



research  
NEW ZEALAND

# SHOULD WE BE CONCERNED THAT ONE-IN-FIVE GENERAL PRACTITIONERS IDENTIFIES THEMSELVES AS BEING BURNT-OUT?

---

EMANUEL KALAFATELIS, MANAGING PARTNER, RESEARCH NEW ZEALAND



## Burn-out is defined as ...

“An experience of physical, emotional and mental exhaustion, caused by long-term involvement in situations that are emotionally demanding”.

## Burnout is common across many occupations, including health professionals.

In the US, for example, estimates vary from between 30-50%, depending on the sub-sector.

And it is on the increase.

In 2015, a US study found that more than half of US physicians now have at least one sign of burnout – a 9% increase in 3 years.



An important Swiss ICU study (2014), found a direct relationship between burnout and patient safety outcomes. Across 1,425 physicians and nurses, working in 54 ICU teams in 48 hospitals, the study evaluated the effect of individual and unit-level burnout scores and clinician ratings of overall safety on standardised mortality ratios and length of stay.

**Higher individual burnout scores were related to poor overall safety grades.** When measured at the unit level, emotional exhaustion (a component of the overall burnout score) was an independent predictor of standardised mortality ratio.



Therefore, aside from its effect on the individual concerned, **burnout is an important issue for reasons of health care quality and patient safety.**

The research suggests that a burned-out clinician may develop a sense of cynical detachment from their work and view people – especially patients – as mere objects. Fatigue, exhaustion and detachment coalesce such that the clinician no longer feels effective at work.

This in turn, results in poorer interactions with patients. Clinicians with burn-out are more likely to subjectively rate patient safety lower, and to admit they have made mistakes at work or delivered substandard care.



Most research to-date is based on professionals self-assessing themselves.

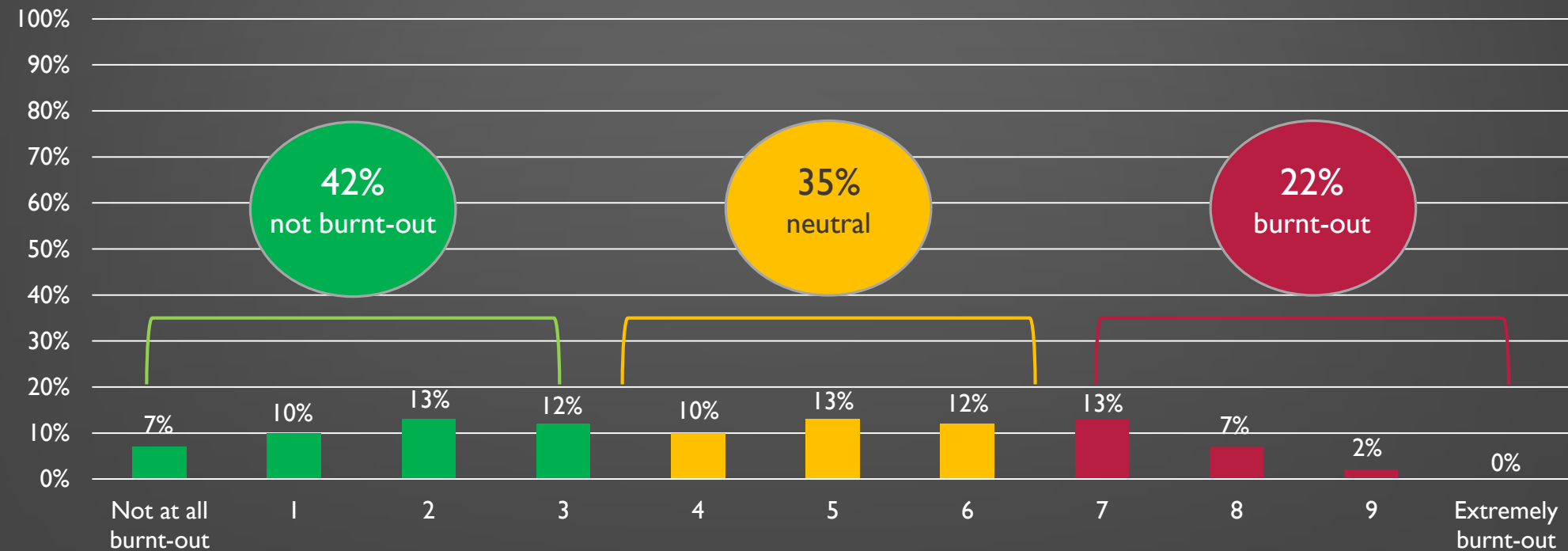
To the best of our knowledge, the **RNZCGP 2016 Workforce Survey** is the first time the College has attempted to measure burnout amongst its membership.

Using an 11-point response scale in the survey questionnaire, respondents were asked to rate the extent to which they were burnt out (the question was based on a Single Item Burnout Measure, which had been validated in Australia).

Respondents rating themselves 7-10 (10='extremely burnt-out') were considered to be burnt-out.

