Doctor's *burnout*
Disappointed "good samaritan" syndrome (2020)

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Abstract: Like any helping profession, medical profession can suffer from burnout syndrome. Burnout is an English word which means a melting engine. There are three contributing factors for the syndrome. The first consists of energy heavy expenditure and motivational exhaustion. So doctors, who live their profession as vocation and with total dedication, face emotional and spiritual exhaustion. The second consists of a conflict between corporate organization conditions and holistic and empathic conception and practice. The third is produced by subject's dysfunctional emotional and spiritual background, which presents, on one hand, deficiencies and psycho-affective disorders, on the other, spirituality deficit. Burnout syndrome is to be prevented and treated in three ways. Psychologically, by learning to manage affectivity, emotions and implementing coping strategies. Spiritually, by cultivating a spirituality of meanings, values, and purposes of life. Environmentally, by affecting medical work organization and management systems.

Introduction

Burnout syndrome is a situation of stress disorder. It affects people who practice helping professions with high relational involvement, when feedback is not adequate to excessive workload. Among these professions, in the past I dealt with the burnout of priests, nuns and people in social volunteering engaged. In this article I consider doctors' burnout instead.

Burnout syndrome

Burnout syndrome can affect intense-dedication and empathic-involvement professions, activities jobs which need, on one hand, motivation; on the other, gratification and self-realization. Motivation involves values, meanings, convincing and moving purposes, while gratification and self-realization are needed because of efforts made. So dedication–satisfaction self–feeding virtuous circle is activated. When this subject-caregiver beneficial rewarding effect ends, and coping strategies lack or are ineffective, burnout syndrome is produced. Burnout is an English word that indicates engine that melts. It is translated, in fact, with exhaustion, stress, wear and tear.

Burnout is more and more common in medical contexts. Some consider medical *burnout* to be epidemic. Nevertheless, so far it has not been taken into due consideration by institutions and public opinion. It is also called the disappointed "Good Samaritan" syndrome, with evident reference to the well-known Gospel parable.

Burnout syndrome is an uneasiness experienced as a sense of frustration by those who work for a great ideal, but do not think their results are appreciable. Highly demanding and compelling mission dedicated doctors, and more generally health workers, can suffer from *burnout*. It happens that "a person, who once did his best at work, feels drained of energy, lives relationships with patients in a detached way, and thinks to do little or nothing for them" (Castagnaro, 2010: 415).

Burnout causes emotions attenuation and detachment feelings. It denotes apathy, disaffection, disappointment, tiredness, identity and enthusiasm loss, professional satisfaction lack. It can also be experienced as a spiritual crisis: meaning, values and purpose crisis. In short, an *emotional and spiritual exhaustion*: energy and resources wear and tear.

When a doctor suffers from *burnout*, doctor-patient relationship can be altered. In fact unhappy, stressed, unmotivated doctors work poorly. The result is emotional detachment, concentration lack, grumpiness, up to professional error. "*Burnout* operator feels energy depletion or exhaustion in his job and could not provide safe patient assistance, for example by neglecting hand hygiene or avoiding double checks during drug preparation. Unexpected situations, as sudden patient's health deterioration, could also be faced with less care and attention" (Fontanella et al. 2018).

"Self-realization is conceptually close to *self-efficacy*". In fact, self-confident people can more easily be successful. People do better when they consider a task as a challenge rather than a threat, as a satisfaction rather than a deprivation. "People with *burnout* have a marked decrease in their sense of personal fulfilment and in the belief that they can complete their task, making a significant contribution to a noble cause" (Fontanella et al. 2018).

Three contributing factors for *burnout* syndrome

Three main factors contribute to *burnout* syndrome. *The first* is intrinsic to medical profession, which is a relational profession with high empathic involvement. A doctor is a *caregiver*, called to cure, taking care of patients. There is *care* when a doctor is personally involved, and does not have a mere functional conception and practice of his task. Doctors are emotionally exposed to human situations of suffering, disability and illness. They also suffer from the stress of facing some unpredictable and often not programmable emergencies (Mucci 2007, 476). Physical-temporal overload causes the clogging of daily life times and consequent emotional overload. So a gap between requests and resources is perceived: many different people should be helped and there is little time and insufficient possibilities to really listen to them and take care of everybody. Doctors are managing a professional load that exposes them to situations of stress and vulnerability, which negatively affect both work and private life. They suffer from psychophysical wear. With the result of a growing disaffection, a progressive detachment, then letting go, finally giving up (Castegnaro 2010, 420-421; Rossetti 2011, 82).

Obviously only doctors who consider and live their job as a vocation and with full dedication, who achieve a *Samaritan* experience of their profession are exposed to *burnout* crisis. On the contrary, apathetic and distant doctors do not risk *burnout*. They just treat the disease but do not *take care* of sick people.

The second factor behind *burnout* syndrome is outside medical profession. It is a composite factor, made up of several conditions related to work organization and performance, such as working pressure imposed by political-economic management of health (management intended as business objectives to be achieved); bureaucratization of medical work, which requires continuous compliance with company regulations and procedures; deregulation of working hours; exponential increase in the number of services. All these conditions cause work overload. Medical work is experienced as a burden, which undermines operators' psychophysical integrity, with obvious consequences on clinical risk. "If performances multiply, routine is inevitable. The more tasks require involvement, the more performances multiplication causes detachment and depersonalization. All this, on one hand, produces *burnout*, on the other, lowers produced services quality" (Castegnaro 2010, 416).

