

Burnout among the Directors of the Internal Medicine Residency Training Program in Saudi Arabia

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Abstract

Overview: Burnout and depression symptoms are extremely common among internal medicine physicians including program directors. Burnout is defined as work-related syndrome characterized by emotional exhaustion, depersonalization and a sense of reduced personal accomplishment.

Nearly 50% of physicians experience burnout. Hence, this increasing problem has a major impact on a director's physical and mental health, thereby not only causing danger to the physician's health but also affecting a patient's health and putting a strain on the healthcare system.

Methods: This was a descriptive, cross-sectional study conducted from March 2018 to October 2019. There are more than 60 training centers offering internal medicine programs all around the Kingdom of Saudi Arabia. This study was approved by the Quality Committee, which follows the Scientific Council for Internal Medicine at Saudi Commission of Health Specialties. All participants were informed about the study objectives and confidentiality of survey responses, and they provided informed consent.

Results: Among 40 program directors who participated in this survey, (85%) were stressed out. Moreover, 27.5% expressed lack of support from the hospital's administration, 23.1% claimed that the department head interfered with the training process, 30% were frustrated with their uncooperative colleagues, and 82.5% denied receiving any financial benefit other than training allowance. Finally, 95% were satisfied with their performance as program directors.

Conclusion: Similar to other physician groups, program directors experience burnout. Nevertheless, more studies should be conducted to better understand stress and its possible causes. Further, such investigations can help identify the reasons behind the lack of support, in addition to protection of program director's encouragement.

Key words: burnout, residency training program, Saudi Arabia

Introduction

Burnout is a chronic stress condition associated with emotionally intense work demands for which resources are inadequate (1). Moreover, it is defined as a work-related syndrome characterized by emotional and physical exhaustion, sense of reduced personal accomplishment, and personality changes (2). It affects all individuals in the medical training system regardless of specialty. These include residents, specialists, consultants, and program directors (PD) (3).

A national study in the United States showed that PDs have generally more severe symptoms correlated with occupational burnout than medical students, practicing physicians, internal medicine residents, internal medicine clerkship directors, and medical school deans. These symptoms include burnout, depression symptoms, reduced quality of life, and work–life imbalance (3).

Previous studies conducted in the United States revealed that about 50% of physicians generally present with burnout (4–6). Data from other countries worldwide are limited. However, some reviews showed that similar problems are affecting individuals in most countries worldwide (7,8).

Therefore, this study aimed to assess occupational burnout and distress among internal medicine program directors based on the prevalence of symptoms. Moreover, it investigated the association between the lack of support and burnout, which can affect the training process and healthcare system in general.

Methods

This was a descriptive, cross-sectional study conducted from March 2018 to October 2019. The participants were selected from the program directors of the Internal Medicine Training Program (IMPD) in Saudi Commission of Health Specialties (SCFHS). There are more than 60 training centers offering internal medicine programs all around the Kingdom of Saudi Arabia. This study was approved by the Quality Committee, which follows the Scientific Council for Internal Medicine at SCFHS. All participants were informed about the study objectives and confidentiality of survey responses, and they provided informed consent. Several instruments have been used in previous studies regarding physicians, and some studies about burnout have focused on the presence of three major characteristics (9,10). We used direct questions correlated with the duties and responsibilities of PDs.

Data were collected via a personal interview of 18 program directors, and the rest took an on-line survey. In this study, statistical analysis was performed using the IBM Statistical Package for the Social Sciences software version 20.0. We used descriptive statistics to calculate means, standard deviation, median, and interquartile ranges. Moreover, the chi-square test was used to assess the correlation between two variables. Bar charts were utilized for data visualization.

Results

The survey questionnaire was administered to 62 directors of the IMPD who were registered at the SCFHS website. In total, 40 physicians who are directors of the internal medicine training program in Saudi Arabia responded to the survey.

