

MASLACH

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emotional exhaustion  
depersonalisation  
low productivity  
low self esteem

## BURNOUT

Burnout is defined as a psychological withdrawal from work in resp once to excessive stress, and dissatisfaction. There is a strong overlap with depression but it is not identical.

Most research has been done by Maclach who has developed a Burnout Inventory as an assessment tool.

Gps who are patient centred, idealistic, obsecional and type A personality are prone to burnout. Attending Post Graduate meet i and having hker post Zraduate qualifications is protective

### 4 Main Components

**Emotional exhaustion** - results in tiredness, somatic complaints, irritability, poor personal relationships, accident proneness, depression and drug or alcohol abuse

**Depersonalisation**- disengagement from work, treating patients as objects with loss of human values

**Low productivity**

**Feelings of ~~low~~ achievement** - poor self esteem and low job satisfaction

### Stages of Burnout

1. Overwork
2. Frustration
3. Resentment
4. Depression

### Why GP's are predisposed to burnout

- t Being constantly in the frontline, fear of the unknown whilst on call
- Interruptions at work from staff and patients, pressure of time
- Emotionally draining, patients require lots of sympathy and emotional energy
- Combination of obsecional personality (common in doctors) and high personal standards
- Conscientious and reluctant to delegate
- New job e.g. Australian survey found higher burnout scores in young principles.
- Fear of failing to keep up with your colleagues
- Overwhelmed by extent of knowledge needed
- Long hours, impingement on home life
- Lack of variety "enduring boredom"
- Professional isolation
- Complaints from patients
- Lack of recognition or reward

### Avoiding Burnout In General Practice, Editorial BJGP, Nov 1993

- a Learn awareness of how one reacts to stress and how these reactions affect performance. Become alert to ~~chng~~ s n feelings and seek to modify cause

Trainees should be encouraged to have realistic expectations of practice rather than idealistic ones i.e. avoid expectations of a model practice

Choose the right job, be realistic about your consultation rate

Self support and practice support systems should be encouraged e.g. young practitioners groups

Time management and self assertiveness skills should be learnt

- Stigma of mental health problems should be removed and doctors encouraged to seek help earlier i.e.g via their own GP, National counselling and Welfare services for Sick Doctors or the Health Committee of the GMC.

Changes are needed in medical education **BJGP Editorial 1993 Stress in Undergraduate**

**Medical Education: The Mask Of Relaxed Brilliance**. The rigid style and teaching by humiliation approach discourages expressions of feelings or ignorance in medical students