Extinguishing the unknown from Burnout

Editorial

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For years Burnout has been interpreted in various ways according to its many different approaches. As of now, finally been defined as a workplace phenomenon.

To place this concept properly, Burnout is now classified as a “syndrome” that results from “chronic workplace stress that has not been successfully managed,” and documented on the International Disease Classification (ICD-11) according to the World Health Organization and its official compendium of diseases.

From the manuscript of Christina Maslach and Susan E. Jackson, from the University of California, Berkeley, in 1981, we can understand the psychological, social, and/or physical distress that the subject is under inducing this harmful “environment-related” insult, such as when there is a mismatch between the capability and the resources required to do the labor adequately.

The “Workload”, as is widely known to be one of the major drivers of Pathologists to “Burnout Syndrome” as described by Dr. Julia Keith, and its negative implications for themselves and the quality of care they deliver, remarking the breakage between capability and the resources, in this case, an imperative and necessary “Grow in the Pathologists Community”.

The ongoing incidence and exposure from the individual regarding its conditions or weaknesses, to this form of injurious environment and all its related stressors, induce the adequate milieu to trigger as a response what we know as “Burnout Syndrome”.

In the article by Medscape written by Mary Lyn Koval on February 24, 2023, the lessening from a solid 85% to 62% in “Happiest Specialties outside work before the pandemic”, is just a reflection of how this phenomenon has affected our fellow pathologists. The tremendous increase in labor hours, workload, lack of health workers, and bureaucratic tasks have been adding up to a 53% “Job Burnout” and a 77% “Colloquial depression”.

According to the WHO (World Health Organization), the Maslach and Jackson report manuscript 1981, and Julia Keith, MD, we can have a clear and concise description of this syndrome, defined as follow:

• Feelings of energy reduction or exhaustion. (Might be due to “Work Overload”).
• Depersonalization is “Increased mental distance or feelings of negativism or cynicism related to one’s job”.
• Reduced professional accomplishment.

In conclusion, after these three subscales of analysis emerged and innumerable psychometric analyses performed to this day, showed that the scale has both high reliability and validity as a measure of Burnout Syndrome.

We can agree with Christine Sinsky, MD, from the American Medical Association (AMA), on “Focus on fixing the workplace rather than focusing on fixing the worker”.

Taking prompt action on creating a proper environment for the physician to develop, providing human support to clinicians, enabling technology support to reduce workloads, and eliminating bureaucratic administrative burdens that are unnecessary, time-consuming, and provide little to no value to patient care.

And as an overall understanding that “Burnout Syndrome” is not a medical condition and it is rather an occupational phenomenon, that must be immediately addressed by our Health Care facilities for the outstanding mental well-being of our physicians.