



Research Article

Early Career Achievements of Medical Personnel

Ghaleb Al-Mekhlafi¹, Dania Waggas², Abdulrahman Alotaibi^{3*}

¹Fakeeh College for Medical Sciences, Jeddah, Saudi Arabia

²Pathological Sciences Department, Fakeeh College for Medical Sciences, Jeddah, Saudi Arabia

³Department of Surgery, Faculty of Medicine, University of Jeddah, Jeddah, Saudi Arabia

*Corresponding author: Abdulrahman Alotaibi, Associate Professor, Department of Surgery, Faculty of Medicine, University of Jeddah, Al Sharafeyah, Jeddah 23218, Saudi Arabia

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Abstract

Background: There has been a recent uptick in cases of burnout throughout the world, with sufferers reporting increased levels of professional exhaustion, emotional tiredness, depersonalization, and dissatisfaction. Since these issues have such a profound effect on the medical staff, very few studies of this kind have been done by the private sector. **Objective:** The purpose of this research was to determine how often burnout occurs in the medical profession.

Design: Cross-sectional descriptive study using the Maslach Burnout Inventory for Human Service survey (MBI-HSS). **Settings:** A single, private tertiary center. **Results:** 102 respondents answered the survey, of whom 53% were female, 79.5% were young, 60% were married, and 53% were non-physicians. A significant difference in emotional exhaustion was observed among the younger, unmarried, and non-physician groups with $p=0.01$, $p=0.05$, and $p=0.04$, respectively. Depersonalization significantly seen among males, young people, and unmarried groups with $p=0.03$, $p=0.01$, and $p=0.04$, respectively. When compared to a married senior, unmarried young employee feels they are less capable and have achieved less in their work, $p=0.01$ and $P=0.05$, respectively. **Conclusions:** It appears that working in private hospitals are associated with low levels of personal accomplishments among unmarried medical personnel in their early careers. Moreover, this is accompanied by a high level of burnout.

Keywords: Cross-sectional; Survey; Burnout syndrome; Depersonalization; Emotional exhaustion; Personal accomplishment

Introduction

One of the most pressing public health issues of the 21st century is the epidemic of burnout that is expected to accompany the rise in stress levels [1-5]. In 1974, Maslach and Jackson coined the word burnout to describe a state of emotional exhaustion, depersonalization, and poor self-fulfillment brought on by extended professional challenges followed by excessive pressure [6,7]. The negative effects of burnout on patient care have brought the topic to the forefront in recent years among healthcare

professionals. Additional medical mistakes, increased alcohol use, drug abuse, despair, and suicide are all possible outcomes of the current crisis [6-9]. Many hospitals and other medical centers admit that physician burnout lowers treatment standards [10-12]. There are a few studies that address this topic that have been done in Saudi Arabia. According to the findings of a study conducted among 226 doctors, 47% reported feeling emotionally drained as a consequence of their profession [13]. Another research including 282 medical professionals indicated that men had a greater incidence of burnout than women did (25.6% vs 12.5%) [14].

The goal of this research is to assess the level of burnout experienced by medical professionals working in private tertiary care institutions, since there has been a lack of similar studies

focusing on this issue in the private sector.

Methodology

Initiated in January 2020 and continuing through March 2020, this descriptive cross-sectional research was conducted in a private, academic tertiary hospital. Since the Maslach Burnout Inventory for the Human Services Survey (MBI-HSS) is widely accepted as the gold standard for measuring burnout, we relied on this proven and reliable questionnaire [15]. We utilized an online survey available at www.google.com/form to gather this information; participants were first asked whether they would be willing to take part in the research; if they said yes, the survey questions would appear; if they said no, the page would automatically disappear.

The survey consisted of two parts: the first gathered socio-demographic data (gender, age, marital status, and specialty). The second section of the 2-MBI-HSS consists of a total of 22 questions, all of which were developed to assess one of the three facets of burnout: Emotional Exhaustion (EE), Depersonalization (DP), and a lack of Personal Accomplishment (PA). Both medical doctors and support staff (nurses and other healthcare providers) were included in the intended audience.

