

Burnout and Empathy: A Cross Sectional Study among Psychiatrists Practicing in Gujarat State.**Bloch Mobin¹, Vasani Reema², Amin Naren³, Parikh Khushboo⁴**¹Resident, Dept. of Psychiatry, C. U. Shah Medical College and Hospital, Surendranagar, Gujarat²Assistant Professor, Dept. of Psychiatry, C.U. Shah Medical College and Hospital, Surendranagar, Gujarat³Professor & Head, Dept. of Psychiatry, C.U. Shah Medical College and Hospital, Surendranagar, Gujarat⁴Resident, Dept. of Psychiatry, C.U. Shah Medical College and Hospital, Surendranagar, Gujarat

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Abstract:**Background:** Burnout is a very common phenomenon which is experienced by almost all of the healthcare professionals in certain period of time in any field. Psychiatry is also one of the subject in which professionals may feel burnout very frequently; as psychiatrists had to deal with emotions of patients and their caregivers daily. Empathy, which is a core aspect of healthy patient doctor relationship and it is highly necessary for a psychiatrist for achievement of good therapeutic outcome.**Aim and Objective:** To assess level of burnout and empathy among psychiatrists practicing in Gujarat state.**Materials and Methods:** A cross sectional study was conducted by circulating online questionnaire survey among Psychiatrist of Gujarat state from December 2023 to April 2024, questionnaire was made by using maslach burnout inventory & Jefferson scale for physician empathy & sociodemographic factors. Total 31 psychiatrists had participated in study from Gujarat state.**Results:** In our study mean score of burnout was 55.77 ± 9.88 , while mean score for empathy was 82.35 ± 7.49 . Overall around 16-19% of Psychiatrists had moderate to high scoring in 3 subscales of MBI.**Conclusion:** Although burnout is not a disease some measures are needed to prevent frequent burnout among psychiatrists.**Keywords:** Burnout, Empathy, Psychiatrist.

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Introduction

Burnout is universal phenomenon happening across all professionals but it is common among doctors due to increased healthcare demands, inadequate infrastructure and staff, violence towards health professionals, increased litigations and etc. In case of mental health professionals it is assumed that they are inherently equipped to deal with occupational stress. However some may even argue that psychiatrist is intensely involved and interested in analyzing and supporting patients with various psychiatric problems and maybe predisposing factors to their own emotional stress.

Psychiatrist being a doctor of emotion, had to deal with emotion of patients and their care givers everyday. Sometimes patients generates negative emotions in the psychiatrists themselves especially patients with personality disorder, if psychiatrist is unable to maintain non-judgemental attitude and empathy they are more vulnerable to burnout. Other factors like expectation of family members about prognosis, therapeutic failure or resistance,

stigma of mental illness, unexpected outcomes, hostile or suicidal behaviour by a patients also play role in burnout.

A recent meta-analysis of the prevalence of burnout among psychiatrists, by Bykov et al., in 2022 reported 25.9% of prevalence as measured by an MBI and 50.3% as measured by the Copenhagen Burnout Inventory. [1] Although the study had higher levels of heterogeneity due to several factors (lack of consensus on burnout diagnostic methods, discrepancies between health-care systems and differences in scales as well as thresholds of subscales used for measuring burnout),

One study on mental health provider (including psychiatrists, psychiatric nurses, psychologists and community workers in the field of psychiatry) of france had a mean value of burnout 58.5 (SD = 14.5) measured by MBI, While had a mean value of empathy 110.3 (SD = 12.5) measured via JSPE. [2]

One systematic review of studies by Bhagwagar in 2022 looking within the Indian context had some limitations in generalizability due to smaller sample size and reliance on more self-reported measures rather than randomization. [3]

