

# Burnout Syndrome and its Risk Factors among Gynecology Consultants

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## ABSTRACT

**Background:** Burnout as a condition characterised by emotional weariness, depersonalization (a propensity to show anti and cynical views about others) and a diminished feeling of personal success. In contrast to the more generalized concept of sadness, "burnout" describes a specific kind of fatigue that occurs in the job.

**Objective:** The study's objectives were to (a) determine whether or not burnout (emotional exhaustion, depersonalization, and personal professional achievement) is influenced by environmental factors (gender, age, marital status, years of professional experience, number of hours worked per week, teaching level, workplace), and (b) determine whether or not these factors are related.

**Study Design:** Cross sectional study

**Study Setting:** This study was conducted at Department of Obstetrics and Gynecology Rashid Latif Medical College Lahore from July 2022 to December 2022.

**Methodology:** By using a systematic random sample, we were able to include 60 gynecologists. The proforma was given to them through email or print mail, and they were contacted individually. Doctors were told that by completing the anonymous proforma, after taking their consents. The study's template has two sections. The participants' demographic information was found in the first document. The second section was a copy of the Maslach Burnout Inventory (MBI). The 22-item MBI is scored on a 0–6-point Likert scale. SPSS version 20 was used to analyze the data.

**Results:** In all, 60 gynecologists filled the proforma. Participants mean ages ranged 40.55 ±6.0 years. Forty-seven of the participants were female (78.3%), whereas just four were male 13 (21.7%). The vast majority of guys had their FCPS, while married people made up the bulk of the sample 38(63.3%). In addition, 48 people (80%) were chosen field of expertise. In this study, participants were classified as burnt out if they had high EE in addition to high DP or low PPA. Over a quarter of consultants were suffering from burnout. At least 33 people The burnout prevalence rate among doctors whose annual salaries fall between 60 and 100,000 PKR is disproportionately high (Table 2). Low-income physicians had more burnout than high-income physicians (p= 0.014).

**Conclusion:** Burnout syndrome is more common among female doctors than male. All aspects of burnout, but notably emotional weariness and depersonalization, are significantly impacted by insomnia and sadness, as are all aspects of alexithymia. Our research suggests that gynecologists may recover from burnout by focusing on their own well-being: as they age, gain experience, have families, and reduce the number of shifts they work each month.

**Keywords:** burnout, burnout syndrome, gynecologist, Maslach Burnout Inventory, MIB

## INTRODUCTION

Humanism has a vital role in the field of medicine. The treatment of patients requires a great deal of effort, patience, empathy, resilience in the face of stress, and pressure. There is an effect on the doctors' private and professional life from these factors.<sup>(1)</sup> Burnout as a condition characterised by emotional weariness, depersonalization (a propensity to have negative and cynical views about other people, patients included), and a diminished feeling of personal success. In contrast to the more generalised concept of sadness, "burnout" describes a specific kind of fatigue that occurs due to job. Medical performance, patient interactions, and doctors' quality of life may all be negatively impacted by high degrees of burnout, depersonalization, and poor personal accomplishment. Much attention has been paid to the predictors of burnout syndrome among healthcare professionals.<sup>(2, 3)</sup> Medical practitioners have recognised burnout syndrome as a serious issue due to its correlation with poor patient care. It has been shown via research that doctors, unlike those in other professions, are disproportionately likely to get burned out on their work.<sup>(4)</sup> A higher incidence of mistakes, suicidal ideation and behaviour, marital strife, and drug addiction, especially alcoholism, are all linked to burnout.<sup>(5)</sup> Burnout rates are especially high among surgeons, ICU doctors, and anesthesiologists. There is a higher rate of burnout among males, residents, and surgeons.<sup>(4, 6)</sup> Characteristics of the individual's personality, in addition to those of their surroundings (profession, workplace, kind of medical treatments, hours worked per week, and so on), have a significant role in determining whether or not they may experience burnout (neuroticism and extraversion).<sup>(7-9)</sup>

