Burnout

Casandra

ORIGINAL INVESTIGATION

Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population

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Background: Despite extensive data about physician burnout, to our knowledge, no national study has evaluated rates of burnout among US physicians, explored differences by specialty, or compared physicians with US workers in other fields.

Methods: We conducted a national study of burnout in a large sample of US physicians from all specialty disciplines using the American Medical Association Physician Masterfile and surveyed a probability-based sample of the general US population for comparison. Burnout was measured using validated instruments. Satisfaction with work-life balance was explored.

Results: Of 27 276 physicians who received an invitation to participate, 7288 (26.7%) completed surveys. When assessed using the Maslach Burnout Inventory, 45.8% of physicians reported at least 1 symptom of burnout. Substantial differences in burnout were observed by specialty, with the highest rates among physicians at the front line of care access (family medicine, general internal medicine, and emergency medicine). Compared with a probability-based sample of 3442 working US adults, physicians were more likely to have symptoms of burnout (37.9% vs 27.8%) and to be dissatisfied with work-life balance (40.2% vs 23.2%) ($P<.001$ for both). Highest level of education completed also related to burnout in a pooled multivariate analysis adjusted for age, sex, relationship status, and hours worked per week. Compared with high school graduates, individuals with an MD or DO degree were at increased risk for burnout (odds ratio [OR], 1.36; $P<.001$), whereas individuals with a bachelor's degree (OR, 0.80; $P=.048$), master's degree (OR, 0.71; $P=.01$), or professional or doctoral degree other than an MD or DO degree (OR, 0.64; $P=.04$) were at lower risk for burnout.

Conclusions: Burnout is more common among physicians than among other US workers. Physicians in specialties at the front line of care access seem to be at greatest risk.

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VIEWPOINT

The Loss of a Sense of Control as a Major Contributor to Physician Burnout

A Neuropsychiatric Pathway to Prevention and Recovery

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Overview

Burnout has become a major concern in health care. Multiple surveys have documented the alarming percentage of physicians experiencing the symptoms and signs of burnout. The consequences of burnout have been well described, and include increased medical errors, unprofessional conduct, reduced patient satisfaction, stress-related health problems, drug addiction, depression, suicidal ideation, and marital and family discord.[1]

An extensive literature describes potential solutions, including meditation and mindfulness, stress and resiliency training, small discussion groups, coaching, time management, exercise, and reduced work shifts.[1] In our view, these approaches do not adequately address a primary contributor to burnout. We believe that resilience research[2] offers a neurocognitive construct in a health maintenance organization was a low sense of control over the practice environment.[4] A reduced sense of control has also been associated with anxiety, reduced motivation and persistence, longer time needed to solve problems, and the tendency to give up more easily.[3,5]

The cognitive and behavioral effects of perceived control over stress are largely mediated by the prefrontal cortex.[3,5] Perception of control over a stressor enhances prefrontal cortical inhibition of limbic and brainstem structures that mediate the stress response.[3] On the other hand, uncontrollable stress sets off a cascade of chemical events that can damage dendrites and spines in the prefrontal cortex, which weakens network connections and the capacity to concentrate, plan, make decisions, regulate emotions, resist cravings, and inhibit the

Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis

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Summary

Background Physician burnout has reached epidemic levels, as documented in national studies of both physicians in training and practising physicians. The consequences are negative effects on patient care, professionalism, physicians' own care and safety, and the viability of health-care systems. A more complete understanding than at present of the quality and outcomes of the literature on approaches to prevent and reduce burnout is necessary.

Methods In this systematic review and meta-analysis, we searched MEDLINE, Embase, PsycINFO, Scopus, Web of Science, and the Education Resources Information Center from inception to Jan 15, 2016, for studies of interventions to prevent and reduce physician burnout, including single-arm pre-post comparison studies. We required studies to provide physician-specific burnout data using burnout measures with validity support from commonly accepted sources of evidence. We excluded studies of medical students and non-physician health-care providers. We considered potential eligibility of the abstracts and extracted data from eligible studies using a standardised form. Outcomes were changes in overall burnout, emotional exhaustion score (and high emotional exhaustion), and depersonalisation score (and high depersonalisation). We used random-effects models to calculate pooled mean difference estimates for changes in each outcome.

