

Physician burnout and violence at the workplace

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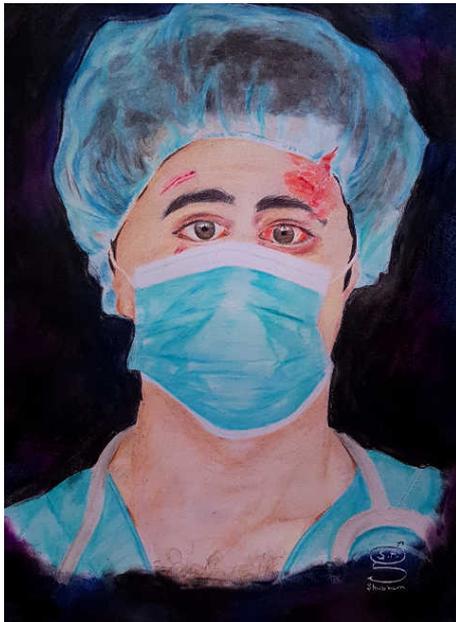
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The cover of the journal as we greet the new year in 2018 is evocative of what the practice of medicine represents in India today: Carry on, Doc, carry on regardless - notwithstanding the ravages of overwork, the tyranny of poor infrastructure, the environment of verbal and physical abuse, of abject institutional apathy with inept and ignorant managements, the daily battles with inner demons and with the demons outside ...

This editorial hypothesises a link between physician abuse and physician burnout; however, it is the egg and the chicken situation all over again: which comes first, the abuse or the burnout?

Herbert J. Freudenberger, an American psychologist, coined the term burnout to indicate mental exhaustion that resulted from the performance of one's professional tasks.[1] Burnout is gaining recognition as a condition that destroys physician well-being. Burnt-out physicians

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display three key features: they dig deep for the emotional reserves that are so necessary for them to do their jobs, but find none (emotional exhaustion); they behave with detachment and cynicism towards patients and others (depersonalisation); and they begin to doubt their own professional competence, getting no satisfaction from their achievements (reduced personal accomplishment).[2,3]

Burnout is a global phenomenon, and is a threat in many professions; however, it is seen to be at its worst in medicine, where the demands of the job are huge to start with, and are never-ending. In the US it has assumed epidemic proportions, with more than half of all doctors reporting symptoms at some stage in their careers, whereas in India it is only just being acknowledged as a problem.[1,3-8] For all we know, burnout in India may be as prevalent, if not more so, than in the US.

Why does physician burnout happen? These are people who took up the mantle of medical practice with unbridled enthusiasm and great commitment – what is it that breaks their backs? When and why do they lose their equipoise and become disenchanted? How does burnout affect the doctor-patient relationship, generally, but more specifically, how does it relate to bash-ups - to physician assault by disgruntled patients and relatives?

The causes of burnout are myriad: overwork; patient loads; inflexible schedules; work-related distress (inevitable when dealing with the sick and the dying); physician personality; departmental stresses; work-life versus personal-life imbalance; unrealistic public expectations; poor working conditions; lack of resources; absence of support

from management; lack of work autonomy; interference by management/authorities; limited opportunities for professional development; job insecurity; non-existent rewards.[1,3,7,8]

Careful scrutiny shows that the causes can be classified into personal factors (specific to the individual physician), structural factors (specific to the work-environment), and patient-related causes, with the majority of identified factors being related to the work environment.[1,3,8-10] In the current scenario in India, we can add another cause for burnout – assault on physicians by patients' relatives and even by patients themselves.[11,12]

Why does workplace violence occur? Studies report that the problem could arise out of physician factors (poor communication and poor conflict resolution skills), from patient factors (personality disorder, addiction, unrealistic expectations), and from structural and organisational factors (poor working conditions, overcrowding, non-availability of resources including lack of medicines).[11,12]

When the suggested causes for burnout and those implicated in physician bash-ups overlap to such a large degree, particularly in the structural domain, it is time to sit up and take notice. Is it fair to say that if we taught our students to communicate well with patients and relatives, the violence would go away? If we trained physicians in breaking bad news, would relatives stop assaulting doctors? As can be seen from the preceding paragraphs, such an approach taken alone would be naive and unlikely to succeed unless organisational changes are also instituted.[2,3,9,10] This is not to say that isolated interventions should

not be tried - any intervention is better than ignoring the problem and hoping that it will go away.

The consequences of burnout are invariably negative and can impact the individual physician (depression, suicide, unemployment, substance abuse, family conflict), the patient (sub-optimal care, dissatisfaction with care, medical errors, miscommunication) and the workplace

(violence, loss of reputation, malpractice suits).[1,5]

We need more research on this subject – we must examine burnouts and bash-ups independently, and also look at the intersections between the two conditions. We need to find and implement interventions that can help to reduce both burnout and workplace violence in our country. It is high time.

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