

BURNOUT SYNDROME AT WORKPLACE AMONG DOCTORS

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Burnout syndrome at workplace is a very present problem over the last few decades in our country as much as worldwide. It is defined as gradual lost of motivation and emotional weariness which develops at workplace as a result of special demands of a workplace, individual characteristics and expectations of a worker, as well as work results that are not in accordance with invested efforts. The consequences are emotional weariness, depersonalization and the experience of reduced personal achievement in workers. This syndrome is characteristic for humanistic and helping professions. Burnout syndrome at workplace is specially characteristic among doctors because of specificity of their profession and potential discordance of demands and achievements at work. The most common consequences of this syndrome among doctors are chronic weariness, cognitive functions disorder, sleep disorder, depression; as far as somatic symptoms are concerned, there are headache, stomachache, arrhythmia, tachycardia, hypertension and so on. According to research results, burnout syndrome at workplace most commonly appears among doctors younger than 35, who have less work experience and work more than 40 hours a week, who are not married and don't have any children. The prevalence of this syndrome is higher among women, as well as among doctors who work at intensive care and surgery unit. Primary and secondary prevention is necessary: organizational change in a collective that lead to better redistribution of tasks in the collective and the improvement of interpersonal relations, as well as systemic work on removal and reduction of symptoms of this syndrome among doctors.

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Introduction

Burnout syndrome at workplace is a very present problem over the last few decades in our country as much as worldwide. It is defined as gradual lost of motivation and emotional weariness which develops at workplace as a result of special demands of a workplace, individual characteristics and expectations of a worker, as well as work results that are not in accordance with invested efforts (1, 2). The consequences are emotional weariness, depersonalization and the experience of reduced personal achievement in workers. This syndrome is

characteristic for humanistic and helping professions. Burnout syndrome at workplace is specially characteristic among doctors because of specificity of their profession and potential discordance of demands and achievements at work (3, 4).

Burnout syndrome at workplace as a medical term

Burnout syndrome at workplace is mentioned for the first time in literature in the middle of the last century as unadjusted and undesirable behavior of workers within certain occupations, which occurs in mentally unstable individuals. Only later, this phenomenon was connected to conditions in which employees work. In 1947 Herbert Freudenberger was the first to introduce the term burnout syndrome as a state of weariness or frustration ensued at a workplace, since it did not lead to the expected reward. At the end of the twentieth century this term was introduced in medical dictionary and was acknowledged in professional literature, where it was described as gradual loss of motivation and emotional weariness due to specific demands of a workplace, personal characteristics and expectations, as well as discrepancy between invested effort and achieved results (4-6).

The most quoted and the most accepted definition of burnout syndrome at workplace is "emotional weariness, depersonalization and the experience of reduced personal achievement within humanistic and helping professions" (7). In a number of papers, experts point out that some workers who intensively work with people, after many years of dedication to work, in the end, metaphorically speaking, burn out. Within certain professions that are connected to intense work with people (such as doctors, nurses, teachers, professors, social workers, psychologists, lawyers, police officers) this syndrome leads to reduced professional commitment and attention, as well as many symptoms of health disorders (8-11).

Some authors point out that burnout syndrome at workplace develops as a result of long term stress at work. Stress at work represents a phenomenon that appears when the capacities of an employee to adjust to work demands are in discrepancy?. It represents temporary (momentary) adaptation process, which is followed by certain psychological and physical symptoms. If adaptation mechanisms are not sufficient to overcome the discrepancy between demanded and achieved, it leads to breakdown which represents the final phase of the adaptation process (7, 12-13).

Burnout syndrome at workplace among doctors

Burnout syndrome at workplace among doctors is especially characteristic because of specificity of their profession and potential discordance of demands and achievements at work. Humanistic professions, which certainly include doctors' profession, include different ways of helping people, as well as different interpersonal relations, which can have crucial importance for success at work. In some cases patients with whom doctors work are in terminal stadiums of illness, potential possibilities for recovery are minimal or non-existent, their life quality is bad (14-16), which can burden doctors, no matter how much they try to deal with patients and their loved ones professionally.

