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Burnout in Doctors Practising in Ireland Post Covid-19

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Abstract

Covid-19 has had a profound effect on healthcare systems globally, including on the mental wellbeing of the workforce which can manifest as burnout. Burnout has been evident in Ireland since pre-pandemic and rates of burnout vary greatly within the international literature. While data looking at rates of burnout in Ireland since the onset of the Covid-19 pandemic remain limited, studies available show a worrying trend of increasing burnout amongst doctors compared with previous. In addition, staff noted feeling increased demands of workload and staff shortages in all studies post pandemic.

Introduction

Covid-19 has affected the mental well-being of the health workforce globally with many healthcare workers experiencing burnout, with one global meta-analysis of systematic reviews showing prevalence values of burnout ranging from 12 to 45.6% [1], while another systemic review showed overall rates of burnout ranging from 14.7 to 90.4% [2].

Burnout is a psychological syndrome with three key components: emotional exhaustion, feelings of cynicism and detachment from the job and a sense of ineffectiveness and lack of accomplishment [3]. Along with the three components above, the WHO's ICD-11 criteria classify burnout as "a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. Burnout refers specifically to phenomena in the occupational context" [4].

Burnout in Irish doctors existed pre-pandemic as highlighted by a number of studies [5,6], including a 2014 national survey of 1,749 physicians which showed an overall rate of burnout of 29.7%, with a higher rate in more junior trainees (41.8%) compared with consultants (21%) [7].

Methods

A literature search was carried out in February 2023 to identify papers of relevance on two search engines (PubMed and Scopus). Search terms used were (Burnout) AND (Doctor*) AND (Covid-19 OR Coronavirus OR Sars-CoV-2) AND (Ireland). A review of grey literature also

revealed an additional study for inclusion. Following screening for duplicates, 13 studies were identified. 7 studies were excluded on title/abstract screening due to a lack of relevance, opinion piece, editorial, or data captured pre-pandemic, and 2 further studies were excluded on full text analysis due to data captured pre-pandemic or not looking at burnout. 3 papers were included, see figure 1 below for a PRISMA diagram of the search strategy. Inclusion criteria were: quantitative studies which looked at burnout, data captured since the beginning of the Covid-19 pandemic, research focused on doctors, research participants were based in Ireland.

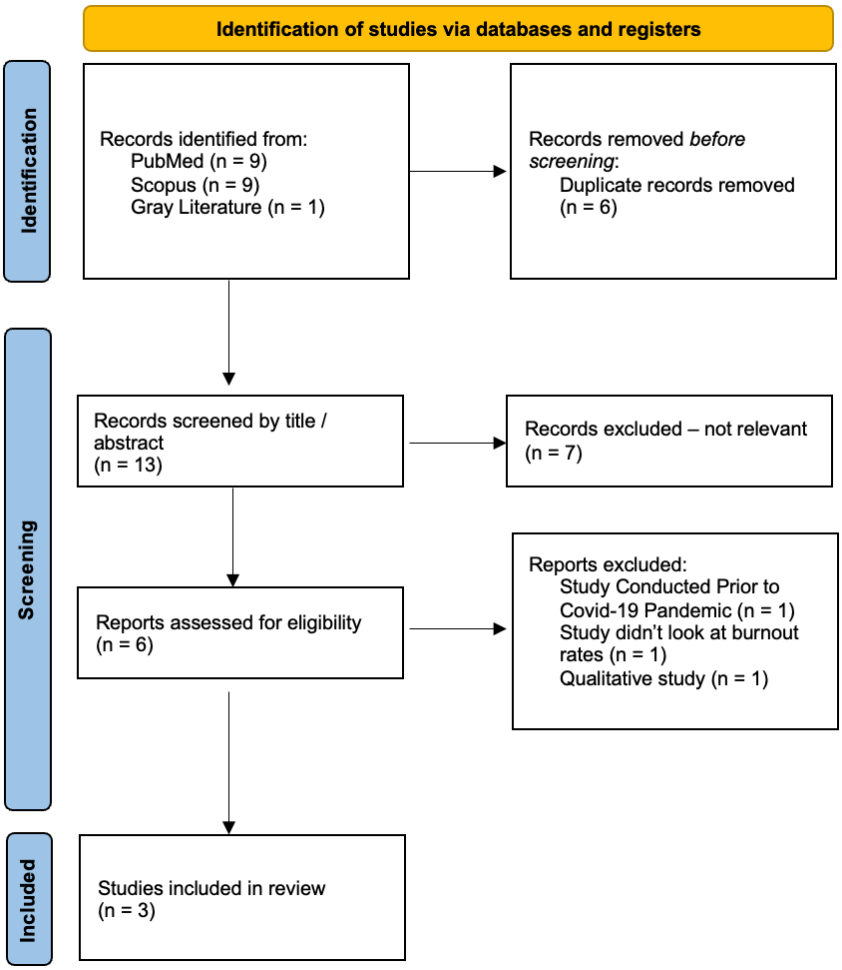

Figure 1: Prisma Diagram of search strategy

Results

McLoughlin et al. carried out a study of burnout and psychological wellbeing in psychiatry NCHDs in Ireland post Covid-19 using a cross-sectional online survey delivered via email. The abbreviated Maslach Burnout Inventory (a-MBI) was used as validated tool to measure

burnout and wellbeing respectively. A response rate of 105 doctors (21%) was obtained. 63% respondents were female, with 56% on a Basic Specialist Training Programme, 38% on a Higher Specialist Training Programme and 6% on a CPD scheme. For psychiatry trainees, factors that increased stress during the pandemic were: reduced face-to-face contact with friends/family (73%), staff shortages (72%), increased clinical workload (66%) and concern contracting Covid-19 (43%). Burnout was present in 65% of respondents, and factors associated with burnout included being unable to take annual leave due to the pandemic, staff shortages, working a non-EWTD compliant roster and less psychiatry experience [8].

