

PREVALENCE OF BURNOUT AND ITS ASSOCIATED FACTORS AMONG DOCTORS IN NEPAL

Dr Arabind Joshi
Consultant
Department of General Practice and Emergency
Shree Birendra Hospital, Chhauni

Background

- Burnout is a **universal problem** and incidence of burnout among doctors are increasing globally.
- Work related Hazard
- Chronic workplace related **stress** can lead to burnout.
- Three symptom dimensions
 - Emotional exhaustion
 - Depersonalization &
 - Reduces personal accomplishment

Background Contd..

- **Emotional exhaustion** is a feeling of “used up” at the end of a workday.
- **Depersonalization** is having a stony feel towards patients.
- **Sense of reduced personal accomplishment** is a feeling of ineffectiveness in helping patients with their problems.

Background contd..

- Medscape national Physician Burnout and Suicide Report 2020 show 43% Burnout.
- 45.8% of physicians reported at least one symptom of burnout in US.
- Prevalence of Burnout, 50% among post graduate residents from Pakistan & Systemic review from India had 23-27% prevalence.
- A study in Nepal show moderate to severe level of perceived stress and half of them have moderate to high burnout.

Background contd..

- Burnout is multi factorial.
 - High personal expectation
 - Work environment
 - Work family conflict
 - Resilience factor
- Negative effects on themselves, their peers and their patients and overall healthcare system.

Objective

- General objective
 - To assess the prevalence of burnout and its associated factors among medical doctors in Nepal.
- Specific objectives
 - To find out the prevalence of burnout among medical doctors in Nepal.
 - To assess the factors associated with burnout among the medical doctors in Nepal.

Methodology

- **Design**
 - Cross sectional study design
- **Method**
 - Quantitative
- **Sample size**

$$n = \left(\frac{z_{\alpha}}{e} \right)^2 PQ$$

Where, n=the sample size

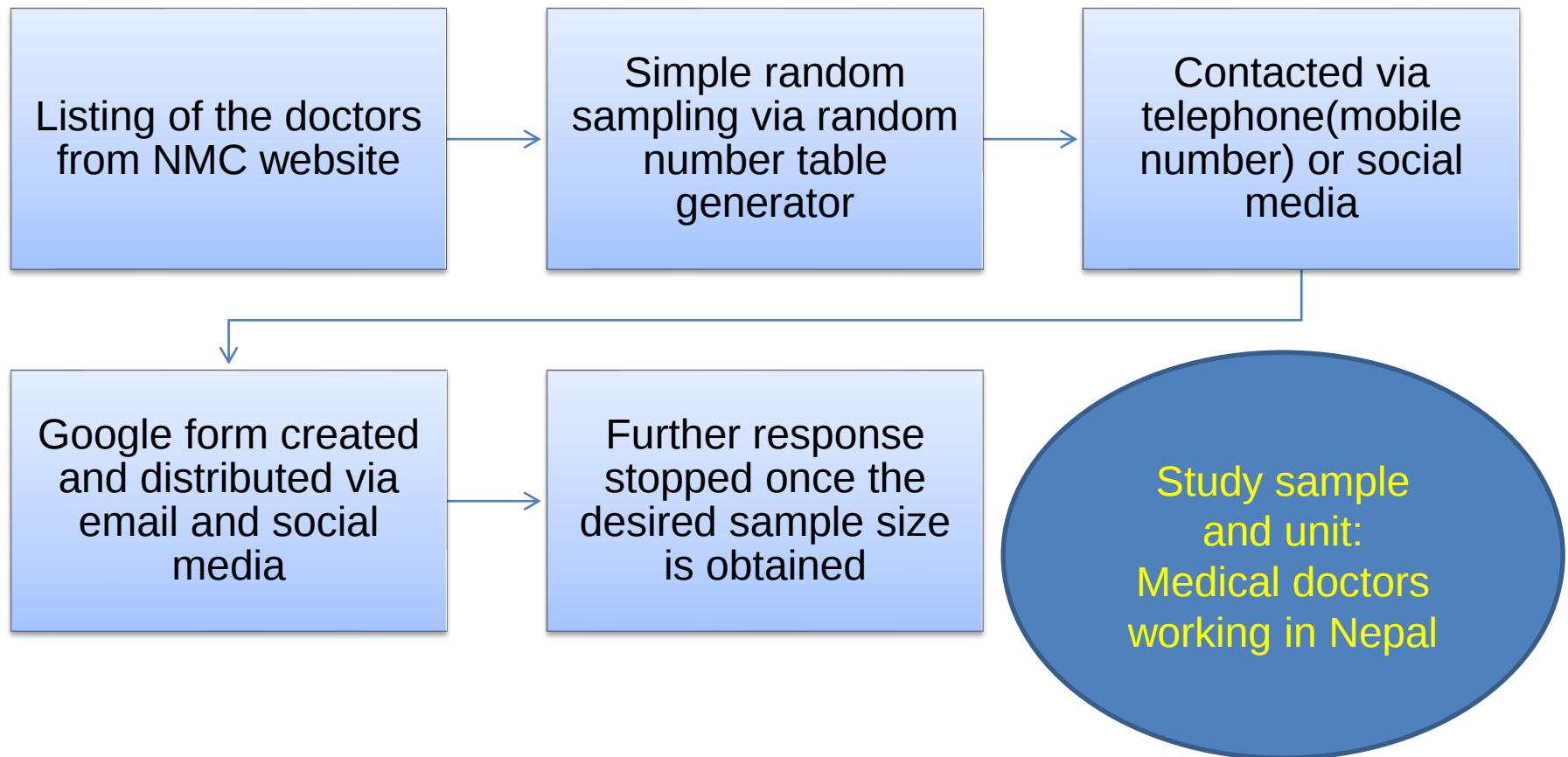
z= the confidence level (1.96 for 95%CI)

