around 2 items which comprised the Copenhagen Burnout Inventory. Since no official Romanian translation was available for the CBI, a proprietary translation of the CBI's questions was used. It should be noted that the questions were in no specific order, but were randomly shuffled in order to prevent any stereotyped response patterns.

Since a number of studies showed a possible relation between burnout and an increase in alcohol and substance usage, the last two questions of the study were related to those two specific topics.

The questionnaire was available online for a total of three months and members of the Bucharest Collage of Physicians were invited to participate on a voluntary and anonymous basis. Furthermore, paper copies of the questionnaire were distributed amongst participants at the annual Conference hosted by the college.

Not taking into account only partially filled in questionnaires, a total of 392 valid responses were recorded during this period and were used in the study.

RESULTS

Regarding the respondent's personal information, while there was a quite heterogeneous distribution into age groups, with the most prevalent being 45-54

years (38%/147), followed by 35-44 (31%/123) and 55-64 (20%/79), whilst the 65+ and 25-34 groups only accounted for 6% and 5% respectively, there was a quite clear distribution according to the participant's sex, with about two thirds being female (65%/256) versus one third of male subjects (35%/136), which probably falls in line with current demographics of the healthcare workforce (Figure 1 and 2).

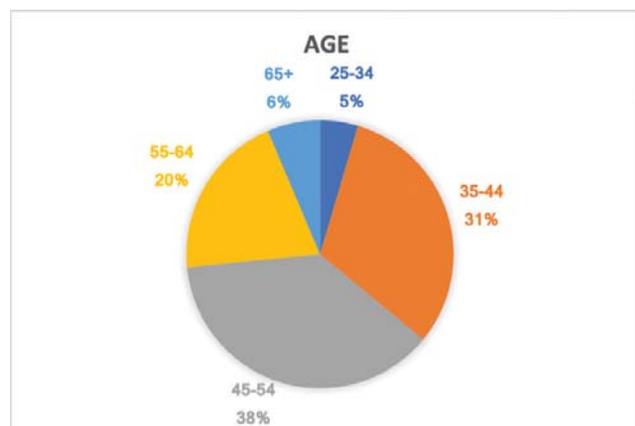


Figure 1. Age groups of participants.

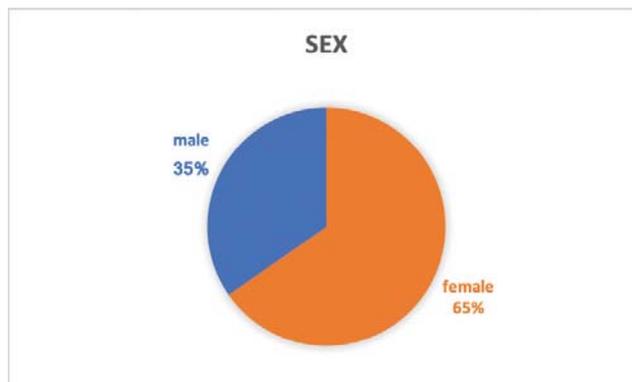


Figure 2. Sex of participants.



Figure 3. Professional level of participants.

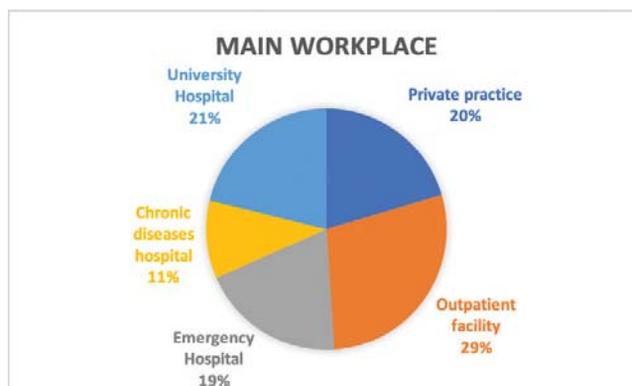


Figure 4. Type of main workplace.

Regarding the professional level, most of the respondents were senior specialists (64%/251), followed by specialist doctors (34%/132) and a rather small number of residents (2%/9) (N.B. It should be noted that resident doctors are not legally obliged to be members of the College of Physicians, as opposed to specialists) (Figure 3).