Figure 1: Extent to which GPs feel 'burnt-out' (n=1,820)

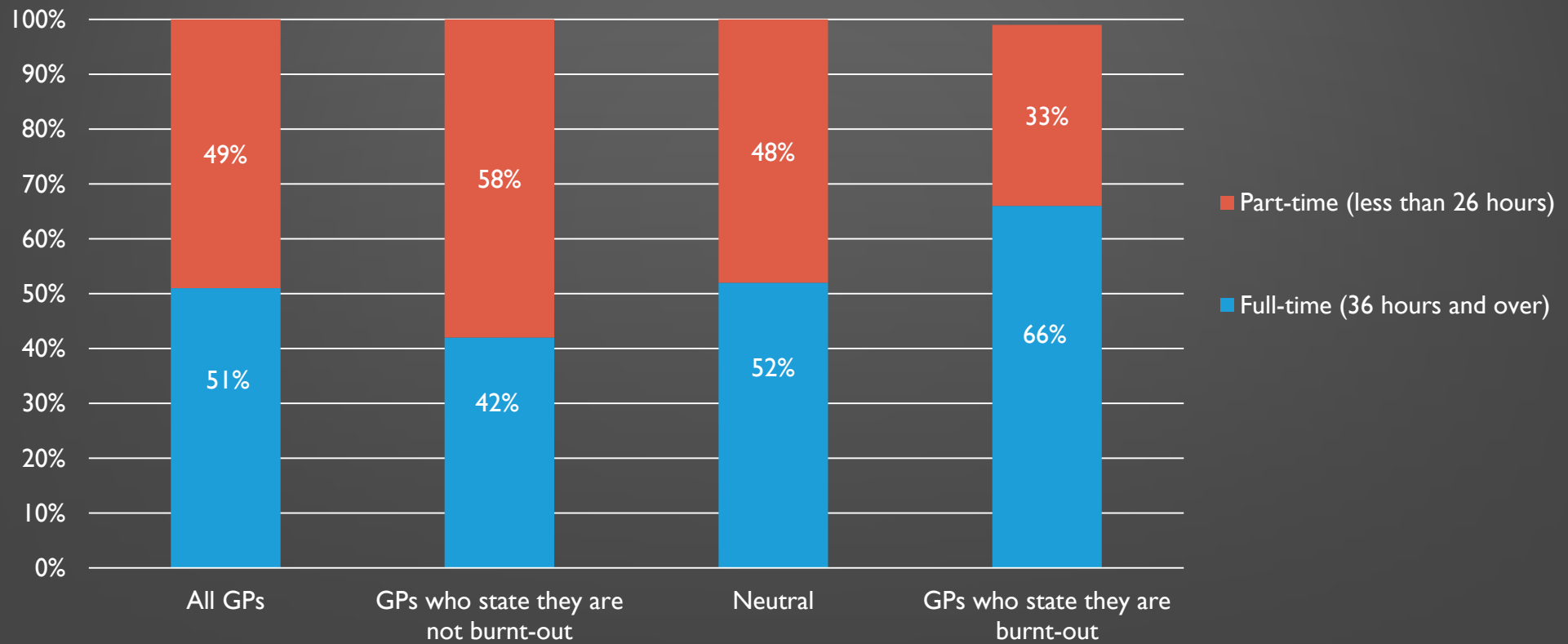
Q13. How would you currently rate yourself on a 0 to 10 scale, where 0="Not at all burnt-out and 10="Extremely burnt-out"?



There are many factors that might contribute to GPs feeling they are burnt-out; one of which appears to be the number of **hours per week** they work in general practice.

Figure 2: Levels of 'burn-out' by full-time/part-time weekly status (n=1,820)

Q13. How would you currently rate yourself on a 0 to 10 scale, where 0="Not at all burnt-out and 10="Extremely burnt-out"?



But the issue is more **complex** than that as the following table suggests and could include the hours spent consulting per week, the number of face-to-face consultations per week, the time spent on patient-related paperwork per week, and the extent of after-hours general practice commitments.

Table 1: Working profile of GP groups based on the extent to which they report themselves 'burnt-out'(n=1,820)

	All GPs	GPs who state they are not 'burnt-out'	Neutral	GPs who state they are 'burnt-out'
% who spend more than 25 hours per week <b>consulting</b> with patients	35%	29%	35%	<b>45%</b>
% who have more than 80 <b>face-to-face consultations</b> per week	43%	37%	40%	<b>55%</b>
% who spend more than 5 hours per week on patient-related <b>paperwork</b>	53%	46%	55%	<b>61%</b>
% who have weekly <b>after-hours</b> general practice commitments	66%	62%	66%	<b>71%</b>

Reflecting their burnt-out status, these GPs are less likely to agree that...

... they feel **motivated** and involved in general practice,

... they have enough **time** to complete all their daily tasks,

... they can rely on their **colleagues** for help and support,

... they believe they have good **work-life balance**, and

... rate their own **health** positively.

Using the answers to other survey questions, we can begin to develop a picture of the GP who is more likely to state they are burnt-out. GPs who are burnt-out are more likely to be ...

... in their **middle** years (aged 25-39 and 40-54),

... a practice **owner/partner**, and

... to work in a practice where there is a GP **vacancy**.

Gender is **not** a differentiator.

Patient safety to one side, of concern to the industry is the fact that GPs who state they are burn-out are also ...

... **less** likely to **recommend** a career in general practice, and

... **more** likely to state they plan to **retire** within 5 years' time.

The College has recently revised its self-care resource to better support GPs who experience burn-out and other factors that impact their wellbeing.