P= Prevalence of burnout among doctors found to be 0.27

e=allowable error, taken as 5%

- **Study duration**
 - April, 2023 to March,2024.

Sampling technique and sampling framework



Data Collection tools and technique

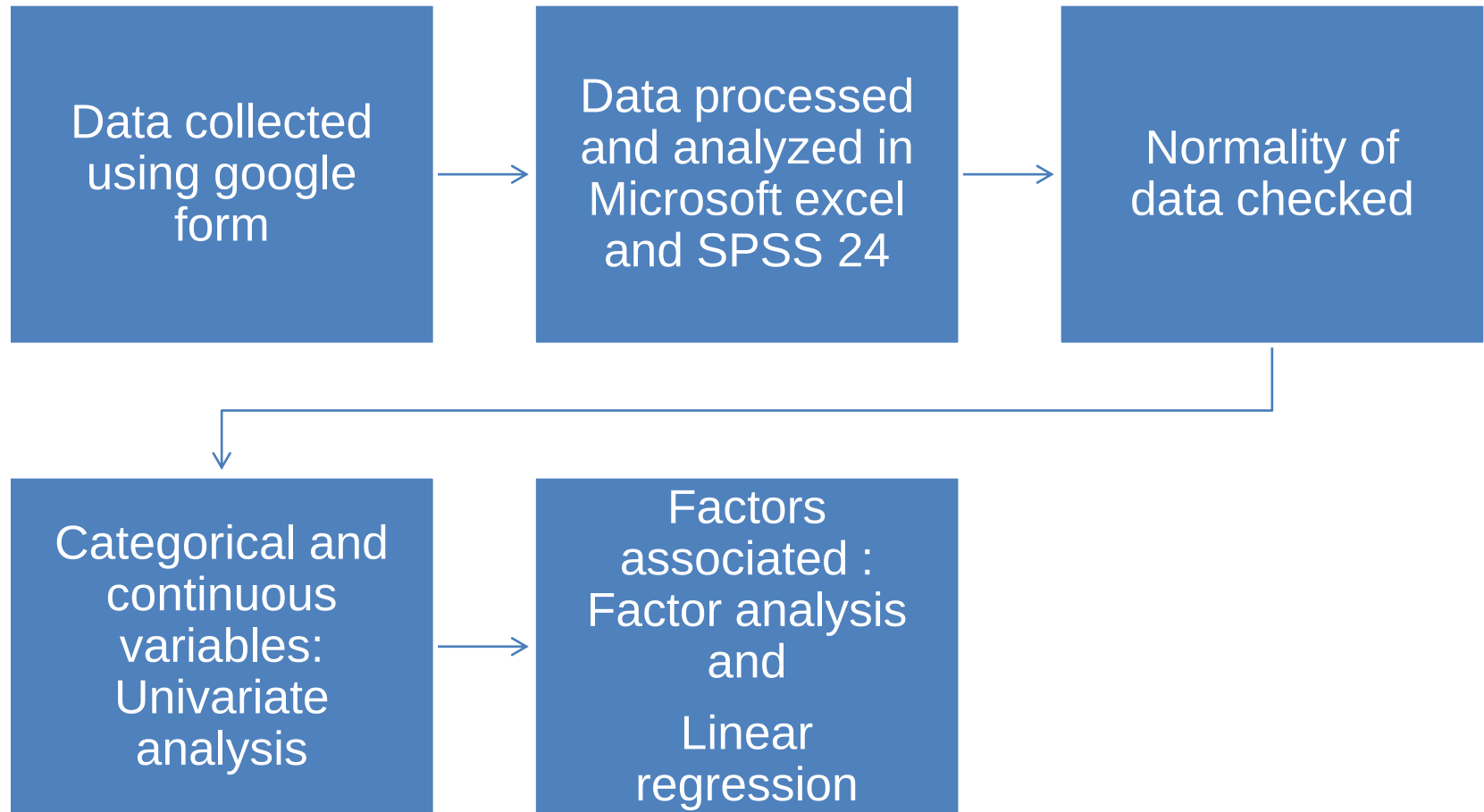
Socio-demographic factors

Occupational factors

Copenhagen burnout inventory(CBI)