Those who suffer from burnout syndrome may have profound and long-lasting repercussions due to a collection of symptoms. Because of the stressful nature of their jobs, healthcare employees are thought to be more at risk than the broader workforce.<sup>(10)</sup> It has been suggested that burnout in the healthcare industry may lead to major consequences for the emotional and physical health of healthcare professionals, including exhaustion, depression, and even cardiovascular problems.<sup>(11)</sup> It might also result in poor performance and diminished output. There is a major drop in quality of life, and the health care system as a whole may be headed down a bad path. Surgical physicians, notably gynaecologists, have higher rates of burnout than other medical professionals due to the high stress and high demand of their work.<sup>(12)</sup> According to research performed on nurses in Pakistan, those who work in the gynaecological department are more likely to experience burnout and have a worse quality of life. Another research looked at the burnout rates of all the people who worked in a gynaecology and obstetrics department, and they discovered that physicians were more likely to be burned out than nurses or other support workers.<sup>(13)</sup> There are several ways to measure burnout, but the Maslach Burnout Inventory is the standard (MBI). It is a reliable method that has been widely used to evaluate the Burnout syndrome in the scientific community.<sup>(14)</sup> The Maslach Burnout Inventory (MBI) is a 22-item scale designed to assess burnout in three areas: emotional exhaustion (EE), depersonalization (DP), and personal and professional accomplishment (PPA). MBI's psychometric qualities have been evaluated in a wide variety of languages and nations, and several research and meta-analyses have shown the tool's efficacy. Data on Burnout among consultants in Pakistan's gynaecology and

obstetrics fields is scant. This research set intended to quantify the extent to which gynaecologists experience burnout, and to identify the elements that contribute to that experience. <sup>(15)</sup>

Several studies have attempted to quantify obstetrician and gynaecologist burnout and its correlation to individual differences in this field. The study's objectives were to (a) determine whether or not burnout (emotional exhaustion, depersonalization, and persona dissolution) is influenced by environmental factors (gender, age, marital status, years of professional experience, number of hours worked per week, teaching level, workplace), and (b) determine whether or not these factors are related.

**METHODOLOGY**

This cross-sectional study was conducted at Department of Obstetrics and Gynecology Rashid Latif Medical College Lahore from July 2022 to December 2022. By using a systematic random sample, we were able to include all of the consultant gynecologists at Lahore's public teaching hospitals. The proforma was given to them through email or print mail, and they were contacted individually. Doctors were told that by completing the anonymous proforma, they were giving their permission to take part in the research.

The study's template has two sections. The participants' demographic information was found in the first document. The second section was a copy of the Maslach Burnout Inventory (MBI). The 22-item MBI is scored on a 0-6 point Likert scale. Since it is already a fully validated instrument, no further validation was performed for the index research. Cronbach's ratings for the MBI are 0.837, 0.869, and 0.881, indicating strong test-retest reliability. Emotional exhaustion (EE), depersonalization (DP), and personal and professional success are the three areas that the MBI probes (PPA). There are three levels of complexity: basic, intermediate, and complex. With PPA, a higher score indicates less burnout, but with EE and DP, a higher score indicates more burnout. The licensing specifies minimum and maximum requirements across all three fields. For the purposes of this analysis, burnout was classified as high EE in conjunction with high DP or low PPA.

**Analyzing the Data:** SPSS version 20 was used to analyze the data. Mean and standard deviation were used to describe quantitative data, whereas frequency and percentages were used to summarize qualitative data. The chi-square test, with a significance level set at p<0.05, was used to analyze the correlation between risk variables and burnout severity.

**RESULTS**

In all, 60 gynecologists were reached out to and proforma were filled out. Participants mean ages ranged 40.55 ±6.0 years. Forty-seven of the participants were female (78.3%), whereas just four were male 13 (21.7%). The vast majority of gynecologists had their FCPS, mostly they are married 38(63.3%). In addition, 48 people (80%) were chosen field of expertise (Table 1).