According to WHO's ICD-11 Burnout was a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It was characterised by three dimensions: 1) feelings of energy depletion or exhaustion; 2) increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and 3) a sense of ineffectiveness and lack of accomplishment. Burnout refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life. The previous classification in ICD – 10, simply defined burnout as state of vital exhaustion” While ICD-11 does not classify burnout as a medical condition, it has been designated as a syndrome. A syndrome is a collection of signs and symptoms associated with a specific health-related cause. [4]

Empathy is a core aspect of healthy doctor-patient relationship. As empathetic communication is essential for high-quality humanistic care, affective, cognitive, and behavioral dimensions of empathetic communication require medical professionals to be competent enough to comprehend their patients' situations, feelings, and perspectives. Physician's empathy could enhance the patient's satisfaction and compliance, reduce anxiety and distress, and improve diagnostic accuracy and clinical outcomes, and eventually empower both patients and physicians. Consequently, doctors, nurses, and other healthcare providers need to be empathetic to provide optimal health care services. [5]

Aim and Objective: To assess level of burnout and empathy among psychiatrists practicing in Gujarat state. Also correlate socio demographic factors with them.

Methods & Materials

It was a cross sectional and observational study. 31 psychiatrist from Gujarat state participated in this study. Study period was from December 2023 to June 2024. Informed consent was obtained from all participants. A convenient sampling was done. Sample collection was done by circulating an online questionnaire google form among psychiatrist.

The questionnaire was divided in 3 sections first section was about some general questions regarding personal details, working environment, time spent for work & source of emotional ventilation and etc.

Second section was regarding assessment of burnout which was done using Maslach Burnout Inventory. MBI consists of 22 questions and score

between 0 to 6 likert type scale where 0 = never and 6 = daily. It was further subdivided in 3 sections. Section A of nine questions regarding emotional exhaustion (EE), section B of five questions regarding depersonalization (DP) and eight questions of section C related with personal accomplishment (PA). Total score of Maslach Burnout Inventory was minimum 0 to maximum 132. Higher values in section A and section B of MBI signifies high burnout while in section C of personal accomplishment lower values suggestive of more burnout. [6] In section A of MBI score of 27 to 54 was considered as high burnout while 19 to 26 was considered as moderate burnout. While in Depersonalization score of 10 to 30 was considered high, 6 to 9 was considered as moderate burnout. In subscale of personal accomplishment values till 0 to 33 was considered as high burnout while value of 34 to 39 was considered as moderate burnout.

Third section of questionnaire was regarding assessment of empathy, which was done by using Jefferson Scale of Physician Empathy (health professional version) consists of around 20 questions and scores between 1 to 7 likert type scale, where 1 = “strongly agree” and 7 = “strongly disagree”. Minimum value of JSPE is 20 while maximum was 140. [7] While in empathy scale score of 121 to 140 is very high empathy, 101 to 120 was high empathy, 81 to 100 was intermediate empathy and 61 to 80 was considered as low empathy.

The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committees on human experimentation and with the Helsinki Declaration of 1975, as revised in 2008. This study involving the participants were approved by “The Institutional Ethics Committee and Scientific Review Committee – Subcommittee (Human Research) of C. U. Shah Medical College and Hospital Surendranagar and approval number CUSMC/ IEC(HR)/Pro.Approval-RP-35/2023/OUT- 243/20 23. And data interpretation done using Microsoft excel and Google sheets.

Inclusion Criteria: All the clinicians holding degree, diploma or DNB in psychiatry subject and practicing in Gujarat state.

Results

Table [1] shows mean level with standard deviations of burnout and its subscales and scores of empathy. In our study Minimum score of burnout was 35 while maximum was 85. According to table [2] below in gender male had a high burnout score while female psychiatrist had less empathy score than male. While in age younger & new psychiatrists <30 years had high frequency of burnout and less empathy compared to older

generation. Those who have high burnout score spent more time in recreational activity and those

having low empathy spend in less recreational activity.

Table 1: Showing mean values of burnout score and other subscale of MBI-HSS & empathy with standard deviations and range.

