

## FAST FACTS AND CONCEPTS #168 HEALTH PROFESSIONAL BURNOUT – PART II

Linda Blust MD

**Background** As described in *Fast Fact* #167, burnout is a “psychological syndrome in response to chronic interpersonal stressors on the job” (Maslach 1982). This *Fast Fact* will explore symptoms of burnout and its personal and professional consequences. *Fast Facts* #169 and 170 will describe avoidance and assessment of burnout.

### Symptoms of each sequential stage of burnout

- **Stress Arousal:** anxiety, irritability, hypertension, bruxism, insomnia, palpitations, forgetfulness, and headaches.
- **Energy Conservation:** Work tardiness, procrastination, resentment, morning fatigue, social withdrawal, increased alcohol or caffeine consumption, and apathy.
- **Exhaustion:** Chronic sadness, depression, chronic heartburn, diarrhea, constipation, chronic mental and physical fatigue, the desire to “drop out” of society.

### Consequences

- **Personal**
  - Depletion of emotional and physical resources.
  - Negative self-image: feelings of incompetence and lack of achievement.
  - Self-neglect: 35% of Johns Hopkins’ medical graduates had no a regular source of health care.
  - Questioning of previously held spiritual beliefs.
  - Neglect of family and social obligations.
  - Mental Illness: anxiety, depression, substance abuse, suicide.
    - Substance Abuse: MD lifetime risk is 10-14%.
    - MD suicide rates similar to general population for both genders
    - Relative Risk of MD suicide versus other professionals
      - Male MDs: 1.1-3.4
      - Female MDs: 2.5-5.7
      - Female MDs complete suicide as often as male MDs
- **Professional**
  - Longer Work hours: *If I work harder, it will get better.*
  - Withdrawal, absenteeism, and reduced productivity.
  - Depersonalization: attempt to create distance between self and patients/trainees by ignoring the qualities that make them unique individuals.
  - Loss of professional boundaries leading to inappropriate relationships with patients/trainees.
  - Compromised patient care. Burnout has been linked to
    - More medical errors
    - Diminished sense of empathy for patients
    - Impaired decision-making
    - 45% of University of Washington residents who self-report burnout also report providing “suboptimal care.”

### References:

1. Booth JV, Grossman D, Moore J, et al. Substance abuse among physicians: a survey of academic anesthesiology programs. *Anesthesia Analg*. 2002; 95: 1024-1030.
2. Center C, et al. Confronting depression and suicide in physicians: a consensus statement. *JAMA*. 2003; 289:3161-3166.
3. Gross CP, et al. Physician heal thyself? Regular source of care and use of preventive health services among physicians. *Arch Int Med*. 2000; 160:3209-3214.
4. Linzer M, et al. Predicting and preventing physician burnout: results from the United States and the Netherlands. *Am J Med*. 2001; 111:170-175.
5. Maslach C. *Burnout: The Cost of Caring*. Englewood Cliffs, NJ: Prentice-Hall; 1982.
6. Maslach C, Schaufeli WB, Leiter MP. Job burnout. *Ann Rev Psychology*. 2001; 52:397-422.
7. Shanafelt TD, Bradley KA, Wipf JE, Back AL. Burnout and self-reported patient care in an internal medicine residency program. *Ann Int Med*. 2002; 136:358-367.
8. Pereira SM, Fonseca AM, et al. Burnout in palliative care: a systematic review. *Nurs Ethics* 2011; 18:317-326.
9. Dunwoodie DA, Auret K. Psychological morbidity and burnout in palliative care doctors in Western Australia. *Intern Med J* 2007;37:693-698.

**Version History:** This *Fast Fact* was originally edited by David E Weissman MD and published in November 2006. Version copy-edited in April 2009; revised again July 2015 with references #8 & #9 added and incorporated into the text.

**Fast Facts and Concepts** are edited by Sean Marks MD (Medical College of Wisconsin) and associate editor Drew A Rosielle MD (University of Minnesota Medical School), with the generous support of a volunteer peer-review editorial board, and are made available online by the [Palliative Care Network of Wisconsin](#) (PCNOW); the authors of each individual *Fast Fact* are solely responsible for that *Fast Fact's* content. The full set of *Fast Facts* are available at [Palliative Care Network of Wisconsin](#) with contact information, and how to reference *Fast Facts*.

**Copyright:** All *Fast Facts and Concepts* are published under a Creative Commons Attribution-NonCommercial 4.0 International Copyright (<http://creativecommons.org/licenses/by-nc/4.0/>). *Fast Facts* can only be copied and distributed for non-commercial, educational purposes. If you adapt or distribute a *Fast Fact*, let us know!

**Disclaimer:** *Fast Facts and Concepts* provide educational information for health care professionals. This information is not medical advice. *Fast Facts* are not continually updated, and new safety information may emerge after a *Fast Fact* is published. Health care providers should always exercise their own independent clinical judgment and consult other relevant and up-to-date experts and resources. Some *Fast Facts* cite the use of a product in a 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.