

Prevalence and Determinants of Burnout among Primary Healthcare Physicians in Qatar

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Received: April 19, 2018; Accepted: June 1, 2018; Published: July 1, 2018

Citation: Mohamed Salem, Muna Taher, Hamda Alsaadi, Abdulla Alnema, Samya Al-Abdulla. Prevalence and Determinants of Burnout among Primary Healthcare Physicians in Qatar. World Family Medicine. 2018; 16(7): 22-28.

DOI: 10.5742MEWFM.2018.93474

Abstract

Background: Burnout syndrome is characterized by a loss of enthusiasm for work manifested as emotional exhaustion, feeling of cynicism or depersonalization, and a low sense of personal accomplishment. It is marked by tiredness, loss of interest, or frustration that interferes with job performance.

Methods: Descriptive cross-sectional study: this study was conducted at the Primary Health Care Corporation (PHCC) in Qatar and it included all physicians from seven health centers affiliated to primary health care in Qatar. The sample size was 144 physicians from both genders male and female, with a response rate of 90%.

Results: Results show that in socio-demographic characters among primary health care physicians males represent 64.29%, 40+ years old represent 68.55% from both genders, 65.69% of the sample size have families with 1-3 children, 61.03% have more than 10 years employment history and 72.79% have board certificates. The prevalence of burnout in the study sample reaches 16.08% among primary health care physicians. No significant relation between socio-demographic characters and burn out was found except for social problems.

Conclusion: Burnout syndrome is common among primary health care physicians reaching a prevalence of 16.08% of the total number of primary health care physicians. Burnout syndrome is very serious and primary reasons should be looked at and resolved. With the improvement of physician ability and capacity to cope with their work daily stresses and teaching them skills that could change how they perceive their work environment into positive healthy life style would result in a big improvement.

Key words: Prevalence burnout, primary health care, physician, Qatar

Background

Burnout syndrome is characterized by a loss of enthusiasm for work manifested by emotional exhaustion, feeling of cynicism or depersonalization, and a low sense of personal accomplishment. It is marked by tiredness, loss of interest, or frustration that interferes with job performance. Burnout is usually regarded as the result of prolonged stress [1]. According to the nature of primary healthcare services, family physicians are involved in the management of a wide spectrum of both physical and psychological health problems. This style of extremely busy and widely variable practice may put them at risk of burnout syndrome [2]. Burnout appears to be quite prevalent in both developing and developed countries and probably represents considerable economic, social and psychological costs to employees and employers in these countries. Out of the 230 general practitioners recruited, 183 responded, which represents a response rate of 79.5%. The prevalence of burnout reaches 12.6% [3]. Burnout is also associated with insomnia, fatigue, headaches, gastrointestinal distress, irritability, decreased concentration and medical errors [4]. It is documented that physician burnout has been associated with impaired job performance, poor health and leads to physician error. These errors can in turn contribute to additional burnout [5]. Burnout may also lead to increased alcohol or drug use, which can also impact patient care [6]. In health care settings and specialties where burnout has been analyzed, more than one-third of the professionals examined were experiencing professional burnout. [7] The effects of the syndrome reveal a real threat for the competitiveness and survival of medical specialties that appear to be losing their attractiveness for future generations on whom they depend for their professional regeneration[8]. Now health system administrators and managers are beginning to study the extent of physician burnout in their settings as a precursor to recommending meaningful organizational changes [9]. There are four hundred physicians working in the Primary Health Care Corporation. There is only one study available in Qatar on burnout in primary care but this study was before the change of primary care into Independent Corporation with accreditation. Therefore, we want to estimate the prevalence of burnout syndrome during and after accreditation, and to identify its determinants.

Methods

Study Design: Descriptive cross-sectional study.

Study Setting: This study was conducted at the PHCC in Qatar.

Study Subjects: Included all physicians from seven health centers affiliated to primary health care in Qatar.

Sampling: The sample size was 144 physicians, with response rate of 90%.

Inclusion Criteria:

Any physician working in the PHCC and who consented to participate in the study.

Exclusion Criteria:

Any physician who refused to participate in the study.

Data Collection:

1. Socio-Demographic data and some work characteristics including age, gender, marital status, number of years in practice, educational qualification, history of smoking, presence of financial or social problems, suffering from chronic diseases were enquired about. In addition, number of patients per day, practice type most of time, type of employment and hours of work per week with government was also recorded for every participant.

