

Burnout Among Primary Health Care Physicians in Dubai Health Authority Dubai- UAE

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Abstract

Background: Burnout became a phenomenon of notable global significance over the last decades due to its burden on physical, mental and social well-being. However, this phenomenon has not been tackled among physicians working in primary healthcare centers at Dubai Health Authority. **Objectives:** To study prevalence, severity and associated factors of burnout among family physicians at Dubai Health Authority. **Methods:** A cross-sectional design was carried out at primary health care centers, Dubai Health authority a comprehensive sample of 102 primary health care physicians at primary health care, Dubai Health Authority. The used tool was a validated version of Maslach burnout inventory, which was distributed to the physicians participating in the study. **Results:** High scores of emotional exhaustion were found in 43 (42.6%) of the study population. 13.7% had High scores of depersonalization and 45% had low scores of personal accomplishment. Age, gender, marital status, nationality, salary, practicing sports & place of residence are variables showed high and significant odds ratio which reflects an significant association with burnout. The study reflected significant association between type of burn out subcategories and level of severity. **Conclusion:** The study has shown high level of burnout in terms of high emotional exhaustion and low personal accomplishment. In addition, there was a relationship between burnout and place of residence, practicing sports and marital status. Further studies are required to look into the direction of these relationships in order to tackle the negative effect of burnout on practice. Burnout occurs when there is a disconnection between the organization and the individual resolving these discrepancy requires integrated action on the part of both the individual and the organization.

Keywords

Burn out, Primary Health Care Physicians, Dubai

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1. Introduction

Burnout has gained significant attention in health care professionals over the last several years.⁽¹⁾ Available evidence demonstrates that physicians are at risk of having high level of burnout. Not surprisingly, there has been widespread concern about levels of stress and burnout among doctors and the effects this may have on their willingness to stay in the profession.

Medical work requires intense and ongoing levels of personal and emotional contact with patients, which can lead doctors to experience feelings of fatigue and exhaustion, commonly known as job burnout.⁽²⁾ Burnout became a phenomenon of notable global significance over the last decades due to its burden on physical, mental and social well-being.⁽³⁻⁴⁾

Burnout is an increasing problem among the medical staff and is highly prevalent in the care settings. It is associated with difficult working conditions and feelings of dissatisfaction with work.⁽⁵⁾

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Several studies have revealed a direct relationship between patient satisfaction with care and health care professionals' satisfaction with their work.⁽⁶⁾ Medical staff with high degrees of job satisfaction have lower rates of absenteeism, excessive changes of work location, high turnover, and poor job performance. Job dissatisfaction influences the quality of care provided, including prescribing patterns and adherence to treatment.⁽⁷⁾ As a result, maintaining motivation and promoting job satisfaction are considered to be important objectives of a modern health care system, in addition to providing high-quality care and ensuring patient satisfaction.⁽⁸⁾

In health care settings and specialties where this problem has been analyzed, more than one-third of the professionals examined were experiencing professional burnout.⁽⁹⁾ The effects of the syndrome reveal a real threat for the competitiveness and survival of medical specialties that appear to be losing their attractiveness for future generations on whom they depend for their professional regeneration.

However, this phenomenon has not been tackled among physicians working in primary healthcare centers at Dubai Health Authority (DHA). This study comes up to explore prevalence and levels of burnout among physicians in primary health care setting at DHA. The findings of the study may be of help to the practice of family medicine within DHA in terms of its implication on raising the awareness towards this life threatening condition. The presentation of gathered, analyzed and interpreted data will provide an actual and practical understanding of burnout and its burden on physicians in the family practice. The results of the research will enlighten concerned personnel and authority to minimize the risk of burnout among physicians and prevent the occurrence of its complications. The results also can be used by other researchers as reference for a further study about burnout among health care personnel.

2. Objectives

To study prevalence, severity and associated factors of burnout among family physicians at DHA.

3. Methodology

A cross-sectional survey was carried out at primary health care centers, DHA on 102 primary health care physicians who are the total available family doctors at PHC, DHA. They are primary

health care physicians without evidence of mental health illnesses at the time of recruitment or in the past. The tool used in this study was a validated version of Maslach burnout inventory, which was distributed to the physicians participating in the study. The questionnaire was divided into two parts. The first covered the socio-demographic data of the physician; for example age, sex, nationality, marital status, qualification and years of experience. The second part is the Maslach burnout inventory composed of 22 items. It's designed to assess the three aspects of the burnout syndrome: emotional exhaustion, depersonalization, and lack of personal accomplishment. Each aspect is measured by a separate subscale. The Emotional Exhaustion (EE) subscale assesses feelings of being emotionally overextended and exhausted by one's work, The Depersonalization (Dp) subscale measures an unfeeling and impersonal response toward recipients of one's service, care, treatment, or instruction. The Personal Accomplishment (Pa) subscale assesses feelings of competence and successful achievement in one's work with people.