About 90% of participants were part of the IMPD in governmental sector hospitals. Meanwhile, 10% were in private sector hospitals. Approximately 62.5% have been program directors for less than 2 years and 37.5% for more than 2 years (Table 1, Figures 1 and 2).

Figure 1: Distribution of program directors among different sectors.

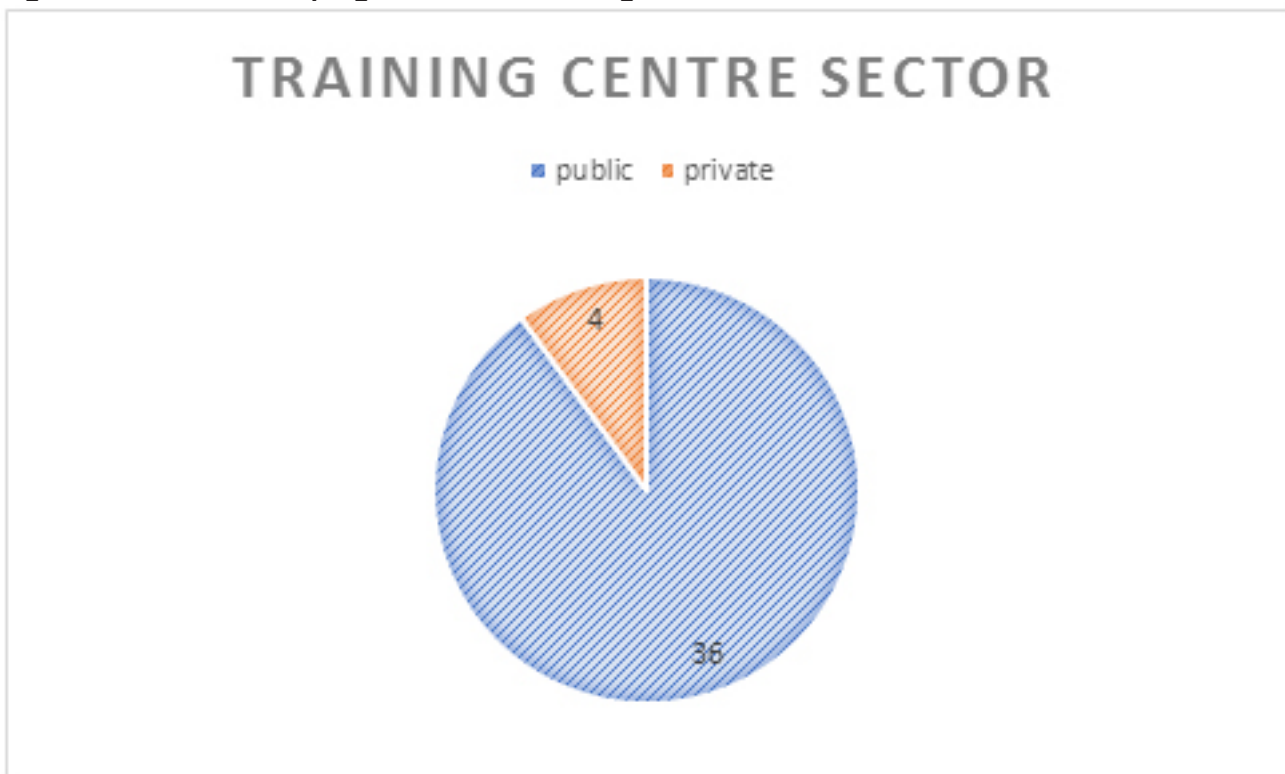


Figure 2: Years of experience as a program director

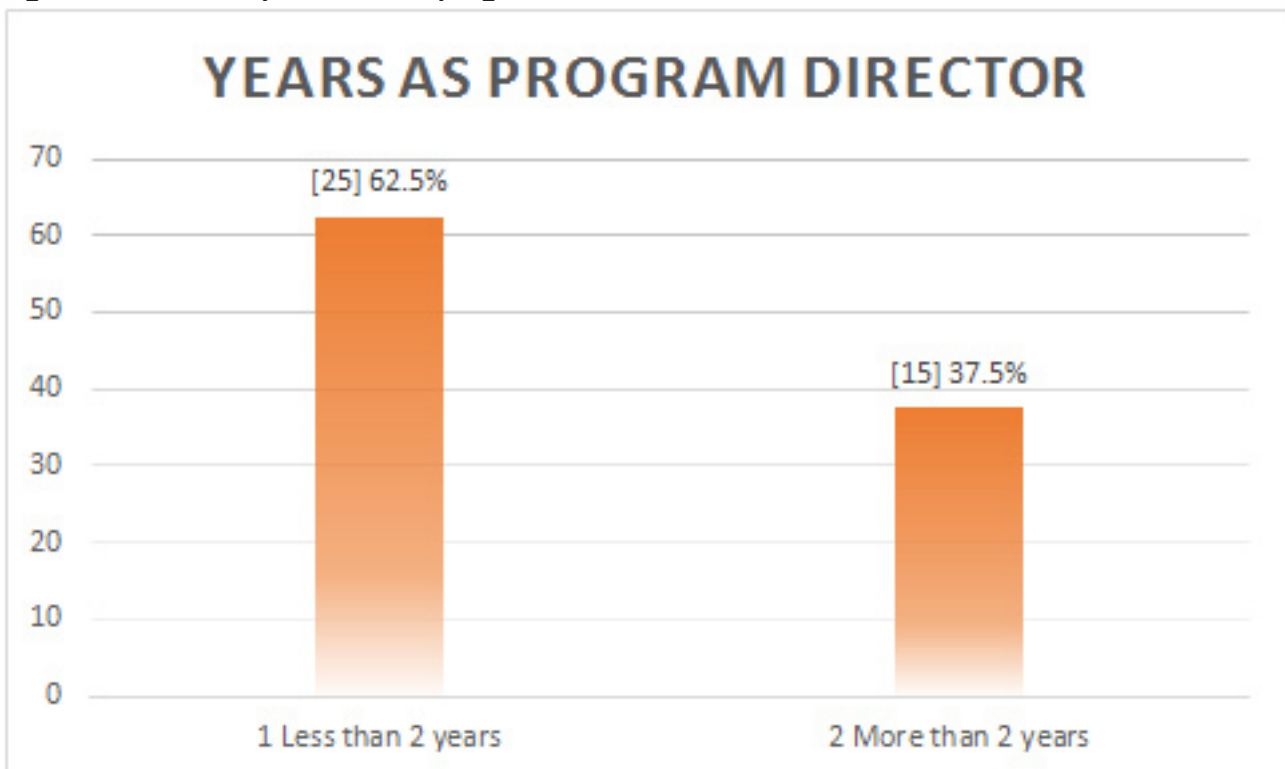


Table 1: Related sectors and years of experience as a program director

Type of hospital	Frequency	Percentage
Governmental	36	90.0
Private	4	10.0
Total	40	100.0
Years of experience as a program director	Frequency	Percentage
Less than 2 years	25	62.5
More than 2 years	15	37.5
Total	40	100.0

The participants were asked about their feelings toward higher administrative support for the program. Approximately 90% expressed that they received support from the department chairman, 87.5% from the academic affair department of the hospital, and 72.5% from the hospital administration. Only 23.1% claimed that the department head interfered with the training process (Table 2 and Figure 2).

Table 2: Program question responses from the participants.

Higher administrative support for the program	No	Yes
	%	%
Did the department head interfere with the training process?	76.9	23.1
Did you receive any support from the department chairman?	10	90
Did you receive support from the academic affairs department of the hospital?	12.5	87.5
Did you receive support from the hospital administration?	27.5	72.5

There was a significant difference between the groups in terms of years of experience as program directors (more/less than 2 years). The median significantly differed (p -value = 0.018, Table 3 and Figure 3).

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Figure 3: Higher administrative support for the program.

