

Healthcare Worker Burnout Is Real

Text by Dr Ng Chee Kwan

In recent years, I have noticed increased mentions of healthcare workers (HCWs) experiencing burnout. The World Health Organization defines burnout as “a syndrome conceptualised as resulting from chronic workplace stress that has not been successfully managed”.¹ It is characterised by three dimensions:

1. Feelings of energy depletion or exhaustion;
2. Increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and
3. A sense of ineffectiveness and lack of accomplishment.

Symptoms of burnout may include feeling tired or drained most of the time, feeling helpless, trapped or defeated, feeling alone in the world, having a negative outlook, doubting oneself, procrastinating, taking longer to get things done and feeling overwhelmed.

In a study of 6,048 HCWs from a Singapore healthcare cluster, 43.9% had either a high emotional exhaustion score or a high depersonalisation score.²

In the May 2018 *SMA News* article on burnout in young doctors, the authors described their realisation that burnout was a real phenomenon and had led to residents asking for time off from training.³

The COVID-19 pandemic has likely exacerbated burnout among HCWs. In a study of 257 GPs conducted in the midst of the pandemic in 2020, 82.1% of the respondents met the criteria for burnout.⁴ Contributing stressors were

attributed to frequent changes in clinical and operational guidelines for GPs, the requirement to wear personal protective equipment for extended durations, and financial stress due to temporary prohibition of non-essential medical services. Similarly, in another study of 3,075 Singaporean public hospital HCWs during the pandemic, 79.7% and 75.3% of the respondents met the burnout thresholds in disengagement and exhaustion, respectively.⁵

I reflected upon this, and fortunately I do not think I have previously experienced burnout, nor have I asked for time off from training because of stress. Nevertheless, there were times as a junior doctor when I was overwhelmed with work and experienced a feeling of distance and lack of sympathy for my patients. For example, I could be less sympathetic when I took blood samples from patients and when I walked around the hospital at odd hours giving patients their intravenous medications. Because I knew I was not the only one affected, I accepted it as part and parcel of the junior doctor experience. Once I was given enough rest, I would recover from these odd episodes of depersonalisation.

I am not an expert in burnout, but I believe prevention is better than a cure. From my own personal experience, avoiding long work shifts, reducing workload and providing adequate rest periods could go a long way to preventing burnout. HCWs could be encouraged to care for themselves, recognise the symptoms of burnout and seek help early. With the increase in the demand for healthcare

in the post-COVID-19 world, it is even more important to promote a conducive work environment that reduces burnout, improves resilience and promotes joy in clinical care. ♦

References

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Dr Ng is a urologist in private practice and current President of the SMA. He has two teenage sons whom he hopes will grow much taller than him. He has probably collected too many watches for his own good.