2. Measuring Burnout: We used the Maslach Burnout Inventory (MBI) which is the most commonly used questionnaire to measure burnout in research studies. The MBI human services survey is a self-administered, twenty two item questionnaire that was developed to measure burnout in human services workers and is regarded to be the "gold standard" in measuring burnout. The MBI items are rated on a scale from 0 to 6 (0 = never, 1 = a few times per year, 2 = once a month, 3 = a few times per month, 4 = once a week, 5 = a few times per week, and 6 = every day) .

The questionnaire is designed to assess the 3 primary dimensions of burnout, namely, loss of enthusiasm in work (emotional exhaustion (EE), Section A of MBI), having a sense that work is no longer meaningful (low personal accomplishment (PA), Section B) that consists of the second eight questions, while the third domain entails (Depersonalization (DP), Section C) and includes the third five questions.

A participant is considered to meet the study criteria for burnout if he or she scores "high" score on at least two of the three dimensions of MBI. [10]

Data Analysis: Data collected was analyzed using Epi Info and suitable tables and figures for different variables were used. Appropriate statistical tests and p-value measurements were used to assess significance. Independent sample t-tests and ANOVA tests examined associations between demographic characteristics and burnout scores.

The score on the MBI is interpreted as follows:

Level of burnout	Emotional exhaustion (EE)	Depersonalization (DP)	Low Personal accomplishment (PA)
Low	≤ 16	≤ 6	≤ 31
Moderate	17-26	7-12	32-38
High	≥27	≥ 13	≥ 39

Results

Table 1 shows socio-demographic characters among primary health care physicians which show males represent 64.29%, more than 40 years represents 68.55%, number of children from 1-3 children represents 65.69%, more than 10 years employment represents 61.03% and 72.79% have board certificates.

Table 1: Socio-demographic characteristics of primary health care physicians

Characteristic	No.	%
Gender (140)		
Male	90	64.29
Female	50	35.71
Age (124)		
< 40	39	31.45
≥ 40	85	68.55
Marital status (140)		
Ever married	134	95.71
Never married	6	4.29
Number of children (137)		
No children	12	8.76
1-3 children	90	65.69
>3 children	35	25.55
Years of employment (136)		
<10 years	53	38.97
≥10 years	83	61.03
Educational level (136)		
No board	37	27.21
Board	99	72.79
No. of patients seen per day (140)		
<20 patients	13	9.29
≥20 patients	127	90.71
Social problem (140)		
No	131	93.57
yes	9	6.43

Figure 1 shows the prevalence of burnout reaches 16.08% among primary health care physicians