In regards to their workplace, there was a quite even distribution amongst physicians working in Emergency Hospitals (19%/76), Private Practices (20%/80) and University Hospitals (21%/83), with most respondents working in Outpatient Facilities (29%/112) and a smaller part in hospitals dealing with chronic patients (11%/41) (Figure 4). Furthermore, the vast majority of participants relied on a single job (58%/229), whilst about one third had a second workplace (30%/116) and some even worked in 3 or more different settings (12%/47) (Figure 5).

In relation to working conditions, participants responded that they work an average of 42.9 hours weekly and see an average of 18.2 patients/day.

In grading work-specific stressors, doctors were asked to rate a number predetermined factors on a scale of 0 to 5, with 5 signifying a high amount of contribution to work-related stress. The results are presented in Figure 6. One should note, that bureaucracy was by far the most stressful factor in day to day work.

Furthermore, participants were asked to answer an open question, naming their top 3 work-related stress factors. Amongst the identified factors, the most relevant were: 1. Working with patients and their families (n=79) 2. Bureaucracy (n=70) 3. The lack of adequate treatment options and work conditions (n=51) 4. The lack of a clear legislation regulating the medical profession (n=36) 5. A deficit in interdisciplinary collaboration (n=32).

Other factors, with a comparably low number of responses identified such problems as corruption (n=8), a high number of on calls (n=8) and conflictual situations with co-workers (n=9) as major stress factors.

For the next open question, participants were asked to identify 3 possible solutions to reduce work-related stress. The prime positions were occupied by the following solutions: 1. Eradication of bureaucracy (n=56), 2. Better wages (n=52), 3. More free time (n=47), 4. Better work conditions (n=42) and 5. A better doctor-patient relationship (n=37).

Amongst the least proposed solutions, better promotion possibilities (n=6), a clear legislation (n=11) and fewer on-calls (n=11) should be named.

The next part of the questionnaire comprised the specific items of the Copenhagen Burnout Inventory (CBI). These were randomized in order to minimize stereotyped response patterns.

The CBI was constructed in such a manner, as to address 3 different dimensions of burnout. Thus, questions relate to a) personal burnout, b) work-related burnout and c) client-related burnout (“clients” being replaced by “patients” for the medical profession).

Using the CBI, participants are suffering from one or more different types of burnout if they score more than 50 points in the different sections.

The general results of our study showed mean scores of 50.85 (SD=22.65) for “personal burnout”, 49.49 (SD=22.14) for “work-related burnout” and 38.04 (SD=24.18) for “patient-related burnout”. Scores ranged from a minimum of 0 points to a maximum of 100 points for each category. Using the scoring system, it was determined that 55% of participants suffered from “personal burnout” while 52% and 36% suffered from “work-related” and “patient-related” burnout respectively.



Figure 5. Number of workplaces.



Figure 6. Work-specific stressors.

When looking at the scores of female participants in the study, one could note higher numbers. Female doctors scored average scores of 53.43 (SD=22.17) for personal, 50.94 (SD=21.95) for work-related and 38.97 (SD=24.87) for patient-related burnout. One should also note, that the scores ranged from a minimum of 4.17 / 3.57 / 0 to a maximum of 100 points for the three categories. According to their scores, a total of 58% of female participants suffered from personal, 54% from work-related and 38% from patient-related burnout.

The scores of the male study group were consistently lower than those of their female counterparts. The mean scores of male doctors were 45.98 (SD=22.81) for personal burnout, 46.77 (SD=22.33) for work-related burnout and 36.31 (SD=24.87) for patient-related burnout. Interestingly, males scored lower maximal scores, with the range being 0 to 91,67 / 92.86 and 87.50 for the different burnout types. According to the scoring system, 49% of male doctors were suffering from personal burnout, 50% from work-related burnout and 32% from patient-related burnout.

For the last 2 questions, participants were asked if they noticed an increase in alcohol consumption or usage of substances in the past years.

In regards to alcohol consumption, 9% of participants admitted they noticed an increase over the past years. Numbers were higher in the male population (15%) versus the female population (5%) (Figure 7 a and b).

