



## Burnout in the New Zealand senior medical workforce

### Overview

The Association of Salaried Medical Specialists (ASMS) recently conducted research on levels of burnout in members employed by district health boards (DHBs). The ASMS represents more than 90% of all senior doctors and dentists working in public hospitals in New Zealand. A total of 1487 senior doctors and dentists participated, giving us a response rate of 40%.

To the best of our knowledge, this is the first study in the world to investigate levels of burnout using the internationally recognised Copenhagen Burnout Inventory (CBI) in a cross-vocational nationwide survey of senior doctors and dentists. The results provide a critical first step in assessing the psychosocial health of the senior medical workforce in New Zealand, and also provide an impetus for further action to address the issues raised.

Burnout is a state of emotional, physical and mental exhaustion caused by excessive and prolonged stress. It's a known occupational hazard for doctors and other health professionals, and it's a significant concern. Burnout can have serious consequences for patient care, medical errors, rates of staff turnover, and the personal health and job satisfaction of doctors.

The findings are stark and concerning; members spoke of feeling exhausted, worn-down, hopeless and unappreciated. They spoke of relentless workloads in DHBs already stretched towards breaking point. Some spoke of considering early retirement or leaving the medical workforce entirely.

The ASMS has published a report of the research, *"Tired, worn-out and uncertain": Burnout in the New Zealand public hospital senior medical workforce*. This is available on the ASMS website at [www.asms.nz](http://www.asms.nz) under 'publications'.

### Key findings:

- Half (50.1%) of respondents report symptoms of burnout – ie, high levels of fatigue and exhaustion.
- Nearly half (42.1%) said this was due to their work, and they cited frustrations with management, intense and unrelenting workloads, under-staffing, and onerous on-call duties.
- 15.7% of respondents attribute their burnout specifically to interactions with patients.
- Three in five (59.4%) women are likely to be experiencing burnout – compared with 43.9% of men.
- The picture worsened for women aged between 30 and 39, with most female specialists in that age group who took part in the ASMS survey experiencing burnout – 7 out of every 10, or 70.5%. More than half (51.1%) attributed this to their work.
- The prevalence of burnout in New Zealand's senior doctors is higher than shown in other comparable international surveys of health sector workers.
- The lowest rates of burnout were in those respondents aged over 60 but burnout was still experienced by over a third of this age group (34.8%).
- Specialists working in emergency medicine, dentistry and psychiatry had the highest prevalence of work-related burnout (56.9%, 56.3% and 49.2% respectively) and those working in psychiatry and dentistry had the highest prevalence of patient-related burnout (30.1% and 22.6% respectively).



### **What senior doctors and dentists said:**

*"I am the nominated clinical leader for our service. Despite this, my ability to influence any aspect of the operation of our service is severely limited. It is this constant lack of control – the knowledge that things could be much better than they actually are but the inability to make the necessary changes – that is so sapping for me. Constantly delivering low value activities is demoralising. The lack of ability to engage effectively with middle and senior management to progress the implementation of quite modest changes in working practices and the lack of support from medical colleagues for a change in approach within our unit are together profoundly depressing. It does make me think quite often that I would be better off elsewhere."*

*"...The inefficiencies and bureaucratic Kafkaesque nightmare slowly erodes your will to live. Time off is essential to temporarily restore humanity 'til the daily repetition of the same problems and management's ineffectual, incompetent, ineffective response drives one past anger and despair to apathy".*

*"The pressures seem to increase year on year... I am not teaching, researching, reading around my subject and feel I am being deskilled as a clinician and diminished as an employee. I see less and less pleasure in medicine for both me and my colleagues. We have lost the enthusiasm that was always part of being a doctor and being a team".*

*"I am a first year consultant and conscious of the risk of fatigue and reduced vigilance in my work, and of burnout. I have felt a lesser enjoyment of work, exhaustion several days of most weeks worked, and a change in personality since completion of final specialty exams ... I am irritable and impatient when fatigued at work compared to as a junior trainee. I believe this partially reflects working in the public NZ system, where repeatedly and progressively, staff working clinically are asked to do more, faster, for patients with increasing comorbidity, with lesser resources. Spending effective time with patients and seeing juniors taking the time to manage the basics well is almost becoming a forgotten luxury."*

*"Management have no idea how much over and above their SMOs go regularly. There is so much work that needs to be done but has to be done out of hours just to keep up. This is completely unrecognised..."*

*"It's the constant pressure for numbers, the feeling of failing because with a limited resource we are not able to meet targets, it is the feeling that the waitlist is "mine" not the DHB's and therefore I am responsible people on it even if I am working as hard as I can."*

*"Despite repeatedly telling management our patient numbers are steadily increasing and we do not have enough resources and FTE to keep within government targets, we are offered NO support or functional solutions from the DHB. It is increasingly frustrating to work for a system that increases demands and expectations on services without offering any additional support or resources or even acknowledgement of our goodwill of working above capacity which has become the norm."*

*"For me, the hardest part of being a female in the medical workforce is resisting the notion that we should work in our own time to keep up with our paperwork. Family and childcare commitments mean that I can't work from home in my own time and, quite frankly, I won't allow myself to fall into that habit. This is something that some of my more 'senior/old school' colleagues don't seem to agree with or understand."*

### **Why do these findings matter?**

To some extent, this is self-evident: half of all senior doctors and dentists who responded to the survey appear to be suffering from burnout. That must be a distressing situation for those doctors and the people close to them. It should also be a serious concern for the people running New Zealand's public hospitals, as it has implications for the retention of highly trained and experienced specialists, as well as the potential impact on patient care.

The fact is, if someone is burnt out they don't just feel a bit tired. They don't just need a good night's sleep or a couple of extra days off work. They feel exhausted, and they feel this for a long time.

ASMS is very concerned about these survey findings. There are several aspects that we would like to understand further – for instance, why women are much more likely than men to experience burnout, and why burnout seems to be much higher in certain specialties.

The research findings on burnout come hard on the heels of another piece of research by ASMS into 'presenteeism' by hospital specialists, which we published in 2015. This study found that senior doctors and dentists were routinely going to work when they were ill, often out of a strong sense of duty to their patients and colleagues. Those findings were published in a report called *Superheroes don't take sick leave – Presenteeism in the New Zealand senior medical workforce: a mixed-method study*, which is available online at [http://www.asms.org.nz/wp-content/uploads/2015/11/Presenteeism\\_A5-Final-for-Print\\_164753.pdf](http://www.asms.org.nz/wp-content/uploads/2015/11/Presenteeism_A5-Final-for-Print_164753.pdf).

Together, these two bodies of research provide valuable information about the pressures and expectations placed on public hospital specialists to 'keep going' even when this is at the expense of their own health and wellbeing.

This needs to change.

ASMS has written to DHB chief executives to draw their attention to these findings and to remind them of their obligations under the Health and Safety at Work Act 2015. We have also asked for meetings to work out how we can improve this situation.