There were face-to-face conferences with the responders. The Maslach Burnout Inventory (MBI) is a scale designed to measure the severity of burnout syndrome and other perspectives. C. Maslach devised the original concept [16]. The elements were written in the form of contemplative reflections on a variety of emotional states. The occurrence of each event is rated on a scale from 0 (never) to 6 (daily). Nine different items make up the emotional fatigue subscale, all of which show some kind of emotional weariness or emotional overload as a result of employment. Any score over 27 indicates severe burnout, while scores between 19 and 26 suggest moderate burnout, and scores between 0 and 18 indicate minor burnout. Second, the depersonalization subscale, with its five questions expressing indifference to the treatment provided to the patient. A high degree of burnout is represented by a score of 10 or more, a moderate level by a score of 6 to 9, and a low level by a score of 0 to 5. If you have a high mean score on the EE and DP subscales, you may be experiencing symptoms of burnout at an advanced stage. The third PA subscale consists of eight questions that assess confidence and pride in one's own contributions to group projects. To the contrary of the other subscales, a lower PA score is indicative of a greater degree of burnout. In this scale, a score of 0-33 indicates a severe degree of burnout, a score of 34-39 indicates a moderate level, and a score of 40 or above indicates a low level. In contrast to popular belief, overcoming EE and/or DP

does not lead to a sense of PA. One cannot equate the completion of a personal goal with the absence of EE or DP.

Means and standard deviations were used to characterize the variables, and a T test for independent samples was used to compare them at a p value of less than 0.05 to see whether there were any significant differences. SPSS was used to examine the data (version 25, SPSS Inc., Chicago, IL). This research was approved by the Institutional Review Board of Fakeeh College of Medical Science (FCMS) in Jeddah, Saudi Arabia (Approval No. 93/IRB/2020).

Results

Socio-Demographic

Fifty-three percent (54/102) of the participants were female, while the remaining 48% were male, with a mean age of 36. In addition, non-physicians made up 53 percent of the study's sample (nurses and other healthcare professionals). Three-fourth of responders 79.4% (81/102) were younger than 45 years, and A total of 59.8% (61/102) of respondents had spouses (Table 1).

Variables	Numbers (%)
	(n = 102)
Gender	
Male	48 (47.1)
Female	54 (52.9)
Age (years)	
≤ 45	81 (79.4)
≥ 45	21 (20.6)
Marital Status	
Married	61 (59.8)
Non-Married	41 (40.2)
Job description	
Physician	48 (47.1)
Non-physician	54 (52.9)

Table 1: Demographics and Social data of the study sample.

Subscales of Burnout Syndrome

The mean and standard deviation of the Maslach Burnout Inventory of Human Services Survey (MBI-HSS) were shown in Table 2.

Maslach Burnout Inventory of Human Services Survey (MBI-HSS)	Values as Mean ± SD*
Emotional Exhaustion Subscale	
I feel I'm working too hard on my job.	4.09 ± 1.93
I feel like I'm at the end of my rope (Unable to deal with problems)	1.69 ± 1.88
Working with people all day is really a strain for me	2.38 ± 2.24
I feel very frustrated by my job	2.15 ± 2.10
I feel emotionally drained from my work.	2.67 ± 2.24
I feel used up at the end of the workday	3.75 ± 2.00
I feel fatigued when I get up in the morning and have to face another day on the job	2.86 ± 2.14
Working with people directly puts too much pressure on me	2.38 ± 2.24
I feel burned out from my work	3.15 ± 2.16
Depersonalization Subscale	
I've become more callous (harsh) toward people since I took this job.	1.83 ± 2.03
I don't really care what happens to some patients	0.63 ± 1.60
I feel I treat some patients as if they were impersonal objects	1.78 ± 2.23
I worry that this job is hardening me emotionally.	2.02 ± 2.13
I feel patients blame me for some of their problems	1.92 ± 1.98
Personal accomplishment Subscale	
In my work, I deal with emotional problems very calmly	4.43 ± 1.79
I feel positively influencing other people's lives through my work	4.72 ± 1.70
I feel very energetic	4.76 ± 1.66
I have accomplished many worthwhile things in this job	4.33 ± 1.83
I can easily create a relaxed atmosphere with my patients	4.64 ± 1.88
I feel exhilarated after working closely with my patients	3.47 ± 2.24
I can easily understand how my patients feel about things	5.04 ± 1.40
I deal very effectively with the problem of my patients	5.04 ± 1.48
*SD: Standard Deviation	

Table 2: The mean and standard deviation SD of the Maslach Burnout Inventory of Human Services Survey (MBI-HSS).

Emotional Exhaustion Subscale

The mean score for EE was 25 ± 14 . Young respondents had significantly higher EE than those over 45 years of age (27.49 vs. 15.95, $p=0.01$). Further, there is a significant difference between the EE rate among singles and those who are married (29.88 vs. 21.92, $p=0.05$). Compared to physicians, non-physicians have a significantly higher EE (27.81 vs. 22.08, $p=0.04$). Table3. Emotional exhaustion was experienced by 39% of our participants (Figure 1). Gender does not appear to be a factor in EE.