Figure 1: Prevalence of burnout among primary health care physicians

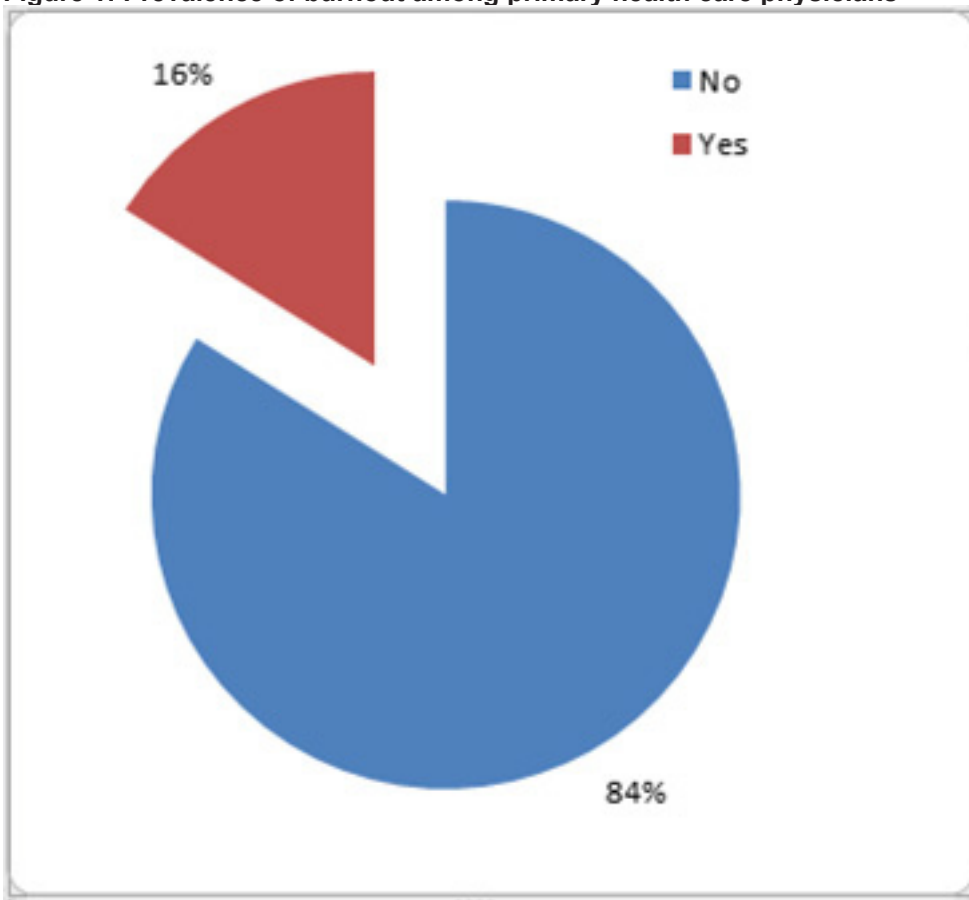


Figure 2 shows pattern of burnout among primary health care physicians in the form of severe depersonalization symptoms in 28.87% while severe personal achievement symptoms represent 19.72% and severe emotional exhaustion represent 11.89%