When talking about the use of medication and/or other substances, 19% of participants admitted they saw an increase, numbers being higher in the female population (21%), compared to the male population (15%) (Figure 8 a and b).

DISCUSSION

The findings of our study fall in line with the results of other studies conducted in the area on an international level. It becomes clear that burnout is and will probably remain a serious problem amongst healthcare professionals around the globe.

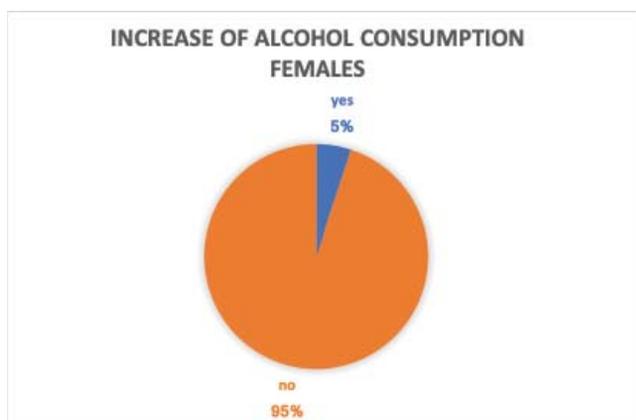


Figure 7A. Increase in alcohol consumption – female population.

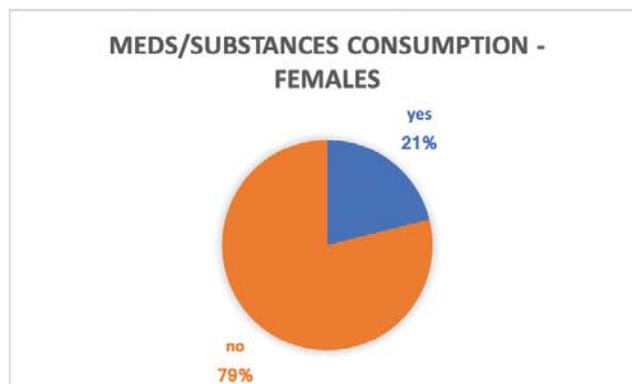


Figure 8A. Increase in medication / other substances consumption – female population.

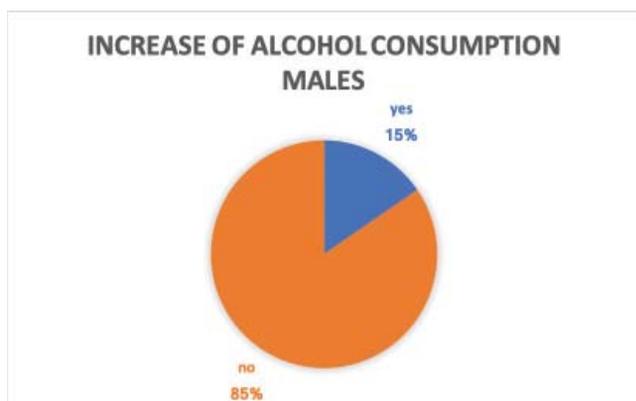


Figure 7B. Increase in alcohol consumption – male population.

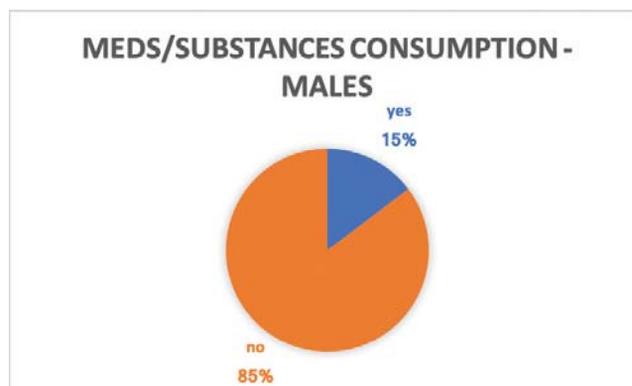


Figure 8B. Increase in medication / other substances consumption – male population.

Higher scores for the three different types of burnout may be influenced by local factors regarding the medical system in Romania. This is further illustrated by the factors identified as contributing to work-related stress. Bureaucracy and other system-related factors were often accused by participants as playing a major role in increased stress levels.

