Burnout in established general practitioners
The significance of supervision

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Abstract: The term "burnout" refers to emotional and physical exhaustion, apathy, cynicism, a reduced sense of work satisfaction and social withdrawal, which – apart from internal factors – may be caused by work overload, a lack of "control" options, i.e. self-determination, inadequate financial compensation, a breakdown of social community, absence of fairness or conflicting values. The boundary between the concepts of burnout and depression is hard to demarcate. The former originated in the field of psychoanalysis but was subsequently expanded through insights from sociology.

Austrian general practitioners in the medical profession were the subject of a survey based upon the Maslach Burnout Inventory and supplementary items (Tirol, 95 respondents).

More than one third (35.8%) of respondents considered themselves to be at risk for burnout, with 27.2% showing elevated values for emotional exhaustion, 3.2% for depersonalisation and 10.0% for cynicism. The average values lay outside of the range which might warrant therapeutic intervention, however. The study did not reveal any noteworthy correlations based upon either age or gender (p > 0.05). Medical professionals licensed under the national health insurance plan tended to evidence higher degrees of burnout than did professionals practicing outside this framework ("physicians of choice"), as did those practicing in smaller communities.

Availment of supervision services and participation in depth-psychologically oriented Balint groups had a favourable effect on the degree of burnout (10% lower values for cynicism, p < 0.01; - 10%; 6.5% higher values for personal accomplishment, p < 0.01).

The data suggest that burnout in physicians practising in Austria is an issue which merits attention and that appropriate supervision services should be made available.

This article is based on an initial study report published in German in the Wiener Medizinische Wochenschrift [1]. The authors thank the WMW for their permission to publish the present expanded version of this report. The research work was carried out at the Interuniversity College Graz / Castle of Seggau, Austria within the framework of a study program focusing on group analysis [2,3].

Keywords: burnout, stress, depression, general practitioner, supervision, group

1 Introduction

1.1 Burnout

In 1960, a novel by the British author Graham Green entitled “A Burnt-Out Case” appeared featuring a protagonist who suffered from an emotional state reminiscent of the physical condition characterising a person crippled by leprosy [4]. In 1974, the German-American psychoanalyst Herbert J. Freudenberger coined the term “burn-out” [5] after having experienced this type of condition himself through his own work. After gaining currency among American depth-psychologists and health scientists, the term has established itself in everyday speech. It is used as a synonym for general fatigue, loss of vigour, alienation, depersonalisation and embitterment. Freudenberger described the occurrence of burnout in other social professions as well, where the use of the term was expanded on in particular by Christina Maslach and Ayala from 1976 on [6]. From the many
interviews and studies she conducted with burnout victims, C. Maslach concluded that three aspects in particular characterize this condition in social professionals: emotional exhaustion and depletion, a plethora of negative feelings and perceptions in relation to patients or clients and nagging doubts about one’s professional competence [7].

In his 1977 study “The helpless helpers,” the German psychoanalyst Wolfgang Schmidbauer described what he referred to as the “helper syndrome”: an interdependence between helpless individuals and their helpers [8]. In his work Schmidbauer oriented himself to Sigmund Freud’s work on the subject, who used the concepts of “narcissistic slight,” “helper-client collision” and “countertransference” to explain that occupational ailment of helpers who are helpless without someone to help. Fifteen years after Schmidbauer’s study appeared, the remedial teacher and clinical psychologist Jörg Fengler expanded Schmidbauer’s concept of the helping personality. He viewed Schmidbauer’s explanations as needing more empirical proof and saw the typical work environment of helping professionals as a contributing factor to professional burnout. Fengler described this environment as marked by over-identification, selective perception, impoverishment of interests and communication desolation in the social environment, which, as he argued, leads to mental aridity and ossified gestures [9]. Psychoanalytical and sociological insights converge here.

In the area of burnout research no generally valid definition of the concept exists today. The distinction between and demarcation from such adjacent concepts as depression and stress reaction prove to be difficult [10]. It might be useful to keep in mind that the concept of “burnout” originated in a psychoanalytical, depth-psychological context rather than a psychiatric one.