Findings We identified 2617 articles, of which 15 randomised trials including 716 physicians and 37 cohort studies including 2914 physicians met inclusion criteria. Overall burnout decreased from 54% to 44% (difference 10% [95% CI 5–14]; p<0·0001; I^2=15%; 14 studies), emotional exhaustion score decreased from 23·82 points to 21·17 points (2·65 points [1·67–3·64]; p<0·0001; I^2=82%; 40 studies), and depersonalisation score decreased from 9·05 to 8·41 (0·64 points [0·15–1·14]; p=0·01; I^2=58%; 36 studies). High emotional exhaustion decreased from 38% to 24% (14%

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Systematic Review

The Impact of Epidemics and Pandemics on the Mental Health of Healthcare Workers: A Systematic Review

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Abstract: Background: There is increasing evidence that healthcare workers (HCWs) experience significant psychological distress during an epidemic or pandemic. Considering the increase in emerging infectious diseases and the ongoing COVID-19 pandemic, it is timely to review and synthesize the available evidence on the psychological impact of disease outbreaks on HCWs. Thus, we conducted a systematic review to examine the impact of epidemics and pandemics on the mental health of HCWs. Method: PubMed, PsycInfo, and PsycArticles databases were systematically searched from inception to June-end 2020 for studies reporting the impact of a pandemic/epidemic on the mental health of HCWs. Results: Seventy-six studies were included in this review. Of these, 34 (45%) focused on SARS, 28 (37%) on COVID-19, seven (9%) on MERS, four (5%) on Ebola, two (3%) on H1N1, and one (1%) on H7N9. Most studies were cross-sectional (93%) and were conducted in a hospital setting (95%). Common mental health symptoms identified by this review were acute stress disorder, depression, anxiety, insomnia, burnout, and post-traumatic stress disorder. The associated risk factors were working in high-risk environments (frontline), being female, being a nurse, lack of adequate personal protective equipment, longer shifts, lack of knowledge of the virus, inadequate training, less years of experience in healthcare, lack of social support, and a history of quarantine. Conclusion: HCWs working in the frontline during epidemics and pandemics experience a wide range of mental health symptoms. It is imperative that adequate psychological support be provided to HCWs during and after these extraordinary distressful events.

SENTINEL EVENTS

Go ahead

1922

Wanted: A field investigator with training in nursing and social case work for temporary work in New York City. Salary $125 per month. Address A. B. C. 500, care of this JOURNAL, New York address.

Wanted: By a voluntary health organization in New York City, a man or woman, preferably with experience in public-health investigations, to act as statistical assistant and office manager, and assist in preparing report of a study now being conducted. Salary $2,000. Address 499 A. S. N. care of this JOURNAL, New York address.

Wanted: A thoroughly trained statistician for a health and sociological investigation in New York City. Salary according to experience. Address 501 G. H. N., care of this JOURNAL, New York address.

LETTERS TO THE EDITOR

Suicide Among Physicians

TO THE EDITOR:

Among the professions of the United States, physicians head the list of suicides for the year 1921. The following figures are interesting:

Doctors	86
Judges	57
Bank Presidents	37
Clergymen	21
Editors	10
Mayors	7
Members of the Legislature	7

This record seems to indicate that the occupational strain is greater in medicine than in any of the other professions. Should not our scheme of medical practice, as relates to hours and relief, be revised and, if so, how should this be accomplished?

We should be pleased to have you give this matter publicity in order that we may secure a number of replies, and we would be pleased also to receive any suggestions that may be helpful to these over-worked and breaking-down members whose lives can ill be spared and many of whose untimely ends could be postponed if given adequate consideration.