Doctors can be exposed to great psychological pressure from different interest groups, such as patients, managers, media, social environment. If demands of a workplace, that it certain interest groups, goes beyond possibilities and capacities of a doctor to realize them in a satisfying way, it leads to extended, chronic state of stress which results in burnout at workplace (7,17-20).

Researches have shown that some doctors who work in the same field and do the same jobs under the same conditions, do not react in the same way to prolonged stress factors of a workplace, that is, it does not lead to burnout syndrome at workplace in everyone. Some doctors are exposed to different health risk factors in the environment and at workplace, which influences their life quality and occurrence of different disorders. There is an assumption that certain personal characteristics are very significant for potential occurrence of this

syndrome, that is, discordance between nature of a job and personality can lead to burnout at workplace (13).

Risk factors for the occurrence of burnout at workplace among doctors

Factors that contribute to the occurrence of burnout syndrome at workplace can be situational and individual. Situational factors are related to burden of a workload, duration of working hours, bad interpersonal relationships, lack of solidarity and support among colleagues. As far as individual factors are concerned, there are personality, demographic characteristics and attitude toward work. Many researches have shown that interpersonal factors and lack of social support at workplace much more often represent risk factors for burnout syndrome at work place among doctors, than demographic factors and sole properties of a job.

According to research results, burnout syndrome at workplace most commonly appears among doctors younger than 35, who have less work experience and work more than 40 hours a week, who are not married and don't have any children. The prevalence of this syndrome is higher among women, as well as among doctors who work at intensive care and surgery unit (24-25).

Symptomatology and consequences of burnout syndrome at workplace

Experts consider that burnout syndrome at workplace occurs gradually and symptoms are unspecific and hardly recognizable in the initial phase. At first, great commitment to work and enthusiasm occur in a worker, but after a while there is stagnation and disappointment, since the invested effort did not result in a suitable reward. It is followed by the next phase, which includes emotional withdrawal and isolation, so that the person can save themselves from the previous phase. Very often, this phase precedes the following phase that is characterized by apathy. If the change does not come, the state of health can be very afflicted (27, 32-33).

The authors, who provided the basis and described basic symptoms of burnout syndrome at workplace, classified them in three basic groups: emotional weariness, depersonalization and personal unfulfillment. Emotional weariness among doctors includes cumulative influence of many factors from the working environment which lead to gradual loss of physiological and emotional reserves, so they lead to the state of physical and emotional weariness. They are no longer capable of the same commitment to their job and patients, they cannot provide high standards of their profession and are chronically stressed. As a consequence, it leads to depersonalization of an employee, that is, specific disorder of personality perception, so they withdraw from the social environment and their relationship toward patients, colleagues, personnel at workplace can be changed. It happens that some of them

become less committed to patients, less humane, even insensitive at workplace. The third form of burnout syndrome at workplace is the sense of personal unfulfillment, which is characterized by personal dissatisfaction and dissatisfaction with their own work results, and can be manifested in different ways and create many consequences.

Most commonly, the consequences of this syndrome among doctors are fatigue, cognitive functions disorder, sleep disorder (difficulties when falling asleep, restless dream, awakening too soon), and the somatic symptoms are most often headache, stomachache, arrhythmia, tachycardia, hypertension and so on. Biochemical tests can show increased secretion of stress hormones, but also other hormonal disorders can occur. Psychological symptoms are chronic anxiety, apathy, anger, frequent mood swings. Sometimes there are problems with concentration and memory, which additionally makes a very demanding doctors' job difficult. Sometimes they have the sense of sorrow and emptiness; they seem disappointed and deal with the events in their environment pessimistically. Situations that they solved easily and efficiently, now become burden for them, and sometimes they deal with the events in their environment cynically. Beyond work activities, they cannot relax anymore, have fun and enjoy spending time with friends, family and other joys of life. Disturbed interpersonal relationships with the environment can lead to almost complete isolation. In certain cases, those people are prone to depression, they take psychoactive substances and can even be prone to suicide (26-29).