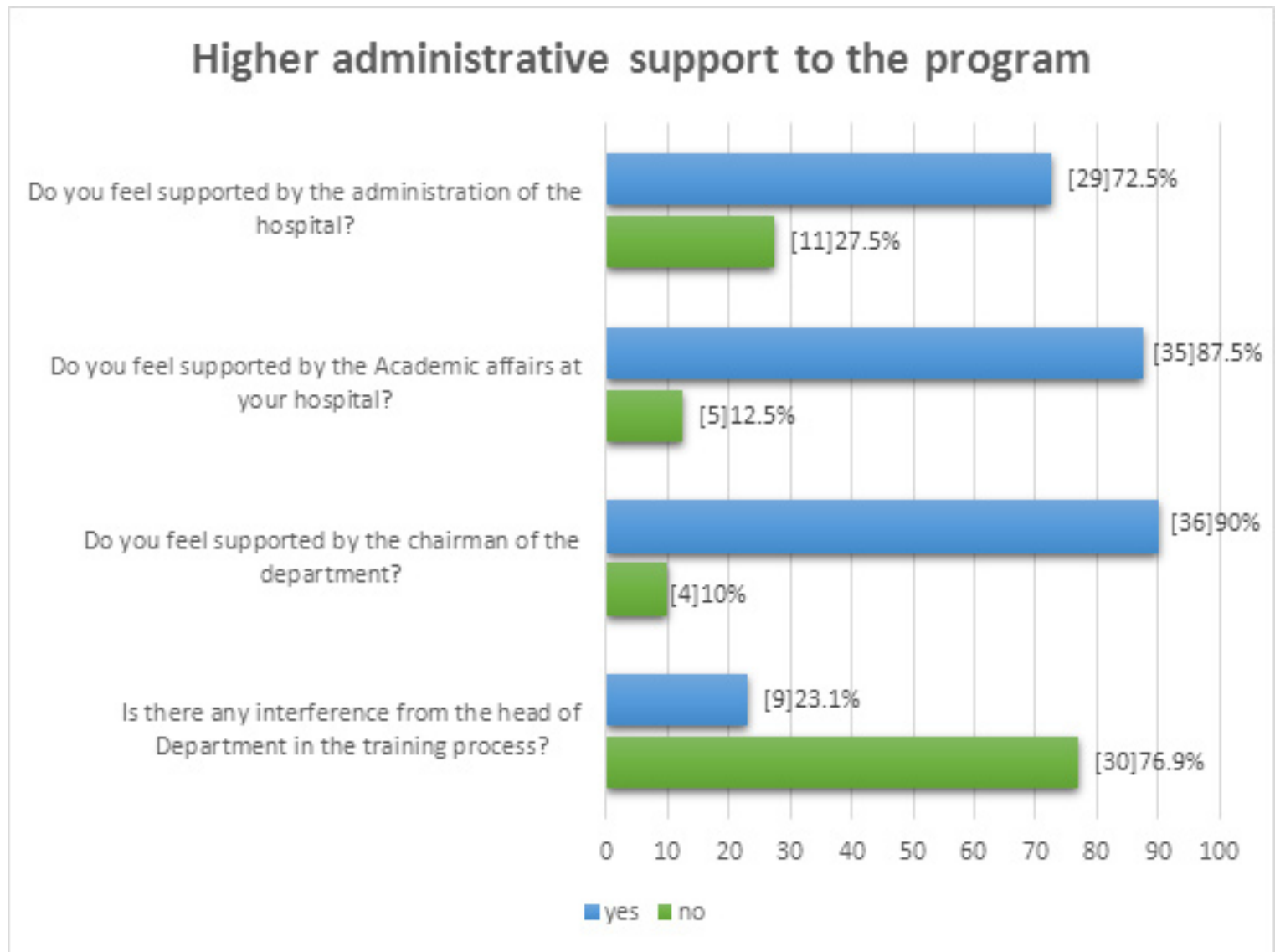


Table 3: Difference in terms of support between the less/more than 2 years groups.