S. DANA HUBBARD, M. D.,
Director, Bureau of Public Health Education, New York City Department of Health.

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"Massage and Exercises Combined"

TO THE EDITOR:

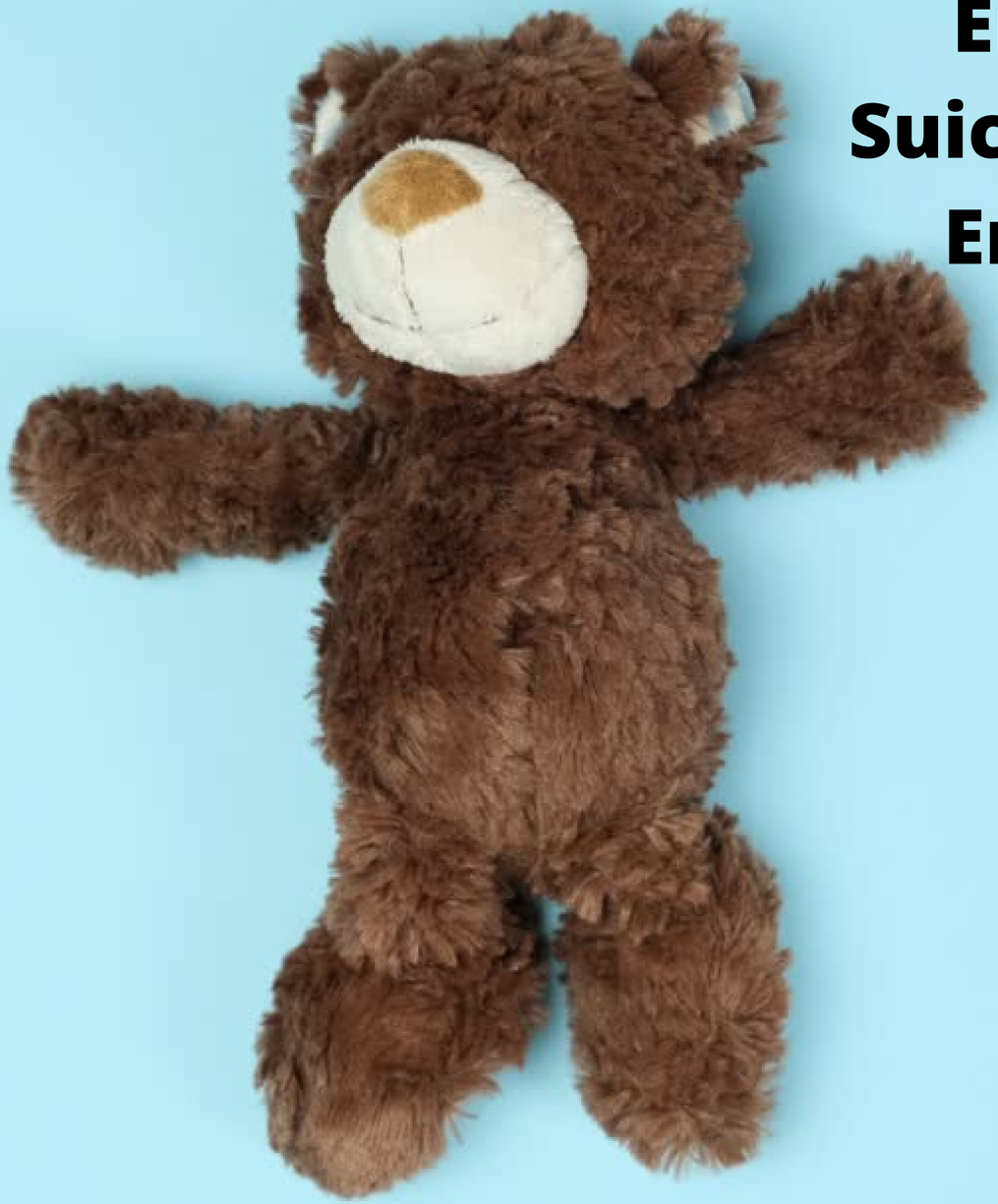
Concerning the review of my book *Massage and Exercises Combined* (the title was incorrectly given in the review as *Massage and Corrective Exercises*), in your JOURNAL of May, permit me to state the following:

The reviewer states: "Because the best physiological results are obtained through massage when all the muscles of the patient are soft and relaxed, it would seem, therefore, that in taking exercises and giving massage at the same time the result would be neither good exercise nor good massage."

Those who have carefully studied the book have been rather surprised by such a statement, for the reason that practically in every exercise the muscles of the parts massaged are, and can be, relaxed when being massaged. For instance, in No. 3 exercise, a person exercises his muscles of the arms, shoulders, and upper back while massaging his legs and abdomen, but the muscles of legs and abdomen are relaxed. On page 37 I state especially that "the abdominal muscles should be neither distended nor contracted but kept in a natural position."

The reviewer also states: "All exercise, if sufficient resistance is employed to bring out the full contractile force of the muscles, is a process of massage in itself." If by that he means that a general exercise has the same beneficial effect as scientific massage movements, people experienced in the latter will not agree with him.

Of course, the reviewer carefully uses the phrase "it would seem," but when not being sure he could have been rightly informed by the letters in the book from prominent physicians, testifying to the beneficial effects obtained from the use of the combined exercises



Suicidios, Colombia 2022

Enero a Julio : 1564

Suicidios Colombia 2023

Enero a julio : 1810

Article

Suicide Rates Among Physicians: A Quantitative and Gender Assessment (Meta-Analysis)

Eva S. Schernhammer, M.D., Dr.P.H.

Graham A. Colditz, M.D., D.P.H.

Objective: Physicians' suicide rates have repeatedly been reported to be higher than those of the general population or other academics, but uncertainty remains. In this study, physicians' suicide rate ratios were estimated with a meta-analysis and systematic quality assessment of recent studies.

Method: Studies of physicians' suicide rates were located in MEDLINE, PsycINFO, AARP Ageline, and the EBM Reviews: Cochrane Database of Systematic Reviews with the terms "physicians," "doctors," "suicide," and "mortality." Studies were included if they were published in or after 1960 and gave estimates of age-standardized suicide rates of physicians and their reference population or reported extractable data on physicians' suicide; 25 studies met the criteria. Reviewers extracted data and scored each study for quality. The studies were tested for heterogeneity and publication bias and were stratified by publication year, follow-up, and study quality. Effect sizes were pooled by using fixed-effects (women) and random-effects (men) models.

Results: The aggregate suicide rate ratio for male physicians, compared to the general population, was 1.41, with a 95% confidence interval (CI) of 1.21–1.65. For female physicians the ratio was 2.27 (95% CI=1.90–2.73). Visual inspection of funnel plots from tests of publication bias revealed randomness for men but some indication of bias for women, with a relative, nonsignificant lack of studies in the lower right quadrant.

Conclusions: Studies on physicians' suicide collectively show modestly (men) to highly (women) elevated suicide rate ratios. Larger studies should help clarify whether female physicians' suicide rate is truly elevated or can be explained by publication bias.

Adapted from: Guilliams, T. The Role of Stress and the HPA Axis in Chronic Disease Management. Point Institute, 2015. p. 80

La salud, su mantenimiento y preservación, es un asunto esencialmente individual, cuya urgencia suele ser secundaria hasta que se pierde

H btítulo

Qué irónico que una manga de sedentarios, malnutridos, adictos a la cafeína, que duermen -en promedio- 4hs al día y padecen depresión subclínica tengan el trabajo de recomendar a la población en general llevar un estilo de vida saludable😂

“Donde hay dolor , existe un territorio sagrado“