Prevalence of burnout evaluated by CBI. CBI items include 1) **personal-related burnout** (6 items), 2) **work-related burnout** (7 items), and 3) **client-related burnout** (6 items)

Data management and analysis



Results

Socio-demographic characteristics of the respondent(n=335)

Socio-demographic characteristics		Frequency(n)	Percentage(%)
Age	≤ 35 year	253	75.5
	> 35 year	82	24.5
Sex	Female	81	24.2
	Male	254	75.8
Marital status	Unmarried/Married/	155/177	46.3/52.8
	Seperated/Widow(er)	2/1	0.6/0.3
Education	Undergraduate/Masters	151/148	45.1/44.2
	Doctorate(Fellowship)	36	10.7
Chronic health problems	No	299	89.3
	Yes	36	10.7
Living with family	No	97	29.0
	Yes	238	71.0

Results

Work-related characteristics of the respondent(n=335)

Work related characteristics		Frequency(n)	Percentage(%)
Workplace	Government Hospital	181	54.0
	Public Hospital/Others	92/62	27.5/18.5
Location of workplace	Rural	72	21.5
	Urban	263	78.5
Specialty	MBBS/Non clinical	174/15	51.9/4.5
	Non Surgical/Surgical/ER(ICU)	41/72/33	12.2/21.5/9.9
Work experience	≤10 years	296	88.4
	>10 years	39	11.6
Shift hours	≤8 hours	121	36.1
	> 8hours	214	63.9
Regular Salary increment	No	275	82.1
	Yes	60	17.9
Job Satisfaction	No	199	59.4
	Yes	136	40.6