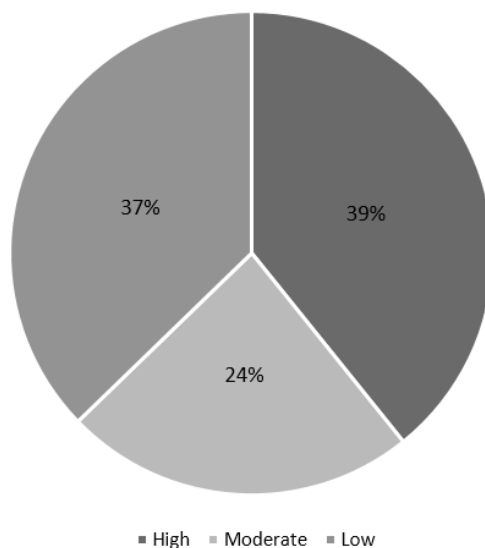


Figure 1: Pie chart demonstrate emotional exhaustion rate among medical personnel.

Depersonalization Subscale

The mean score for DP was 18 ± 8 . Significantly Elevated levels of detachment were seen in young, single male participants compared to seniors, married female with (9.21 vs. 4.24, $p=0.01$), (10.22 vs. 6.82, $p=0.04$), (10.02 vs. 6.56, $p=0.03$), respectively. Depersonalization was reported in 34% of participants (Figure 2). The profession seems unrelated to DP (Table 3).

Variables	Total EE (Mean± SD) P-value ^a	Total DE (Mean± SD) P-value ^a	Total PA (Mean± SD) P-value ^a
	(25.12 ± 14.60)	(8.19 ± 7.98)	(36.43 ± 9.86)
Gender	p = 0.34	p = 0.03	p = 0.36
Male	26.56	10.02	35.48
Female	23.83	6.56	37.28
Age in years	p = 0.01	p = .010	p = 0.05
≤45	27.49	9.21	35.07
>45	15.95	4.24	41.67
Marital Status	p = 0.05	p = 0.04	p = 0.01
Married	21.92	6.82	39.16
Non-married	29.88	10.22	32.37
Profession	p = 0.04	p = 0.06	p = 0.53
Physician	22.08	6.67	37.08
Non-Physician	27.81	9.54	35.85

^aindependent sample t-test

Table 3: The mean and standard deviation SD of the three subscales of burnout syndrome based on age, gender, marital status, and profession.

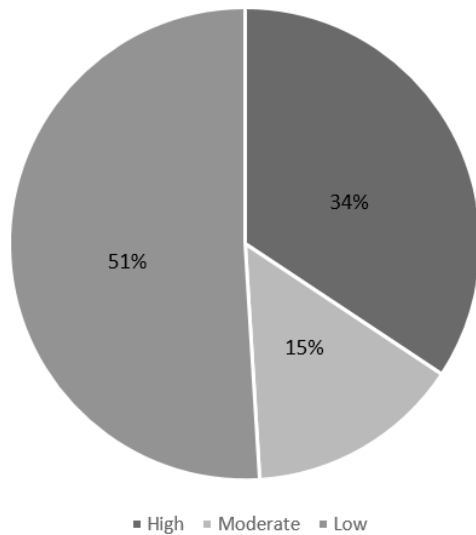


Figure 2: Pie chart demonstrate depersonalization rate among medical personnel.

Personal Accomplishment Subscale

The mean score for PA 36 ± 10 . A single young participant had a low significance level of personal achievement compared to married mature individuals (32.37 vs. 39.16, $p=0.01$), (35.07 vs. 41.67, $p=0.05$), respectively. Overall, 49% of participants reported low levels of personal accomplishment (Figure 3).

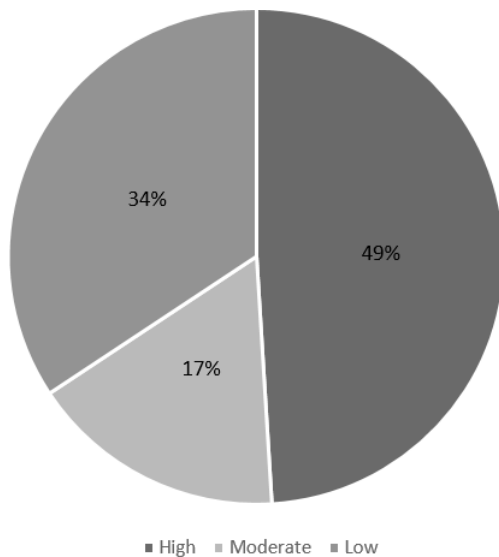


Figure 3: Pie chart demonstrate personal accomplishment rate among medical personnel.