Higher administrative support for the program			
Less than 2 years	N	Valid	25
		Missing	0
	Mean		3.72
	Median		4.00
	Standard deviation		1.339
	Range		5
	Minimum		0
	Maximum		5
	Percentiles	25	3.00
50		4.00	
75		5.00	
More than 2 years	N	Valid	14
		Missing	1
	Mean		4.57
	Median		5.00
	Standard deviation		.852
	Range		3
	Minimum		2
	Maximum		5
	Percentiles	25	4.00
50		5.00	
75		5.00	

The satisfaction and reward feelings of the participants were assessed. About 95% were satisfied with their work as a program director.

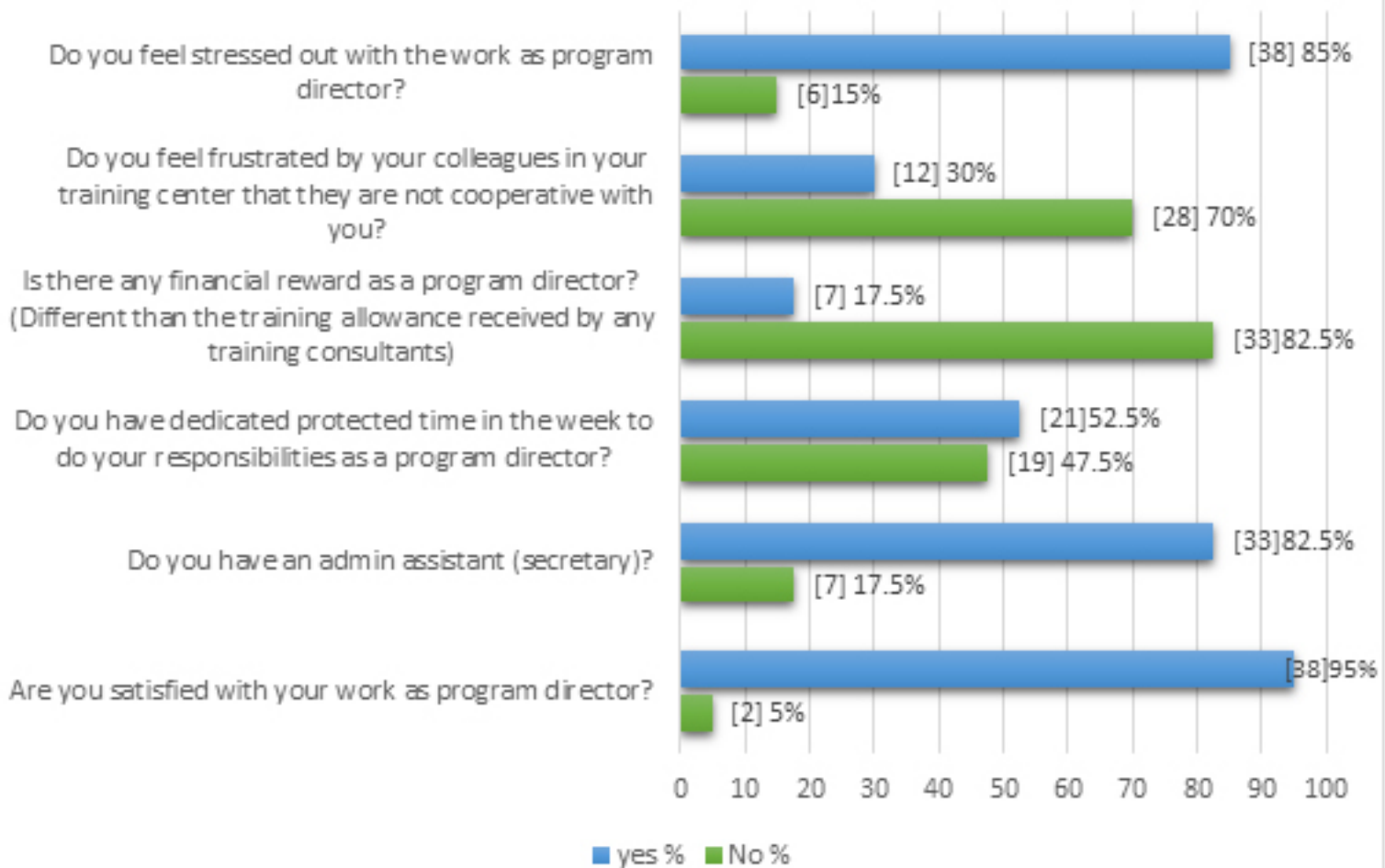
About 82.5% had an assistant hired by the hospital, 52.5% dedicated a specific time during the week for their responsibilities as program directors, in addition to their clinical duties. Approximately 82.5% declared no financial reward for working as a program director. Moreover, 30% of the participants felt frustrated with their uncooperative colleagues. Finally, 85% of the participants were stressed due to the nature of the job (Table 4).