According to Maslach & Jackson, burnout is a syndrome involving emotional and physical exhaustion, depersonalisation (i.e., apathy or cynicism), a reduced sense of work satisfaction and in part social withdrawal from work [11]. As Maslach & Leiter claim, the causes lie more in the work environment than the individual. They can be attributed to imbalances between the human being and his or her work. According to this, burnout is caused by the following factors: work overload, lack of “control” options, inadequate compensation, a breakdown of social community, absence of fairness and contradictory values [12].

In burnout prevention, (psycho-)analytic group concepts are employed [13] which are rooted in cross-fertilisation between psychoanalysis and sociology [14].

1.2. General medicine

General medicine encompasses a wide spectrum of tasks. The family physician serves as an initial point of contact, a supervisory coordinator of patients’ cases and a person who accompanies his or her patients from birth to death, an expert and a manager. Such persons are subjected to extraordinary psychosocial and organizational stress factors in their daily professional life. Professional literature cites in particular time pressure, a high degree of administrative effort, strenuous patient contacts, round-the-clock emergencies and conflicts with health insurance companies [15-19]. Due to their professional stress situation, physicians are particular prone to developing emotional problems, substance dependencies and partnership problems [20]. Studies show that the burnout rate among physicians in western countries is about 20%. Half of all physicians are viewed to be at risk [21,22].

Only a small amount of data are available for the target group of general practitioners in Austria. The first and as yet only investigation on prevalence of burnout among Austrian family physicians was conducted in the years 1994 and 1995 [18,23]. Thus in the study at hand the occurrence and manifestation of burnout symptoms among established general practitioners in Tirol were investigated. Moreover, connections between burnout and demographic variables, the existence of a contract with health insurance companies, the size of the practice’s location and availment of supervision were examined and a personal assessment of risk for developing burnout was requested.

2 Method

The study entails a quantitative, anonymous collection of data in the form of a single assessment. The measuring tool it employed was the German version of
the Maslach Burnout Inventory, *MBI-D*, in the edition drawn up by Büssing & Perrar [24], as well as the *MBI-GS* (General Survey), following the original by Schaufeli, Leiter, Maslach & Jackson [25], and in German translation by Büssing & Glaser [26]. In addition the following data were collected by means of a questionnaire: gender, age, existence of a health insurance contract, size of location of practice, availment of supervision, personal assessment of risk for developing burnout.

The questionnaire, a cover letter and a self-addressed envelope were sent by mail to 230 (of approx. 540) established general practitioners in late January 2007. The initial study population was representative in terms of gender, existence of a health insurance contract and size of location of practice. The period of response was approximately one month.

The data were evaluated after collection was completed using variance, frequency and correlation analyses (SPSS). The significance level was defined as $p \leq 0.05$. According to Glaser [26], the rating scale for emotional exhaustion, depersonalization and cynicism with values $\geq 4.0$ and the rating scale for personal accomplishment with values $\leq 3.0$ are to be classified as relatively high, thus giving indication of need for intervention.

The results of the study at hand were compared with studies on executives of a multi-national electronics group [26] as well as judges in Lower Austria [27] and nursing staff in a Southern-German hospital [28] in terms of the approximate ratings given.

### 3 Results

95 general practitioners from Tirol returned the questionnaire and in doing so participated in the study; this corresponds to a response rate of 41.3% for the posted questionnaire. The distribution of social variables for the random sample are shown in Table 1.

<table>
<thead>
<tr>
<th>Social variable</th>
<th>(% N=95)</th>
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<tbody>
<tr>
<td>male</td>
<td>69.5</td>
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<tr>
<td>female</td>
<td>30.5</td>
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<tr>
<td>under 44 yrs. of age</td>
<td>27.4</td>
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<tr>
<td>age 45 - 52</td>
<td>36.8</td>
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<td>age 53 and older</td>
<td>34.7</td>
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<tbody>
<tr>
<td>emotional exhaustion</td>
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<tr>
<td>depersonalization</td>
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<td>Personal accomplishment</td>
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Fig 1: Burnout parameters for established general practitioners.

Over a third (35.8%) of those who participated in the study at hand viewed themselves according to their own personal assessment as being “at risk for burnout.” On the six-grade scale the average values for all physicians were $3.2 \pm 1.0$ for emotional exhaustion, $2.0 \pm 0.8$ for depersonalization, $2.4 \pm 1.1$ for cynicism and $5.1 \pm 0.6$ for personal accomplishment (Fig 1).

