



Opinion Medico-Legal

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From burnout to balance

Ms Suzanne Creed provides advice on how to strengthen clinician resilience

The risk of burnout is real, and its consequences extend not only to individual clinicians' wellbeing, but also to the quality and safety of care provided, staff retention, and the sustainability of our healthcare system.

What is burnout?

Burnout is a psychological syndrome resulting from chronic workplace stress that has not been successfully managed. The Maslach Burnout Inventory measures burnout by three key dimensions: Emotional exhaustion, depersonalisation (a sense of detachment or cynicism towards patients), and a reduced sense of personal accomplishment. In 2019, the World Health Organisation's International Classification of Diseases identified burnout as an occupational phenomenon. It is not classified as a medical condition.

It is important to differentiate between burnout and depression, as they have different diagnostic criteria and require different treatment approaches. Burnout is typically specific to the work environment and often improves with rest or time away from work; depression may persist regardless of the work circumstances.

Irish healthcare – the true extent of burnout

Globally, the estimated prevalence of burnout ranges from 12 to 80 per cent, depending on the specific dimension being studied.

Burnout among doctors in Ireland is far from a hypothetical concern. Several Irish studies and surveys depict a grim picture, with estimates varying depending on specialty and career stage. A survey conducted by the IMO between December 2020 and January 2021 revealed that over 70 per cent of doctors experienced burnout since the onset of the pandemic, with the highest rates observed amongst NCHDs. A further study published by the IMO in 2024 found that almost seven in 10 doctors are at high risk of burnout, creating an environment that is inherently unsafe for patients and doctors. NCHDs, in particular, reported unsafe, often illegal working hours, poor support, which was linked to deteriorating wellbeing and a key driver for doctor emigration. The 2024 report by the Practitioner Health Matters Programme (PHMP) also noted a 48 per cent increase over five years (2018–2023) in new presentations experiencing burnout, stress and anxiety reflecting escalating pressures within the healthcare system. Burnout is also intrinsically linked to medical error and patient safety incidents and also associated with lower professionalism and poor patient satisfaction.

Signs and symptoms

The Health and Safety Authority has identified some common signs and symptoms associated with workplace burnout. They include:

1. Feeling tired or drained most of the time.
2. Feeling helpless, trapped and/or defeated.
3. Feeling detached/alone in the world.
4. Having a cynical/negative outlook on things previously of interest.
5. Prolonged self-doubt about areas of previous competence.
6. Procrastinating and taking longer to get things done/indecision.
7. Feeling overwhelmed and lacking the usual powers of self-regulation.

If you believe you may be experiencing burnout, you should speak with your line manager and/or seek support from your GP or another qualified healthcare professional.

As a timely reminder, the Irish Medical Council explicitly states your professional responsibilities as

a doctor regarding your own health and wellbeing. In its *Guide to Professional Conduct and Ethics for Registered Medical Practitioners* (ninth edition), the Council states:

"You should:

▶ *Look after your own health and wellbeing. This is in your own interest, but also supports you to sustain safe and effective medical practice.*

▶ *Have your own general practitioner. This should not be a person with whom you have a close family or personal relationship."*

The Medical Council also provides specific guidance regarding concerns about wellbeing. It states:

▶ *"If health and wellbeing risks arise for you from your work, you should raise these concerns with an appropriate person or authority, such as your employer.*

▶ *If you have concerns about your health, you should consider seeking guidance and support from colleagues and /or family and friends, or support services provided by a professional body or organisation."*

Predisposing factors for burnout

1. Workload pressures: Doctors often face substantial workloads, long working hours, often in the absence of regular meals and rest breaks. The ongoing pressure to meet growing healthcare demands often leads to chronic fatigue and emotional strain.

2. Emotional stress: Doctors frequently deal with a wide range of patient emotions, morbidity, and mortality. Managing emotionally challenging situations such as delivering bad news, dealing with grieving families, and potentially difficult interactions with patients can lead to emotional exhaustion and compassion fatigue.