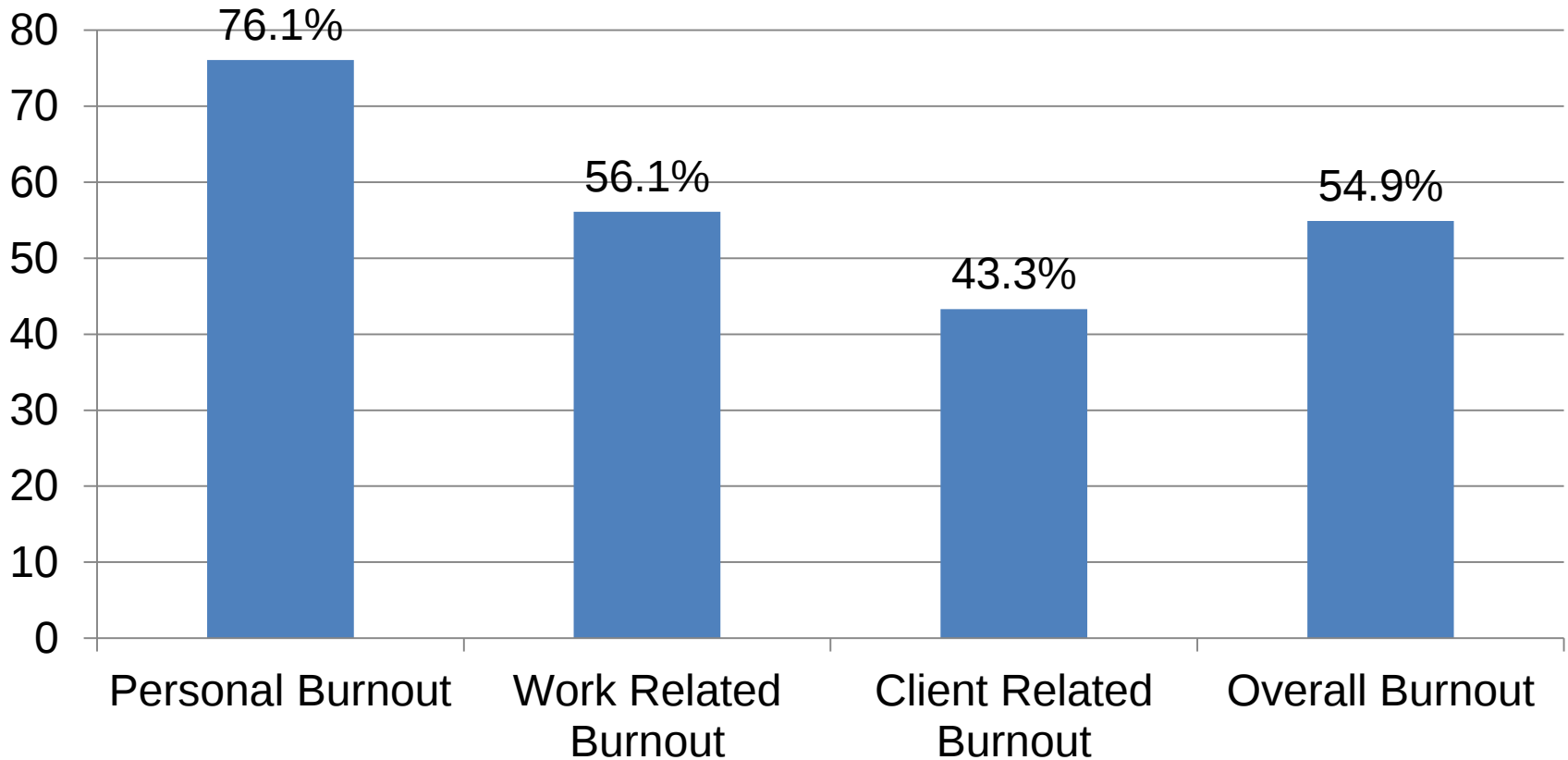
Results

Mean score of Copenhagen Burnout Inventory(CBI) and its domains(n=335)

CBI Domains	Mean	Standard Deviation
Personal Burnout	59.13	16.55
Work Related Burnout	53.62	18.83
Client Related Burnout	47.68	23.59
Overall Burnout	53.48	17.67

Results

Prevalence of Burnout



Results

Factors associated with Burnout(n=335)

Characteristics	Personal Burnout β (95% CI)	Work Related Burnout β (95%CI)	Client Related Burnout β (95% CI)	Overall Burnout β (95% CI)
No Job satisfaction (Ref Job satisfied)	6.51 (2.40-10.60)**	11.64 (7.1-16.1)***	13.56(7.67-19.46)***	10.64(6.41-14.86)***
Age ≤ 35 year (Ref >35 year)	-	-	7.36(0.06-14.65)*	4.91(1.43-9.67)*
Work experience ≤ 10 year (Ref experience >10 year)	6.7 (-6.74—6.92)*	-	-	-
No regular salary increment (Ref Regular Salary increment)	5.77 (0.02-0.78)*	-	-	-
Shift duty >8 hours (Ref <8 hours)	-	4.24 (0.08-8.39)*	-	-
Working in public hospitals (Ref Others)	-	-	8.16(1.14-15.18)*	-
No chronic health problems (Ref Chronic health problem)	-	-	11.29(3.78-18.80)**	-

Conclusion

- Significant Higher burnout in all domains of the CBI (Personal, Work related, Client related) and Overall burnout.
- It is higher compared to India, Pakistan, Sri Lanka, Singapore, and Hong Kong.
- **Job dissatisfaction is the strongest factor** affecting all the domains of CBI including overall burnout.

Conclusion

- Age $\leq$ 35 years $\rightarrow$ Higher overall burnout
- Work experience $<$ 10 years $\rightarrow$ Higher personal burnout
- No regular salary increments $\rightarrow$ Higher personal burnout
- Duty shifts $>$ 8 hours $\rightarrow$ Higher work-related burnout
- Public sector doctors & no chronic health problems $\rightarrow$ Higher client-related burnout

Takeaway messages

- **High Prevalence and need for action**
 - Early identification and treatment
- **Multi-Sectoral Collaboration**
 - medical councils, associations, universities, and government bodies to develop effective strategies
- **Education & Hospital Initiatives**
 - Integration of Burnout management strategies into medical school curricula
 - proactive implementation of evidence-based solutions for clinician well-being by the hospital management.
- **Job Satisfaction & Root Causes identification is necessary.**

Thank You

Brief Bio of the presenter

Dr Arabind Joshi is an experienced General practice and emergency physician and also a medical educator with over 15 years in healthcare, specializing in general practice, emergency medicine, and medical training. He has served in various leadership roles, including as a consultant emergency physician at Shree Birendra Hospital and a lecturer at Patan Academy of Health Sciences. With multiple research publications and expertise in trauma care, disaster management, and medical education, he actively contributes to healthcare reforms and emergency response training in Nepal. He holds MD in general practice and emergency medicine and MPH.