Table 4: Satisfaction/reward survey responses

Satisfaction/reward survey	No	Yes
	%	%
Are you satisfied with your work as a program director?	5	95
Do you feel stressed out working as a program director?	15	85
Do you have an administrative assistant (secretary)?	17.5	82.5
Do you have a dedicated time during the week for your responsibilities as a program director?	47.5	52.5
Is there any financial reward as a program director (other than the training allowance received by training consultants)?	82.5	17.5
Do you feel frustrated with your uncooperative colleagues in your training center?	70	30
Do you feel stressed out working as a program director?	15	85

Figure 4: Satisfaction/reward survey response

Satisfaction/reward survey



Discussion

In general, burnout among medical staff has been widely investigated. Previous studies have mainly focused on residents and practicing physicians. Results showed that similar to residents and practicing physicians' groups in different studies, program directors are affected by burnout, anxiety, and depression symptoms (4,11). However, this study evaluated program directors.

Burnout is commonly attributed to the job requirements of program directors and their associated stressors. These include different academic activities, in addition to duties as attending physicians, which should meet the standards required by the scientific commission in the country to ensure regulating the training process (3).

This pressure can affect program directors physically and mentally, and it has a direct effect on a patients' health. Moreover, these responsibilities have some degree of interference with patient care as burnout among physicians is associated with decreased productivity and strain on the healthcare system (12–14).

Other factors associated with stress among program directors were work environment and lack of support from the department head, academic affair department of the hospital, and/or hospital administration.

The lack of support, as expressed by 27% of participants, and interference in the training process or frustration with other colleagues can cause disappointment. Further, 85% of program directors in this study were found to be stressed.

Frustration/stress can result in resignation, which leads to a high program director turnover, thereby affecting the quality of training process. There are also other factors correlated with resignation. That is, it was strongly correlated with burnout (15). A high percentage of directors who were burned out and who continued to work as a program director met the criteria for the condition after several years. In addition, approximately half of the directors considered resigning in the following year (15). By contrast, 95% of participants expressed satisfaction with their work as program directors. Based on a previous study, the top priority of directors is program leadership alongside being in work with personal meaning with education and mentoring other physicians, which reflects on self-satisfaction (16).

In this study, about 82.5% of participants denied receiving any additional financial benefits other than training allowance. Thus, satisfaction with their role as medical directors is also correlated with other factors, not just income. However, this notion must be further explored. The current study had some limitations. Only a small sample size was included, and this is attributed to the low proportion of internal medicine directors. This can affect the overall accuracy of results and may change the actual impact of burnout among program directors.

Nevertheless, further studies must be conducted to explore dilemmas and possible interventions for burnout and to understand and promote the source of satisfaction among medical directors.

Conclusion

Similar to other physicians, program directors experience burnout. Moreover, this condition causes stress, frustration, and possibility health issues among directors for training programs. Thus, awareness and further measures for controlling burnout and its effect on the healthcare system are important.

Program directors require a strong support system to help them fulfill their responsibilities. This will reflect on both the quality and outcomes of healthcare and training process.

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