Table 1: Demographic Details of the study

Age (Mean ±SD)	40.55 ±6.0
Gender	
Male	13 (21.7)
Female	47 (78.3)
Post-graduate Experience	
0-5 years	23 (38.3)
6-10 years	24 (40)
11-20 years	10 (16.7)
>20 years	3 (5)
Fellowship degree	
FCPS	50 (83.3)
MCPS	10 (16.7)
Marital status	
Single	22 (36.7)
Married	38 (63.3)
Working hours/week	
50-60 hours	7 (11.7)
61-80 hours	12 (20)

More than 80 hours	41 (68.3)
Are you satisfied after choosing this specialty?	
Yes	48 (80)
No	12 (20)

In this study, participants were classified as burnt out if they had high EE in addition to high DP or low PPA. Over a quarter of consultants were suffering from burnout. At least 33 people (55%) were experiencing high EE, 23 (38.3%) people were experiencing high DP, and 15(25%) people were experiencing low PPA (Figure 1).

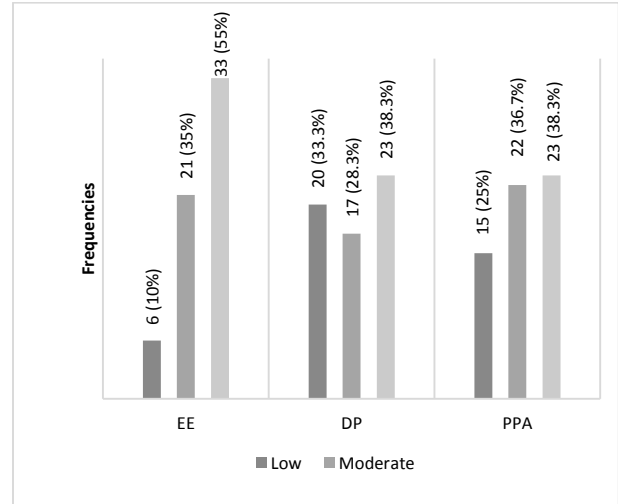


Figure 1: Frequency of burnout among gynecologists. EE=Emotional Exhaustion, DP=Depersonalization PPA=Personal and Professional Achievement

A number of contributors to burnout were also evaluated. When comparing physicians who are single and those who are not, those who are married report higher levels of burnout (p = 0.005). There was no statistically significant relationship between age and burnout (p = 0.36) Private practice was related with significant levels of burnout among gynecologists who also worked in the public sector (p = 0.006), when all three types of burnout were considered together. The burnout prevalence rate among doctors whose annual salaries fall between 60 and 100,000 PKR is disproportionately high. Low-income physicians had more burnout than high-income physicians (p= 0.014) (Table 2).

Table 2: Risk factors of burnout gynecologist

Marital Status				p Value
Single	4 (6.7%)	2 (3.3%)	0.005	
Married	11 (18.3%)	43 (71.6%)		
Emotional Exhaustion				
	Low	Moderate	High	p Value
Private Practice				
Yes	1 (1.6%)	18 (30%)	22 (36.7%)	0.006
No	5 (8.4%)	3 (5%)	11 (18.3%)	
Income				
<60,000	4 (6.7%)	9 (15%)	6 (10%)	0.014
60-100,000	2 (3.3%)	4 (6.7%)	19 (31.7%)	
>100,000	0	8 (13.3%)	8 (13.3%)	
Personal & Professional Achievement				
Private Practice				
Yes	2 (3.3%)	18 (30%)	21 (35%)	0.00
No	13 (21.7%)	5 (8.4%)	1 (1.6%)	

The data is presented as mean and standard deviation (SD). The result was analyzed by using an Chi square test. The p<0.05 is significant.