It should also be noted that there are differences regarding male and female participants in the study. Female physicians tend to suffer more often from all three kinds of burnout than their male counterparts, whilst male doctors accuse a higher level of work-related burnout than personal burnout. It should also be noted that the levels of patient-related burnout are consistently lower in both groups than personal and work-related burnout, which also suggests that the main contribution to burnout amongst healthcare workers pertains to system-related factors, rather than the direct work with patients.

As discussed by other authors, coping mechanisms include an increase in alcohol and substances, which falls in line with the findings of this study. However, numbers might even be higher as those highlighted in the study, as participants might have shown some sort of reluctance in answering these questions sincerely.

Further studies are required to adequately describe the phenomenon of burnout amongst Romanian doctors. Numbers might differ regionally, as the study was conducted only in the capital city, which might contribute to certain differences.

However, even though a large number of healthcare professionals seem to suffer from the effects of burnout, it is the author's opinion that this fact doesn't impede on the services provided by doctors, making patients suffer the consequences.

In the future, it is mandatory to address the system related factors that contribute to the phenomenon of burnout, in order to minimize its impact on healthcare providers.

Furthermore, special services providing support, assistance and guidance to those suffering from the effects of burnout should be implemented by relevant organisations.

On a final thought, it is paramount for patients to realise that their doctors are working in a high stress environment which makes them vulnerable to the effects of burnout, but this fact will never influence a real professional's relationship with them, assuring a competent and patient-oriented approach to their health problems.

Compliance with ethics requirements:

The authors declare no conflict of interest regarding this article.

The authors declare that all the procedures and experiments of this study respect the ethical standards in the Helsinki Declaration of 1975, as revised in 2008(5), as well as the national law. Informed consent was obtained from all the patients included in the study.

References

1. Ratliff, N. (1988). Stress and burnout in the helping professions. *Social Casework*, 69(3), 147-154.
2. Maslach, C. (2003). Burnout: The cost of caring. *Ishk*.
3. Chen, K. Y., Yang, C. M., Lien, C. H., Chiou, H. Y., Lin, M. R., Chang, H. R., & Chiu, W. T. (2013). Burnout, job satisfaction, and medical malpractice among physicians. *International journal of medical sciences*, 10(11), 1471.
4. Martini, S., Arfken, C. L., Churchill, A., & Balon, R. (2004). Burnout comparison among residents in different medical specialties. *Academic psychiatry*, 28(3), 240-242.
5. Gundersen, L. (2001). Physician burnout. *Annals of internal medicine*, 135(2), 145-148.
6. Deckard, G., Meterko, M., & Field, D. (1994). Physician burnout: an examination of personal, professional, and organizational relationships. *Medical care*.
7. Chopra, S. S., Sotile, W. M., & Sotile, M. O. (2004). Physician burnout. *Jama*, 291(5), 633-633.
8. Dyrbye, L. N., Varkey, P., Boone, S. L., Satele, D. V., Sloan, J. A., & Shanafelt, T. D. (2013, December). Physician satisfaction and burnout at different career stages. In *Mayo Clinic Proceedings* (Vol. 88, No. 12, pp. 1358-1367). Elsevier.
9. Dewa, C. S., Loong, D., Bonato, S., Thanh, N. X., & Jacobs, P. (2014). How does burnout affect physician productivity? A systematic literature review. *BMC health services research*, 14(1), 325.
10. Shanafelt, T. D., Dyrbye, L. N., & West, C. P. (2017). Addressing physician burnout: the way forward. *Jama*, 317(9), 901-902.
11. Freudenberger, H. J., & Richelson, G. (1981). *Burn-out: The high cost of high achievement*. Bantam Books.
12. Schaufeli, W. B., & Buunk, B. P. (2003). Burnout: An overview of 25 years of research and theorizing. *The handbook of work and health psychology*, 2, 282-424.
13. Maslach, Christina, et al. *Maslach burnout inventory*. Vol. 21. Palo Alto, CA: Consulting Psychologists Press, 1986.
14. Kristensen, T. S., Borritz, M., Villadsen, E., & Christensen, K. B. (2005). The Copenhagen Burnout Inventory: A new tool for the assessment of burnout. *Work & Stress*, 19(3), 192-207.