Persons with this syndrome are often prone to other illnesses, common cold and allergy.

A person that has burnout syndrome at workplace shows reduced performance on the job, reduced productivity and bad quality of work. Such people are often absent from work, take sick leave, have reduced life quality and general wellbeing (30-31).

In some European countries with high standards of social and health insurance and well

organized health system burnout syndrome at workplace is defined as medical diagnosis and detailed instructions for treatment and prevention are given. Psychiatrists, psychologists, social workers and doctors of different specialization have specially important part in the team that deals with this problem and they contribute through counseling, educational seminars and individual work with people. Support is given to employed doctors, as well as employers and also to all interested individuals.

Prevention of burnout syndrome at workplace

Primary and secondary prevention is necessary: organizational change in a collective that lead to better redistribution of tasks in the collective and the improvement of interpersonal relations, as well as systemic work on removal and reduction of symptoms of this syndrome among doctors. (34)

Primary prevention certainly includes improvement of physical fitness and health through different sport and recreational activities, adjusted to certain population groups of doctors, development of good habits (regular sleep and rest, regular nourishment) and eliminating habits that negatively influence health of individuals (smoking, alcohol consuming and the abuse of unauthorized substances).

Secondary prevention includes implementation of measures and procedures that will directly influence prevention and alleviation of the symptoms of burnout syndrome at workplace. The prevention work includes activities at the level of individual factors, as well as the level of organizational risk factors that can lead to burnout syndrome (6, 25, 32, 35).

Determination, evaluation and work on the improvement of doctors' life quality, as well as elimination or alleviation of preventable health risk factors (36,37), and specially improvement of constructive anger management strategy skills, as well as relaxing skills (6,32) can greatly contribute to prevention of this syndrome among doctors.

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SINDROM SAGOREVANJA LEKARA NA POSLU

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Sindrom sagorevanja na poslu ("burnout sindrom") je poslednjih decenija veoma aktuelan problem, kako u svetu tako i u našoj zemlji. Definisana je kao postepen gubitak motivacije i emocionalna istrošenost, koja nastaje na radnom mestu usled posebnih zahteva radnog mesta, individualnih osobina i očekivanja samog radnika, kao i rezultata rada koji nisu u skladu sa uložnim naporima. Posledice toga su emocionalna iscrpljenost, depersonalizacija i doživljaj umanjenog ličnog postignuća kod radnika. Ovaj sindrom je karakterističan kod humanističkih i pomagačkih zanimanja. Sindrom sagorevanja na poslu kod lekara je posebno arakterističan zbog specifičnosti posla kojim se oni bave i potencijalne neuskладjenosti zahteva i ostvarenog učinka na poslu. Najčešće posledice ovog sindroma kod lekara su hroničan umor, poremećaj kognitivnih funkcija, poremećaj spavanja, depresija, a od somatskih simptoma se čeće javljaju glavobolja, bolovi u stomaku, aritmije, tahikardija, hipertenzija i dr. Sindrom sagorevanja na poslu se, prema rezultatima istraživanja, najčešće javlja kod lekara mlađih od 35 godina, koji imaju manje radnog iskustva i rade više od 40 sati nedeljno, koji nisu u braku i nemaju dece. Prevalenca ovog sindroma kod žena lekara je veća, kao i kod lekara koji rade na odeljenjima intenzivne nege i hirurgije. Neophodna je primarna i sekundarna prevencija: organizacione promene u kolektivu koja dovode do bolje preraspodele poslova u kolektivu i poboljšanja međuljudskih odnosa, kao i sistematski rad na otklanjanju i ublažavanju simptoma ovog sindroma kod lekara.

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Ključne reči: sindromi, sagorevanje na poslu, lekari