3. Work-life balance: The intense demands of medical practice frequently require doctors to work extended hours, often at the expense of personal and family time. This ongoing imbalance between professional responsibilities and personal life can lead to burnout and have a detrimental effect on overall wellbeing.

4. Administrative burden: Doctors spend a large portion of their time on administrative duties, including completing paperwork, updating electronic health records, and following up on missing or lost test results. This administrative workload reduces the time available for direct patient care, contributing to frustration and job dissatisfaction.

5. Lack of support systems: Insufficient support structures, such as limited access to mental health resources and counselling services, can intensify burnout among doctors. Moreover, the absence of a nurturing work environment and inadequate opportunities for professional growth and career development can foster feelings of isolation, disengagement, and overall job dissatisfaction.

Over time, these factors, if left unaddressed, can erode a doctor's sense of purpose and accomplishment, ultimately leading to or exacerbating burnout.

Strategies to build resilience

Bohman et al argue that physician wellbeing can be conceptualised as a "three-legged stool," supported by three interrelated domains: Practice efficiency; a culture of wellness; and personal resilience. If one leg fails, the stool collapses. Efforts to reduce the risk or reverse burnout should focus on all three domains to achieve best results.

Practice efficiency: Review your work practices with the goal of improving efficiency wherever possible. For example, check your clinical room before starting a clinic to ensure all necessary supplies are available, helping to prevent unnecessary delays during busy periods. Identify tasks that can be appropriately delegated to other team members to help manage your work-

load more effectively. Be mindful of distractions and interruptions. These can result in you losing your train of thought and may culminate in an error. Try to keep interruptions and distractions to a minimum.

1. Reduce your administrative burden: Streamlining administrative procedures and employing technology to automate routine paperwork tasks can substantially reduce the burden on busy clinicians. Identifying tasks that can be appropriately delegated to support staff and other team members may also help ease workload pressures and enable doctors to devote more time and attention to direct patient care.

2. Foster a positive work environment: Encourage a workplace culture grounded in open communication, collaboration, and constructive feedback to enhance staff engagement, and overall organisational wellbeing. Rewarding positive contributions and celebrating successes can also foster a positive wellness culture. Providing opportunities for professional development and recognising the importance of career progression can also help prevent burnout while also enhancing job satisfaction and supporting staff retention.

3. Awareness of support systems: Know what support systems are available to you. Access to mental health services and counselling, both within your own healthcare organisations and externally, is vital to supporting doctors' mental wellbeing. Establishing peer support groups and mentorship initiatives can also provide a sense of connection and professional resilience.

4. Prioritise self-care and personal resilience: Prioritising self-care practices to maintain your physical and mental health is key to reducing your risk of burnout. Focus on achieving optimal, consistent sleep patterns and build in regular rest breaks throughout your workday. Plan ahead and ensure you have healthy food and drinks. Incorporate regular physical activity into your working week, ensure a healthy, well-balanced diet, and limit alcohol, particularly when it is used as a stress buffer.

5. Maintain a safe workload: Ensure you maintain firm boundaries around safe workloads. Resist unhealthy perfectionism. When unwell, take time off work and seek medical attention from your own GP when needed. Take regular breaks from patient-related duties. Try to relax and enjoy a hobby or interest outside of your working life.

6. Stay connected: Recognise that you are human. Reserve time for recovery (even if short: A walk; a hobby; a non-medical conversation) so that you don't carry work-stress continuously into your personal time. Maintain friendships and family time outside medicine. These relationships build emotional reserves and remind us we are more than our job.

Help is available

Many experts and agencies are in place to support doctors facing concerns regarding their own wellbeing or that of a colleague. These include: HSE's Employee Assistance Programme, services for hospital staff; the RCPI's mentoring initiative for trainees; Medical Council's CAREHub and the PHMP. The Council also has a detailed document on doctor wellbeing, which details a comprehensive list of resources.

Conclusion

Ultimately, addressing burnout requires more than individual resilience – it calls for organisational change, supportive leadership and a culture that prioritises wellbeing as well as performance. Without meaningful action, the sustainability of the healthcare workforce, and the quality of care it provides, remain at risk.

References available on request