**DISCUSSION**

This research investigates the connection between burnout syndrome in obstetricians and gynecologists and both

environmental (related to family characteristics and job setting) and individual (personality variables and self-reported data) aspects. The study found that many doctors suffer from sleep deprivation-related chronic disorders including migraines because of the way they sit and stand during patient care. Working long hours and having to often return to the hospital to help patients may take a serious toll on a doctor's health.<sup>(16, 17)</sup> Experience and age are positive determinants for high levels in personal success and depersonalization, as seen by primary care doctors' greater ratings on both dimensions than residents. Doctors report higher levels of job satisfaction as they gain expertise.<sup>(18)</sup> Many research with the same focus found that young and experienced doctors report significantly different levels of job satisfaction.<sup>(19)</sup> Although previous research has linked long workweeks to increased rates of burnout, dissatisfaction, and depersonalization, this study shows that longer workweeks (and a greater number of concurrent occupations) really had no effect on any of these factors.<sup>(8, 15, 20)</sup>

It's possible that this is because many of the respondents are really academics who are trying to balance their research with their teaching and writing. Publishing papers or engaging in teaching activity, although necessitating more work hours than those of doctors without teaching engagement, constitutes a development factor for professional pleasure, since all three of these duties become, in turn, causes for professional accomplishment.<sup>(21)</sup> Although surgical procedures in obstetrics and gynecology are more difficult to plan than in other surgical specialties, doctors in this field must respond quickly to patients' needs. While a patient is in labor, an obstetrician or gynecologist may be contacted at any time.<sup>(18)</sup> Our results show that long working hours is strongly linked to burnout and negatively affects depersonalization and life satisfaction measures. Medical burnout is linked to the negative effects it has on the doctor's physical and mental health. A higher incidence of mistakes is the direct result of working long hours. Yet, other research has highlighted that young doctors are particularly susceptible to the increased mistake rate induced by lack of sleep. For instance, it was observed that surgical residents made twice as many technical mistakes after an overnight shift as they did follow a night's sleep. Our research shows that obstetrician and gynecologist sleeplessness is highly linked to burnout. Yet, burnout, depersonalization, and accomplishment are not connected to the number of hours spent at the office. These findings, however, pave the way for future studies to determine whether or not sleep deprivation and long work hours per week are factors that impact burnout exclusively in the case of less seasoned doctors.<sup>(22, 23)</sup>

These results are significant since no prior research has been done on burnout among obstetricians and gynecologists. Among doctors, there has been a lack of research on the effects of environmental (such as family and relative) and individual (such as personality qualities) variables on burnout, and our work helps to fill that void.

**Strengths and Limitations:** The study's findings are helpful to doctors, there are cautions to be aware of. For starters, all of the doctors who participated in this research practice at either academic medical centers or big city maternity wards. Professional fatigue may be reduced by the proximity of patients in need to medical services. Second, the study cannot be generalized because of the limited number of doctors that participated. Results may not be representative of all obstetricians and gynecologists since they are based on a small sample size (despite include hospitals from one-fourth of the nation). Fourth, not all potential contributors to physician burnout were examined (including the doctor-patient connection and contact with superiors and coworkers). The study's inherent limitations should be noted. One significant drawback of these studies is that they are performed at a single juncture and provide no information on the causal or retaliatory nature of the events that led up to the study. It is challenging to draw causal conclusions from cross-sectional studies because different time periods may provide different findings.

## CONCLUSION

Burnout syndrome is more common among female doctors than male gynecologist. All aspects of burnout, but notably emotional weariness and depersonalization, are significantly impacted by insomnia and sadness, as are all aspects of alexithymia and the overall score. Our research suggests that obstetrician-gynecologists may recover from burnout by focusing on their own well-being: as they age, gain experience, have families, and reduce the number of shifts they work each month. The more a person's neuroticism and sensitivity to stress, the more they will struggle to put words to their emotions and the more exhausted they will get emotionally. Also, the more difficult it is to recognize emotions, the more depersonalized a person will be. These findings have significant implications for obstetrician and gynecologist efforts to combat burnout. Strategies for coping with professional stress need to consider the individual's personality, alexithymia domains, and contextual circumstances.

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