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65 – ‘Burnout’ and Family Practice

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Occupational stress has been recognized as a problem for family physicians. Relations with patients, colleagues, managers, satisfaction or dissatisfaction with the work, possible conflict situations in the workplace, insufficient education to perform work-related tasks, work overload, and lack of promotion opportunities at work are considered to be the most common causes of workplace stress. Many countries in Europe have been trying to transform their health care systems and implement health care reforms in recent years. Working with system changes, responsibility for the registration of citizens, financial responsibility, and other changes within the reforms are the most important reasons for the high prevalence of burnout syndrome among family medicine physicians. Burnout syndrome is defined as chronic work-related stress which includes three dimensions:

- feeling of emotional exhaustion,
- negative approach to the service provided (depersonalization)
- reduced sense of satisfaction and lack of professionalism (sense of reduced personal accomplishment)(1, 2).

These symptoms tend to be seen frequently among personalities which are characterised by the setting of unrealistic high performance goals, or unrealistic goals altogether, and ignoring warning signals from family and friends.

The Maslach Burnout Inventory Test is a validated diagnostic instrument.

One of the major research projects on the presence of burnout syndrome among physicians in primary health care was conducted by the EGPRN (European General Practice Research Network Burnout Study Group) in 12 European countries: Bulgaria, Croatia, France, Greece, Hungary, Italy, Malta, Poland, Spain, Sweden, Turkey and the United Kingdom (3). The research results were published in 2008 showing that 43% of the respondents had a high level of emotional exhaustion, 35% had a high level of depersonalization, and 32% had a low level of personal satisfaction/accomplishment. Burnout syndrome is seen as a common problem among family medicine physicians throughout Europe and it is followed with personal and work overloads, tendency to change jobs, and use/abuse of alcohol, tobacco and drugs. High burnout was found to be more likely in association with several of the variables examined, especially those relative to respondents' country of residence and European region, job satisfaction, intention to change job, sick leave utilization, the use/abuse of alcohol, tobacco and psychotropic medication, younger age and male sex. The strong relationships found in this study between low job satisfaction and burnout support the notion of focusing future research on improving job satisfaction rather than addressing burnout directly.

Surprisingly, little research has been conducted into interventions for burnout.

Although research indicates that it is the organizational attributes that seem to have stronger associations with burnout, most interventions have in the past ironically been centred on changing individuals (4,5).

Paperwork; feeling undervalued; long waits for accessing specialists, diagnostic tests, and community resources; difficult patients; obligation to undertake night shifts at the emergency departments of hospitals and medico legal issues are well known stressors of family practice. Unfortunately, workplace violence caused by patients and their relatives are increasing and this is another demotivating factor for the physicians.

Measures to be taken

- improving skills and knowledge,
- improving conditions for work and rest,
- improvement of facilities and working conditions,
- increase in work motivation,
- changes in reward system,
- implementation of social programmes for self-protection,
- introduction of the system for psychosocial draining and stress relief after working day;
- improving organizational psychosocial atmosphere and recommendations to stop the development of burnout syndrome:
 - introduction and implementation of new projects without waiting for the manager's consent,
 - maintenance of good health habits including provision for adequate sleep and nutrition,
 - acquiring meditation skills,
 - developing a satisfying social life,
 - establishing contacts with some friends possibly from other professions,
 - desire to achieve results without expecting to be always the best,
 - ability to lose without the feeling of self-underestimation and aggressiveness,
 - ability of self-assessment without thinking about the opinion of others,
 - openness to new experiences,
 - ability to provide sufficient time to achieve positive results in business and personal life,
 - ability to take responsibility,
 - to read literature not related to the profession,
 - participation in seminars and conferences where there is a chance to meet new people and share experience with colleagues,
 - occasionally working together with colleagues with whom you disagree in professional and/or private life,
 - participation in the work of professional groups and thus have the opportunity to discuss personal problems connected with recommendations on the work,
 - nurturing hobbies which bring joy and satisfaction (2).

The American Association of Internist's proposed five basic measures which should be applied by every physician to prevent the development of burnout syndrome:

1. Care of yourself; first consider your own safety programme. Include fun or some other distraction in your work. When you are under stress, it is important to be with your family more than usual, and find time for your hobbies.
2. Define the boundaries/limits of your work, consider your practice and see where it is necessary to draw the line. Saying "no" to the patient and thus risk him leaving you and going to another doctor is healthier than constantly appeasing and satisfying unreasonable patient demands.
3. Determine methods for coping with stress. Select the person who you can confide in. If you don't want to discuss your problems with your colleagues, contact old classmates, former professors or mentors.
4. Analyse yourself, figure out what your values and desires are, what your skills are and what you like doing and what you do not like or hate doing. Burning often results from the imbalance between desires, assessments and interest on the one hand and job requirements on the other.
5. Overcome the complex that others are always better than you and that this happens only to you. The physician's job is very demanding and subject to constant changes. However, this happens in other professions as well. In order to be protected from the development of burnout syndrome the physician must develop skills which will help him/her to cope with constant change and to create the necessary defence mechanisms (6).