Doherty et al. carried out a survey of burnout in senior physicians using a cross-sectional online survey delivered via email to members of the Irish Hospital Consultant's Association (IHCA). Recipients were requested to nominate one respondent per department, with a total of approximately 3,200 IHCA members working across 500 departments. The survey used a modified version of the 2 item MBI to look at burnout. A response rate of 114 (22.8%) was obtained and no demographic information on age or gender was captured. 77% of respondents screened positive for burnout on the MBI. 84% of consultant respondents reported Covid-19 as having an adverse impact on their workload, with 64% reporting Covid-19 had an adverse impact on their mental health. Thematic analysis of free-text comments identified 5 main themes: delay to usual care due to reduction in screening and reduced non covid work, both due to limits on outpatient activity and access to theatre and critical care; vulnerable patient groups being disproportionally affected; inadequate resources and infrastructure; staffing issues, and increased workload [9].

An IMO survey of members carried out between December 2020 and January 2021 was sourced from the grey literature and included for review [10]. 1,082 doctors responded to the survey, with 43% of respondents from General Practice, 35% of respondents were NCHDs, 13% were consultants, 5% were public health, 1% were from community medicine and 3% uncategorised as 'other'. 56% of respondents were female, 47% male, and 87% were working full time with an even spread across all age ranges. While 74% of respondents reported their over-all health as good, 90% reported having experienced some form of mental health condition related to or made worse by work and 79% reported their mental health was made worse by the current Covid-19 pandemic. 3 in 5 doctors were dissatisfied with their work-life balance, and 85% believed the Covid-19 pandemic had a negative influence on their work-life balance. Burnout was determined in the survey using the Oldenburg Burnout Inventory (OBI). 70.5% of respondents were determined to be at a high rate of burnout, which were highest amongst NCHDs (77.9%) and public health doctors (79.6%). Workload was found to have a large impact on burnout for respondents of this survey with a broad range of respondents, 21% of consultants to 65% of public medicine doctors, stating their working week has been extended by 9+ hours per week. The main

concerns of respondents following the Covid-19 pandemic were staffing shortages, backlog of waiting patients and the impact on personal health and wellbeing [10].

Discussion

All quantitative studies showed high rates of burnout and all studies noted staff shortages and workload as causes of stress. Both studies by McLoughlin et al. and Doherty et al. had a previously completed a pre-pandemic study to which results could be compared against. Both found an increase in the rates of respondents meeting the criteria for burnout, 65% of trainee psychiatrists compared with 36.2% in 2018 [6,8], and 77% of Irish medical consultants compared with 42% in 2016 [5,9]. Comparing the results of the IMO survey [10] against the 2014 study from Hayes et al [7] shows an increase in rates of burnout risk amongst respondents – total (70.5% compared with 29.7%), NCHDs (77.9% compared with 40%), consultants (59.25% compared with 21%). While this comparison should be interpreted with caution given different measures of burnout were used – the OBI in the IMO survey compared with the MBI in the Hayes et al survey, the trend of increase is also replicated within the other studies outlined above which all lends additional validity to the overall trends. Causation for this can be difficult to correctly identify, and cannot be definitively determined from any of the above studies, however it is likely the Covid-19 pandemic has had a significant negative impact on doctor wellbeing in Ireland.

Limitations

McLoughlin et al., Doherty et al. and the IMO survey all have similar limitations given their cross-sectional nature, and risk of responder bias given that it is a voluntary questionnaire which may provide a skewed sample set, however, all provide similar results which adds additional power. The heterogenicity in burnout inventories used, with 2 different variations of the MBI being used along with the OBI, adds a limitation when comparing studies as well as when comparing against previous studies.

Further research should be carried out to look at burnout amongst doctors in Ireland to look further at causation and use validated tools similar to those previously used for comparison.

Burnout is not a medical condition but an occupational phenomenon and requires a coordinated, effective organisational strategy to deal with the systematic issues causing it. Healthcare politics needs to take responsibility and deal with burnout and by doing so enable organisational restructuring and influence on national strategies [11]. As Dr Maslach [12] aptly put it in a 2019 talk, ‘Burnout is like the canary in the coal mine, it is the warning sign of a toxic environment and the response should focus on making the environment less toxic

and not trying to make the canary more resilient'. Using this analogy, it is up to policy makers to prevent the death of further canaries, or watch them flying away to greener pastures abroad.

Declarations of Conflicts of Interest:
None declared.

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