Variables	Mean	S.D.	Range (minimum-maximum)
Burnout (MBI-HSS)	55.77	9.88	35-85
Emotional exhaustion (EE)	10.77	8.59	0-39
Depersonalization (DP)	3	2.98	0-11
Personal accomplishment (PA)	42	5.96	23-48
Empathy (JSPE- HP)	82.35	7.49	62-96

Table 2: Showing mean with standard deviations of total burnout score, emotional exhaustion (EE), Depersonalization (DP), person accomplishment (PA) and total empathy score among different variables.

Variables	Burnout	EE	DP	PA	Empathy
Gender :Male(18)	57.3±9.3	10.1±8.5	3.7±2.9	43.5±5.96	83.9±7.4
Female(13)	53.5±10.1	11.6±9	2 ± 2.5	39.8±6.2	80.1±7
Age : <30 (12)	59.5±12.8	14.5±8.7	3.5±3	41.5±6	80.1±15.4
31-45 (12)	53.5±14.7	8.41±8.5	2.5±2.9	42.5±8.7	81.7±19
46-60 (5)	55.8±15.6	11.4±9.2	3.6±2	40.8±9.8	87.4±19
>60 (2)	46.5±7.8	1±8.3	1.5±1.7	44±4	86.5±4.7
Recreational activity(Weekly hours spend)					
1 – 5 hours (11)	50.2±16.6	8±8.2	1.2±2.8	40.9±11.4	79.2±21.1
6 - 10 hours (11)	56±13.7	10.7±9.1	2.3±2.6	43±9.5	83.8±16.4
11 – 15 hours (4)	56.7±8.7	12.5±7.6	4.7±3.1	39.5±7.3	81.2±7.2
16-20 hours (5)	66.4±18.1	15.4±8.1	6.8±2.7	44.2±6	86.8±23.9
Role of spirituality in our profession.					
Yes(27)	56.3±19.3	11.6±7.6	3.1±2.6	41.6	81±27.1
No/ don't know (4)	52.8±15.2	6±7.4	2±2.7	44.8±11.6	89.2±22.4

Correlation between burnout and empathy :- In our study when we tried to find correlation of burnout and it's subscale with empathy there is p value more than 0.5 in all subscales which is 50% below statistically significant level except in Personal accomplishment. (Which is p value of 0.1) There is very weak positive correlation between total burnout and empathy in our study. ($R_s = 0.11$, $p = 0.54$) [R_s suggestive of spearman's rho value, while p is probability value].

Discussion:

This maybe the first study of burnout and empathy carried out across psychiatrists in Indian context. According to our study mean score of burnout was close to the past International study, but total score of empathy was very low compared to other established studies on psychiatrist at france, and other countries. According to meta-analysis done and published in lancet journal by dutheil Et al on 2019 , psychiatrist having suicide prevalence around 11% among different specialists and 3rd after general practitioner and internist. [8]

There was not many published studies looking at interventions in reducing and managing burnout among psychiatrists. The summary of personal experiences shared by senior psychiatrists

(available free on e-CPD module by the Royal College of Psychiatrists) was as below [9]:

- Try not to take work home
- If necessary or urgent, stay late until all work set aside for the day has been completed
- Try to organize work and time better in the day
- Too many changes may lead to other problems, but one or two changes will keep you enthusiastic and interested
- Prioritize things that are important and that you can do something about
- Try different ways to get results – feeling disempowered is very stressful but sometimes comes from inside
- Put work concerns into perspective by having a day when you never work and having quiet times for reflection
- Rely on your team and support each other.

Limitation: Smaller sample size leads to lack of generalizability in the sample population. Also self-reporting by participant may influence the outcome of study. As norms for MBI changes according to geography & profession & background of social status, It is hard to delineated cutoff score for

burnout severity in Indian context, but this study will further help in establishing norms for future study in this area. The assessment of burnout and empathy was done on a single occasion because it is a cross-sectional study, further research is needed for direct association between burnout and empathy, and also for causative factors contributing to high burnout and low empathy.

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