4. Results

One hundred and two primary care physicians responded. Table 1 shows the demographic characteristics of studied physicians. More than half of the studied physicians were above 40 years of age (57.8%) and female (70.8%). The majority were married (83.3%), non Emarati (60.8%) and certified in family medicine (77.5%). Fifty eight (56.9%) spent ten or more years in current practice. A 55.9 % of study population had a salary below 25,000, Dirhams. About 2% of the studied physicians were smokers those smoking or alcohol consumers. A 37.3% suffered from chronic illnesses mainly hypertension 10.8 %, diabetes mellitus 9.8%. Illnesses such as osteoarthritis, back pain, dyslipidemia and hypothyroidism each represented 2%.

High scores of emotional exhaustion were found in 43 (42.6%) of the study population, 14 (13.7%) had High scores of depersonalization, and 45 (44.1%) had low scores of personal accomplishment. The study reflected significant association between type of burn out subcategories and level of severity and in table (2).

Age, gender, marital status, nationality, salary, practicing sports & place of residence are variables showed high and significant odds ratio, which reflects an significant association with burnout as shown in table (3).

Table 1. Demographic characteristics of primary health care physicians participating in the study

Sociodemographic variables		No.	%
Age	< 30	5	4.9
	30-40	38	37.3
	> 40	59	57.8
Gender	Male	30	29.4

Sociodemographic variables		No.	%
Marital status	Female	72	70.6
	Single	12	11.8
	Married	85	83.3
	Divorced	5	4.9
Nationality	UAE nationals	40	39.2
	Non-UAE nationals	62	60.8
Qualifications	Certified in Family Medicine	79	77.5
	Not certified in Family Medicine	23	22.5
Years of experience at Dubai Health Authority	< 10 years	44	43.1
	≥ 10 years	58	56.9
Salary	< 25000 Dhs	57	55.9
	≥ 25000 Dhs	45	44.1
Smoking	Yes	2	2.0
	No	100	98.0
Alcohol consumption	Yes	100	98.0
	No	2	2.0
Practicing sports	Yes	37	36.3
	No	65	63.7
Presence of diseases	No	65	62.7
	Hypertension	11	10.8
	Diabetes	10	9.8
	Osteoarthritis	2	2.0
	HTN & Diabetes	2	2.0
	Rheumatoid arthritis	1	1.0
	Pack pain	2	2.0
	Dyslipidemia	2	2.0
Hypothyroidism	2	2.0	

Table 2. Prevalence of Emotional exhaustion, depersonalization and personal accomplishment among the study population

	LOW		AVERAGE		HIGH		Chi squared	P
	No.	%	No.	%	No.	%		
EE	31	30.4	27	26.5	43	42.6	202.000	.000
DP	69	67.6	17	16.7	14	13.7	200.000	.000
PA	45	44.1	31	30.4	23	22.5	198.000	.000

Table 3. Logistic regression analysis for the factors affecting burn out among primary health care physicians in Dubai

Variables	Odds ratio	Significance
Age	2.544	0.111
Gender	1.945	0.163
Marital status	2.930	0.87
Nationality	2.216	0.137
Qualifications	0.135	0.714
Experience	0.178	0.673
Salary	1.684	0.194
Smoking	0.002	0.962
Alcohol	0.000	1
Practicing sport	4.215	0.40
Presence of diseases	0.224	0.636
Place of residence	10.397	0.001

55%.⁽¹¹⁾

5. Discussion

Occupational stress and burnout has been recognized as a problem for physicians working in health care facilities⁽⁹⁾ The term burnout has come to mean a combination of emotional exhaustion, feelings of depersonalization, and perceived lack of personal accomplishment⁽¹⁰⁾ A survey of rural family physicians in 2001 showed a self-reported burnout rate of

In our study we were able to identify certain factors that may be related to burnout level among family physicians, however we cannot at this stage know what is the type of this relationship. This discussion highlighted the major findings followed with comparisons from other studies. Around 20% of our studied population had chronic illnesses such as hypertension, and diabetes which may put them at risk of

having depression and predisposing them to burnout. Females represented more than 70% of the study sample which may affect the finding of our study which showed 65% of moderate to high level of emotional exhaustion. These results are in agree with many other studies⁽¹²⁻¹⁷⁾ and there is little difference with other studies.⁽¹⁸⁾

It is well documented that the female gender is considered a determinant for developing burnout syndrome among deferent health care workers such as physicians, nurses and medical technicians. Other factors that found to have an impact on predisposing to higher levels of burnout were age, gender, marital status, nationality, practicing sports and place of residence.

6. Conclusion

In conclusion, our study has shown high level of burnout in terms of high emotional exhaustion and low personal accomplishment. In addition, there was a relationship with burnout and place of residence, practicing sports and marital status. Further studies are required to look into the direction of these relationships in order to tackle the negative effect of burnout on practice. Burnout occurs when there is a disconnection between the organization and the individual resolving this discrepancy requires integrated action on the part of both the individual and the organization.

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