Burnout in junior doctors

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James' interest in medical education, especially that of early career doctors, grew during his role as the Director of Prevocational Education and Training at Royal Prince Alfred Hospital, Sydney, from 2008 to 2014. This led to his current role as the NSW Prevocational Training Council Chair at the Health and Education and Training Institute (HETI). James works clinically as an Emergency Physician at Royal Prince Alfred Hospital and is Director of the Department. The need to better prepare students for their first years of practice led James to take on the role of the Chair of the Sydney University Pre-internship (PRINT) block in 2012. James has a Masters in Medical Education from the University of Sydney. When not being a husband, father to two beautiful girls, juggling his multiple roles he loves to watch the Adelaide Crows (AFL) win and play tennis.

Are you emotionally exhausted, cynical about the importance or value of your role or finding that you are losing interest in your work? Yes? You are not alone and may be experiencing features of **burnout**. Burnout encompasses three dimensions; *emotional exhaustion, depersonalisation and reduced personal accomplishment* (1). Burnout is common in junior doctors. It has been reported to occur in 18-82 % of junior doctors and increases towards the end of the intern year (2). One Australian study on junior doctor well-being found that 71% of doctors were concerned about their own health and the majority had low job satisfaction (71%), burnout (69%) and compassion fatigue (54%) (3,4).

The consequences of junior doctor burnout

The consequences of burnout are significant. Personal health is often neglected, with one study indicating that 65% of medical practitioners felt unable to take time off work when ill, and 92% had self-prescribed medication (5,6). Burnout, depression and sleep deprivation have also been shown to significantly increase the odds of a motor vehicle accident (7). If we are unable to look after ourselves, how can we provide the best care for our patients? Well, we can't. Patient care is negatively impacted if a doctor is suffering from burnout and has been linked to delayed clinical decision-making and increased medical errors (8).

There has been important literature describing the prevalence of burnout especially within the Australian context. However, despite the significant toll that burnout takes on us and our patients, there have been few studies investigating strategies to prevent or reduce burnout in doctors.

Long working hours, poor work-life balance and the inability to commit to personal and social activities outside of work has been associated with burnout (3). However, there is

conflicting opinion on the implementation of work-hour limits at reducing the prevalence of burnout.

The lack of interventions to address burnout in junior doctors led some of my junior doctor colleagues to research this very important area. The article was recently published in the Postgraduate Medical Journal.

Reducing stress and burnout in junior doctors: the impact of debriefing sessions is available for free online.

The study

This prospective randomised controlled study aimed to examine the prevalence of burnout in a cohort of junior doctors and whether debriefing sessions reduced levels of burnout.

Interns completed the Maslach Burnout Inventory (a questionnaire) to determine the prevalence at baseline and were randomly assigned to receive four debriefing sessions over 2 months, or, to the control group, who had no debriefing sessions.

Thirty-one interns participated in the study, with 13 being assigned to the group receiving debriefing sessions and 18 assigned to the control group. At baseline, 21/31 (68%) participants displayed evidence of burnout in at least one domain. Burnout was significantly higher in women. There was no significant difference in burnout scores following debriefing. The intervention was well received with 11/18 (61%) suggesting they would recommend the strategy to future junior doctors and 16/18 (89%) found that the sessions were a source of emotional and social support.

The study found that more than half of the junior doctors surveyed displayed high levels of burnout. It was a negative study in that the debriefing sessions, while considered a valuable support mechanism, did not improve burnout. However, there were many interesting findings especially within the qualitative results.

Common themes

Some of the quotes from the focus group:

“I was able to see that other interns who appeared to be holding it together better were having the same issues [as me] and learning how they dealt with those situations which I felt I could not manage [helped].”

“[it was] Good to hear that other people were experiencing similar issues at work—[I was] not alone.”

A strong theme throughout the debriefing sessions was that they provided some comfort to knowing others were having similar struggles and interns drew reassurance from this. This provided a sense of support and community and was identified as a source of relief. Informal debriefing with peers is a potentially useful way to manage stress and prevent burnout. However, the difficulty with relying on this as a strategy is that it only suits some of the cohort. Many junior doctors have family responsibilities, do not drink alcohol and are not part of a ‘social’ network. Assuming the merits of

debriefing it makes sense to provide a similar opportunity for all junior doctors in a safe and secure environment; one that hospitals should take responsibility for.

Sources of stress and junior doctor burnout

Your work as a junior doctor is inherently stressful. High levels of responsibility coupled with role ambiguity and low levels of decision latitude are common and associated with an increased risk of burnout (10). The sources of stress identified in the study related to work responsibility coupled with role ambiguity and low levels of decision latitude. All sources are common and associated with an increased risk of stress levels. The workplace is also becoming more complex than ever, with older and sicker patients with complex healthcare needs, creating many opportunities for the novice doctor to run into difficulty.

In summary, burnout is common in junior doctors and adversely affects the individual doctor and their patients. The underlying contributors are likely to persist. What are you going to do as a junior doctor?

What you can do

Firstly, identify if you are suffering from (or at risk of) burnout. Speak to your friends, partners and colleagues; they will often notice changes in your behavior and wellbeing before you do. Secondly, acknowledge that it is a significant issue needing to be addressed. It will not just go away. Strategies such as debriefing with your colleagues, talking to a mentor or educational supervisor, accessing services such as the Employee Assistance Program or your local doctor are all sensible initial strategies. Thirdly, look out for your colleagues. Health is a team sport and we need to consider that our profession is not only built on the principle of helping patients but also looking out for our colleagues and our own health.

My interest is what hospitals can do to prevent the epidemic of burnout occurring in junior doctors. Many of you will have noticed a general theme in some of the blogs from our junior doctors is about trying to engage with the system to institute change. I think this is an important step but we need to move from an individual approach to an organisational one. It is the responsibility of hospitals to promote and engender an environment that negates and buffers the underlying chronic stressors inherent in our work.

What would you tell the Chief Executive of your local health district to reduce burnout among your cohort of junior doctors?

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