

## **Response Letter to Published Article IR Med J; Vol 116, No. 4; P.761**

### **“Burnout in Doctors Practising in Ireland Post-Covid-19”.**

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Dear Editor,

I read with interest the recent article by Carr & Kelly on burnout (BO) rates post-Covid-19 in doctors in Ireland.

The article, based on data retrieved from a literature search, identified 3 studies. Burnout (BO) was reported in 65% of 105 psychiatry NCHDs, in 77% of 114 IHCA members and in 70.5% of 1,082 IMO members. Response rates (RR) were either low (21-23%) or not mentioned, making it difficult to generalise to larger groups. Although qualitative studies were not included in the authors’ search, themes emanating from free-text comments related to staff shortages, long waiting lists, and Covid-19 impact on personal health and wellbeing. Had the authors extended their search to include qualitative studies and ‘psychiatrist’ or ‘paediatric’ used as search terms, in addition to ‘doctor’, 2 further studies would have met study inclusion.

Consultants working in the speciality of psychiatry whilst not usually included as front-line, have previously been considered to be at higher risk of BO (Maslach & Leiter 2016). The demands of managing personal and teams’ stress levels, dealing with historically under-resourced and understaffed services, working in emotionally charged environments while treating mental health (MH) difficulties in their patients are recognised to carry unique risk factors (Maslach & Leiter 2016). A pre-pandemic national study confirmed elevated rates among consultant child psychiatrists (n=52, 46% RR) in Ireland with very high rates of personal (72%) and work-related (75%) BO (McNicholas et al., 2020). Given higher vulnerability to BO, recognised increase in MH distress among the public and a corresponding increase in MH referrals, this justified an examination of the lived experiences of consultant psychiatrists during COVID-19 (n=18) (O'Donnell et al., 2023). Challenges proposed by Maslach and Leiter (2016) emerged in qualitative interviews as significant stressors. Increased complexity involved in caring for vulnerable patients during the pandemic, impacts of Covid-19 restrictions on health care delivery and social access for patients, lack of peer support with a move to working from home, all contributed to a sense of uncertainty, loss of control and moral distress among psychiatry respondents. Unrealistic public expectation, hopelessness and disillusionment re

government or HSE commitment/ability to address funding shortfalls or provide effective management emerged as unique concerns which had also presented themselves in earlier pre-Covid-19 work (McNicholas et al., 2020).

Pre- pandemic, there was a significant imbalance between demand and capacity within our MH services, with high turnover intention (69%) and ambivalence about psychiatry as a career choice (McNicholas et al., 2020). Given the increased referrals to psychiatry post-pandemic, these stressors are likely to increase and create a ripe breeding group for further BO with huge professional and service implications.

A second study examined levels of occupational stress among front-line staff working in a paediatric hospital during COVID-19 (Murray et al. 2022). The majority of respondents (n=133) reported moderate or higher levels of BO for personal (70%) and work domains (62%). Higher rates were associated with COVID-19 adverse effects on physical (38%) or mental health (66%) ( $F(2, 13.019) = 16.019, p < 0.001$ ). Most reported increased workload alongside reduced administrative and clinical staffing. More than half (51%) had reduced job satisfaction and 65% seriously considered changing jobs in the previous year. The majority of staff had no stress reduction training post-pandemic (59%), despite many working outside of their usual area. Although most (82%) were aware of occupational health supports, few (30%) reported an intention to access if needed. A similar reluctance was also found among psychiatrists, and a tendency to eschew their own needs rather than attend support services (O'Donnell et al 2023). A further national study (n=396) of all MH services is currently awaiting publication, and results concord with findings presented here.

These results have implications for organisations to move away from targeting individuals and moving towards organisational responses to managing BO. Urgent organisational and government intervention is required so that MH and paediatric services can effectively look after both their patients and themselves.

**Declaration of Conflict of Interest:**

None declared.

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