Discussion

The results demonstrated a correlation between low PA and high EE and DP. Burnout syndrome appears to be affected by

profession, age, gender, and having or not having a spouse among young, single people, which is in line with what other studies have found. [13,14].

Physicians take on the most responsibility as the team leader during patient care, and they have to deal with EE. There seems to be a correlation between medical staff sub specialization and burnout. An study of three French Emergency Department (ED) found that 36.1% of doctors and nurses were affected by EE or DP, and that ED workers were more likely to experience burnout than those in other fields of medicine. [17] Further, nurses were at a high level of burnout [18,19], which could be attributed to the long working hours and the high level of responsibility that bear toward the welfare and safety of their patients. While having a loved one around might be comforting, it can also put more pressure on already overworked medical personnel. Researchers at a mental hospital in Dammam, Saudi Arabia, discovered that married nurses were more likely to experience burnout than their single counterparts. [20]. A further poll of 118 nurses also revealed alarmingly high rates of burnout in the forms of psychological stress, emotional tiredness, and depersonalization. [21] In contrast to our findings, which indicated that the single population had higher rates of burnout, Married individuals tend to excel professionally likely because of the undying devotion and emotional support of their partners' families. Providers in the medical field may be worn down by their job, yet they nevertheless show compassion for their patients.

Burnout subscales may be influenced more by the factor of the working environment, those who work in high-stress settings like cancer wards, critical care units, and emergency rooms are more likely to experience burnout, as demonstrated by 29% of oncology healthcare professionals working in cancer centers [22]. Conversely, 2% of the nurses working in intensive care unit reported burnout syndrome, while nurses assigned to medical wards had a 1.65%. [23]. According to a study of 18,935 nurses working during the CoV19 epidemic. Overall, 34.1% reported feeling emotionally drained, 12.6% felt depersonalized, and 15.2% felt that they were falling short of their own potential. The following were the most prominent contributors to burnout among nurses: lower levels of community support, and younger ages [24]. Its very important to feel like you can do things and get things done with other people. More than fifty percent of our participants, especially married senior women, score highly in terms of their personal achievements. This is dissimilar from a different study, which found that 88% of medical staff had low personal accomplishment [25]. As a result of the reward system in private hospitals and the higher salary levels in comparison with the general sector, we believe that this is the reason behind this phenomenon.

Disparities in burnout among male and female doctors has been described [26]. Of the 1,066 faculty members included in the research, 46.4% were female and 59.8% were under the age of 50. As compared to male physicians, female doctors reported considerably greater rates of burnout (42.4% vs. 34.4%, $p=0.01$) and lower rates of professional contentment (35.1% vs. 50.4%, $p=0.01$). Possible modifiable objectives for attempts to eradicate gender discrepancies in doctors' workplace experiences include a culture of health and self-compassion, which may contribute to gender variations in burnout and professional satisfaction.

A person's ability to deal with stress depends on several factors, including their age, as problem-solving skills are honed via repeated exposure to similar situations. More than three-hundred physical and occupational therapists participated in the MBI-HSS. Female therapists in their twenties working in medium- or small-sized hospitals reported high levels of stress and burnout [27]. The stress of their jobs, along with the demands of their personal lives, may leave medical professionals vulnerable to burnout. Employee burnout is a serious issue that needs to be brought to light. The steps that can be taken to reduce and prevent burnout should be implemented to ensure that the quality of patient care and the safety of staff is not compromised due to burnout. This study is cross sectional survey limited by small sample size in large size private hospital. If we care about health care workers' well-being and that of their patients, we must encourage them to raise their concerns and take part in additional research.

Conclusion

Private hospitals seem to be associated with low levels of personal achievement among single medical personnel during their early careers. Moreover, this is accompanied by a high level of burnout. Married senior women feels they are more capable and have achieved more in their work. Consequently, future studies should have a larger sample from private sector to enhance the accuracy of the results. By doing so, we will prevent any forms of burnout from detrimentally affecting the quality of care provided to patients and the safety of healthcare workers.

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Authorships and Contributions

Ghaleb Almekhlafi made substantial contributions to the study conception and design, data acquisition, analysis, and interpretation, drafting of a critical revision of the manuscript, and approval of the final version of the text.

Dania Waggas made substantial contributions to the study conception and design, data acquisition, analysis, and interpretation, drafting of a critical revision of the manuscript, and

approval of the final version of the text.

Abdulrahman Alotaibi made substantial contributions to the study conception and design, data analysis and interpretation, drafting of a critical revision of the manuscript, and approval of the final version of the text.

Disclosure

Ghaleb AL-mekhlafi, Dania Waggas and Abdulrahman Alotaibi have no conflict of interest or financial ties to disclose.

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