Figure 2: Pattern of burnout among primary health care physicians

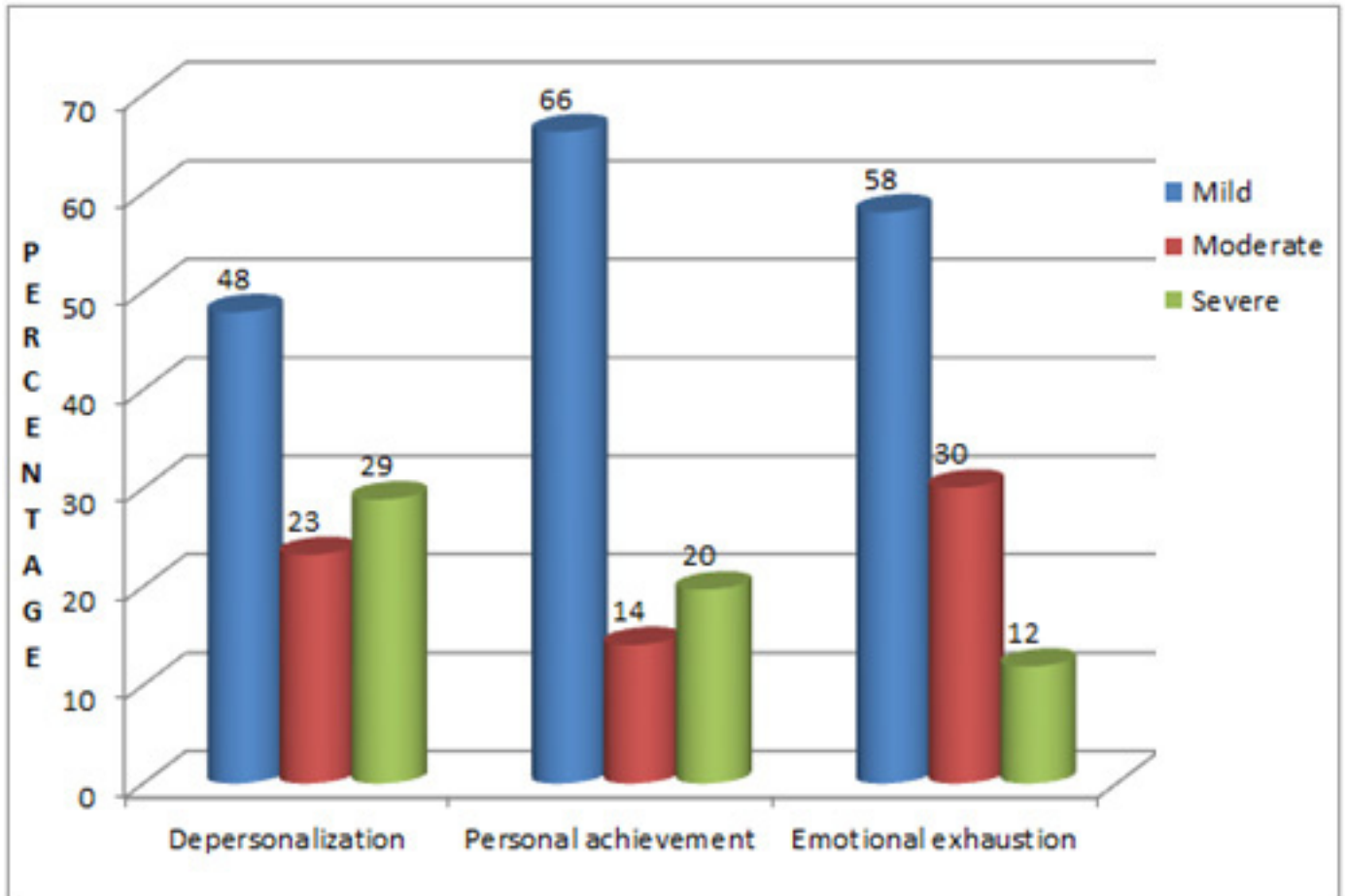


Table 2 shows that there is no significant relation between socio-demographic characteristics and burnout except for social problems

Table 2: Relationship between physician socio-demographic characteristics and Burnout

Characteristic	Burnout	No Burnout	P-value
Gender (139)			
Male	13	77	0.474
Female	10	39	
Age (123)			
< 40 years	8	30	0.446
≥ 40 years	13	72	
Marital status (139)			
Ever married	22	111	1.000
Never married	1	5	
Number of children (136)			
No children	1	11	0.650
1-3 children	16	73	
>3 children	4	31	
Years of employment (135)			
<10 years	11	42	0.340
≥10 years	11	71	
Educational level (135)			
No board	6	31	1.000
Board	16	82	
No. of patients seen per day (140)			
<20 patients	7	6	0.740
≥20 patients	16	111	
Social problem (139)			
No	19	111	0.041*
Yes	4	5	

*Significant P value <0.5

Discussion

This study showed that 16.08% of the primary health care physicians have symptoms of burnout syndrome. This level is higher than what has been reported in a previous study done in Qatar in 2011 as it was 12.6% [3]. This difference can possibly be explained by the variation in the nature of the healthcare system which changed much since that period in the form of accreditation and electronic medical record introduction; also there is variation in method of assessment used to detect burnout.

Another Danish study, showed the prevalence of burnout among general practitioners was 25% [11]. This difference can possibly be explained by culture differences or variation in the healthcare system, which includes aspects such as patients' attitude and the role of general practitioners as the first line of healthcare providers [12]. Systematic review about burnout among Arab countries revealed moderate-to-high estimates of self-reported burnout among health care practitioners that are similar to prevalence estimates in non-Arabic speaking westernized developed countries [13]. It is unclear why there were wide-ranging estimates for burnout both within and between-

countries. However, organizational (e.g., organizational climate, management/leadership styles, horizontal and vertical communication) and/or individual factors (e.g., demographic characteristics, personality characteristics, individual attitudes, maladaptive coping skills), and there was considerable methodological and statistical heterogeneity between studies, and this may account for a portion of the variability in burnout prevalence estimates. This study showed the pattern of burnout subscales in form of severe depersonalization symptoms in 28.87% while severe personal achievement symptoms represent 19.72% and severe burnout symptoms represent 11.89%. Study in Qatar on residents showed responses indicated low depersonalization, high personal accomplishment and high emotional exhaustion [14]. While studies conducted in Bahrain [15] and Jordan [16] reported some of the lowest prevalence estimates of high EE (24.2%, 32.7%, respectively), DP (18.3%, 27.7%, respectively), and low PA (26.8%, 26.8%, respectively) across all three sub-scales. This study revealed that the most important significant determinant for burnout is social problems. This could be that work stress affects social life or social problems may bring work burnout and so the significance of social support for physicians. The most frequent stressors reported by

the residents related to workload and working conditions. The primary coping strategies were social support, such as talking with family members, and entertainment [14]. Various studies from different health care contexts have shown that social support is an important protective factor against work stress and burnout [17].

Conclusions

The study shows that the Burnout syndrome is common among primary health care physicians in Qatar. So the importance of improving physician coping skills and their work conditions are recommended especially regarding social welfare.

What is known about the topic?

The prevalence of burnout among primary health care physicians was 12.6%

What this study adds:

There is increasing prevalence of burnout among primary health care physicians reaching 16.08% and social welfare is significantly related to burnout which mandates improving social welfare with working conditions to decrease burnout

Limitations:

Our study has some limitations and strengths. Although our response rate was high, response bias is a possibility. We did not assess whether nationality impacted burnout scores due to the anonymous nature of the survey.

Acknowledgments:

We acknowledge Dr Ahmed Mustafa Specialist in Primary Health Care in Qatar for his efforts and help. We appreciate the efforts of Dr Hisham Almahdi Consultant in Primary Health Care in Qatar in helping in statistical analysis.

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