Keeping medical operators' psychophysical health and ensuring patients safe treatment are related phenomena (Fontanella et al 2018). Operators' excessive workload jeopardizes care safety. "*Burnout* is associated with possible medical errors increase". Patients suffer from doctor's *burnout*. They suffer "from not feeling understood, listened to, or taken to heart. And if patient's confidence is lost, due to stressed healthcare personnel, *burnout* cost is invaluable" (Cavalcanti 2018). Medical-health work cannot be set up with purely corporate criteria. "In an industrial organization system, considered as a set not only of men but also of machines and equipment aimed at production and profit, the increase in workload can certainly have advantages. But in a work environment where workforce is essentially made up of *people*, and the *finished product* is the patient, this work schedule involves obvious critical issues" (Fontanella et al 2018).Stress is also increased by micro-dissatisfaction factors, whose addition and reiteration increases doctor's disappointment and bitterness. "What's the most difficult part of your job?" Eileen Parkes, a doctor from the oncology department of Belfast hospital, was asked. "The most difficult part? Apologizing every day for things, I have no control over: Sorry, your CT scan has been postponed. I'm sorry if the painkiller has not yet taken effect. Excuse me, your treatment has been cancelled. Sorry, but this is the closest available date. I'm sorry for making you wait" (Cavalcanti 2018).

Hence the paradox, the doctor's *impasse*. He is pressed from above - by the company organization, that is focused on productivity - to a frenetic activity; at the same time requested from below - by the holistic needs of the patient - to a model of performance to the person according to the relational criteria of attention, listening, concern, presence. An important role, according to Dr. Eileen Parkes, is played by health system: "Time - she observes - to devote to the complex needs of patients is minimal. If we increase it, we are inefficient. If we try to reorganize the appointments, the management asks us why we waste so much time. Humanity is removed, denied to patients and dried up in doctors" (Cavalcanti 2018).

We expect professionalism, competence and empathy from doctors. We never think that they are, first, human beings, who are in daily contact with disease, disability, pain and death.

The third cause of *burnout* lies in dysfunctional emotional and spiritual background. It is marked, on one hand, by acquired and not remedied deficiencies and psycho-affective disorders which predispose to *burnout*; on the other hand, by interiority and spirituality deficit, due to lack of development or loss of a spiritual outfit. Outfit made up of motivations, virtues, meanings, and recollection times, rhythms of rest, self-love and self-care that support and tone the medical vocation and mission, especially when the exercise becomes difficult and painful.

Robust and well-cared spiritual life strengthens people in difficulty and trial. Without it, no mission holds, much less a demanding and extended mission over time.

Prevention and cure

Burnout syndrome is to be prevented and cured. Preventing through education. Curing by healing dysfunctions and filling gaps. Preventing and curing psychologically and spiritually together.

On the psychological side, we must educate and help manage affectivity and emotions. Do not suffer them and be dragged by them, but take them and direct them. Training and curing through strategies and psychological resources *of coping*: English term translatable with *adaptation strategy*. It denotes adaptive psychological mechanisms, implemented by an individual, to solve personal and interpersonal problems, in order to prevent, manage and heal stress and conflict. *Reactive coping* is the response to a stressor. *Proactive coping* is the attempt to neutralize a stressor in advance.

On the spiritual side, it is necessary to cultivate and educate to a spirituality of values, meanings and purposes of life. In a fluid, secularized and fragmented socio-culture, we need to open up horizons of moral goods, human and humanizing goods; horizons of goodness and beauty of life; horizons of freedom and hope that form a store of strong convictions and motivations, which innervate the knowledge and the will of the doctor and favor coping strategies. It is not only hetero-education, concerning education/training received; but also self-education, which aims to take care of oneself, to put one's inner and outer life in order, to heal the treatable wounds, to look for possible things, to invest in trust, and, with a reconciled and open mind, to face difficulties and adversities.

To train and *to cure*, then. *To train* first, making doctors aware of relational quality of their profession. Medical profession is a "helping relationship" in disease, in suffering, in disability, in weakness, in terminal life. It is a compassion and consolation relationship, which takes care of patient's *passio* (suffering), giving them the *solatium* (comfort, relief) of medicine To train doctors who can take on and manage relationships. To train doctors who can take on and manage relationships; doctors who not only give, but who feel gratified and fulfilled in giving. Gratification and realization activate a virtuous circle between dedication and satisfaction that feeds each other and shelter the doctor from *burnout*. Secondly *to cure*, by preventing and healing. We need to treat doctors who are in difficulty, doctors at risk of *burnout* or already suffering from the syndrome. Let us not forget that even doctors may need help. Not mere individual treatment, directed to doctors in need, but addressed to structural and institutional contexts too. "We must not limit ourselves to intervening on a single case, but consider ourselves within an *ecosystem*" (Re David 2020). If we deal with individual problems and do not look at the organization, we only face a part of the problem, because "the culture of organization also shapes individual whole existence" (Re David 2020). That is to say, that *burnout* is also an environmental issue. We must attack the phenomenon, affect contexts, conditions, mentalities and practices that determine it.

In this perspective, sanitary system *governance* and health *management* are involved. They are called to elaborate projects of work humanization, affecting environments and structures, times and workloads. Governance and management must provide an organization not only technical and functional for medical operations but also human and humanizing.

Conclusion

Doctors who are satisfied and gratified by their work are not just a value for themselves; they are also and even more a guarantee for patients.

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