In approx. 4% of physicians, increased burnout values were found on the scale for personal accomplishment.

The correlations of the parameters are naturally high (with $p < 0.01$ for each).

No significant connections were shown between the features under investigation and variables of age and gender ($p > 0.05$).

In contrast, health-insurance contracted physicians (Tirol District Health Insurance Company) had a tendency towards poorer values than did “physicians of choice” in regard to emotional exhaustion MBID ($p < 0.05$, the difference amounts to 0.45 points of the
six-grade scale, i.e. 7.5%), and *depersonalization* respectively (p < 0.05; 6.3%). Physicians with practices in relatively small communities were more likely to suffer from burnout symptoms than were their colleagues in municipal areas (*depersonalization* p < 0.05; 5.5%). Another result of the study was that availability of supervision or participation in a depth-psychologically oriented Balint group had a favourable influence on manifestation of burnout (less pronounced occurrence of *cynicism*, p < 0.01; the different amounted to 10%; higher degree of *personal accomplishment* MBIGS, p < 0.01; 6.5%).

**4 Discussion**

Almost one out of every 3 physicians ascertained occurrence of *emotional exhaustion*, one out of every 10 cited *cynicism* and some individuals spoke of *depersonalization*. In comparison to other studies on general practitioners [18,29,30], the physicians from Tirol (2007) evidenced a particularly high degree of emotional exhaustion. Physicians with a panel practice or a practice in a rural area tended to show a greater “risk of burnout.” Availment of supervision correlated the most clearly with a lower degree of burnout.

The professional group of physicians is caught between high demands on the part of patients, politicians and health insurance companies on the one hand and on the other, little possibility for exerting influence [31]. Significant connections with the causes for development of burnout syndrome as formulated by Maslach & Leiter [12] were shown here.

In the comparison of approximate rating levels with those of other professional groups (executives of a multi-national electronics group [26] and judges from Lower Austria [27]) the physicians perform well, however. They obtained the best values of the three professional groups on the scales for *depersonalization* and *personal accomplishment*. On the scale for *emotional exhaustion* the physicians evidenced poorer burnout values than the executives did and somewhat better values than those ascertainment for the judges. The study on physicians is thoroughly comparable to another investigation conducted at the Interuniversity College [28], namely on hospital nursing staff, which obtained average values of 3.1 for *emotional exhaustion*, 2.1 for *depersonalization* and 4.7 for *personal accomplishment* (Fig. 2) on the six-grade scale.

![Fig.2: burnout parameters for hospital nursing staff in a Southern German hospital. Explanation below Fig.1 and in text.](image)

The results at hand for the physicians were qualified by the relatively low number of cases (95 respondents) and in addition due to the fact that the representativeness of the community of physicians as a whole was ensured in terms of the number of people contacted but not in terms of rate of respondence. Furthermore, the representativeness was qualified by the fact that it was not clear whether the manifestation of burnout among persons who participated in the questionnaire was lower, equivalent or higher than for persons who did not participate.

In an article on burnout in physicians published in a German medical journal, Bergner [31] argues that physicians must learn to allow themselves to be ill. Colleagues and next of kin do not intervene until burnout has reached an advanced stage [22,31]. In professional journals it is emphasised that “burnout in physicians” is a topic often placed under a taboo, not only at the individual level but also by health care organizations, medical associations, health care policy-makers and society at large [22,32,33]. There might be a causal connection between this problem and the fact that in the study at hand almost two thirds (64.2%) of the respondents answered the question “Do you consider yourself to be at risk for burnout?” with “no,” i.e. that they perhaps failed to recognize a problem.

Recognizing one’s own sources of stress can constitute a first step for physicians (and other types of therapists) towards more quality of life and professional satisfaction. This also becomes clear in depth-psychologically oriented course curricula [2] as
well as in ongoing accompanying Balint and supervision groups [3] at the Interuniversity College for Health and Development [34] as well as in (psycho-)analytic group approaches [8,13] towards burnout prevention which are rooted in cross-fertilisation of psychoanalysis and sociology [14]. One might point out in this context that the protagonist in Graham Green’s novel mentioned in the introduction of this article recovers from his “burnt-out” condition by working in a team and providing loving care for leprosy patients [4].

References:


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