

Date:	29-10-2022	Document:	F23-014 EN
Title:	FEMS white book – psychosocial risks / burnout		
Author:	Jean Paul Zerbib		

The prevalence of burn out is very high: 8% among doctors; and half of doctors have already got symptoms of burn-out as insomnia, stress, depression, suicide ideas

Many reasons can increase the probability of this disease:

- work overload (too much work; work is not well-done enough, so high culpability feelings);
- not enough doctors at work; days are too long; no respect of rest periods);
- pandemics (as Covid 19, bronchiolitis among babies);
- war;
- lack of solidarity among doctors and health care team;
- young doctors in training; the risk is high; the risk of suicide is high;
- mental or body diseases of doctors;
- lack of adapted trainings;
- bad conditions of work (not enough heat in hospital; problems with computers; no good room to sleep at night ...);
- numeric fracture;
- conflicts with hospital administration (the financial interest of administration is to organize lacks of doctors, even if doctors are available to work);
- conflicts of loyalty with family life (kids to take care; husband or wife);
- doctor can be helper (aidant) with a kid, a parent or a partner; it needs time and energy and it can be source of depression;
- no respect of European laws (rest time of 11h after work day)
- long distance to go back home and to arrive on time at work;
- stress in link with racism, with violence of patients and their family; if repeated it increases PSR.

So what to do ?

What to do to prevent burn-out? Solutions are, of course, answers to the reasons of burn-out:

- limitation of the number of worked hours every day, week and month; and to respect it;
- enough doctors working; if not services or part of services have to be closed; in French it is called: droit de retrait;
- hospitals have to organize kids gardens for the babies and young kids of doctors;
- apartments, very near of hospitals, could be available;
- psychologists could help to prevent conflicts among medical teams and health care workers;
- psychologists and psychiatrists have to be easily contacted by phone, visio or in reality, to help doctors as soon as possible at the beginning of burn-out;
- trainings for ALL doctors have to be available;
- violence, racism have to be prevented with security guards in hospitals;
- rooms to sleep and rest at work, have to be peaceful and well equipped;
- secretaries have to help doctors in their administrative job;
- for young doctors, prevention of suicide has to be organized, with speech groups and individual

psychotherapy;

- medical chambers, medical unions, hospitals have to organize congress, symposium about this topic of prevention of PSR;

So, prevention and treatment of burn out largely depends on individual and collective behaviors of doctors and of all managers in hospitals.

Results of the FEMS Survey

Question 1 :

About % of doctors who already were in burn out :

7/13: No data

3/13 : 7-8%

2/13 : 50%

So, data are not enough obvious to use .

Question 2 :

About a stronger probability among men:

10/13 : no

3/13 : yes

FEMS considers that it is an equal problem for men and women

Question 3 :

If BO is more frequent among men, to which % ?

12/13: no data

1/13 (France) : 1 answer (France) , BO is a bit more frequent among men than women (55%)

Question 4 :

Older age is it a bigger risk ?

11/13: Yes

2/13: No

So, older age increases the risk of BO for FEMS members

Question 5 :

Lack of doctors, does-it increases the risk of BO ?

Yes, for 12/13

So, it is a very obvious item for FEMS

Question 6:

Work overload is it a risk stronger to get BO ?

Yes : 13/13 !!!!!

Oui : 13/13 !!!!!

For FEMS members, this item is obvious

Question 7:

Feeling guilty not to be in possibility to work well, is it a risk to do BO ?

12/13: Yes

So, feeling of guilt increases the risk of BO for FEMS members .

Question 8:

Which facilities would help to prevent BO ?

1 – A sports center?

Yes 7/13

2 - Cafeteria?

Yes 7/13

3 - a rest room?

Yes 10/13

So a rest room looks to be considered as useful to prevent BO.

4-a library ?

No for 8/13

5 - a nursery ?

No for 8/13

6 - a comfortable room to sleep ?

Yes: 12/13

So, a rest room and a comfortable room to sleep are considered as very useful to prevent BO .

Question 9:

Is there hot line with psychologists to speak about BO in your country ?

8/13: no

It is organized by:

4/13: medical chamber

2/13 your hospital

1/14 Your union

Question 10:

Is there psychiatric support to prevent or to treat BO?

6/13 - yes

3/13 Organized by your hospital

1/13 Organized by union

Question 11:

How many doctors did: a suicide attempt; a suicide; a long work break ?

11/13: no data

So this item is impossible to use.

Question 12:

In your country, is there training available to prevent BO ?

Yes - 6/13

3/13: it is organized by medical chambers

2/13: organized by hospitals

2/13: organized by your union

Question 13:

Do have newspapers or books speaking about BO ?

7/13 Yes

6/13: organized by medical chambers

1/13: made by your hospital

2/13: proposed by your union

Question 14 :

Does your union have a policy to prevent, diagnose and treat BO ?

1/13: yes

No comment !!!!!

Method: I looked again at all answers made by our FEMS colleagues about burn out; so we get this final result: we have 3 kinds of answers:

1 - statistics about burn out in Europe:

Many datas coming from different countries cannot be useful. Some of them could be used;

What are the results?

- 8% of doctors already had burn out in their professional life;
- 50% among doctors already had 1 or more burn out symptoms
- the risk is equal for men and women
- age has no influence;

2- which factors increase the risk of burn out:

- the lack of doctors;
- work overload;
- too much work during nights and weekends;
- not enough solidarity among medical team and healthcare workers tea.
- no hot-line to call if help is needed;
- no psychiatric consultations organized to help quickly doctors.
- burn out is not enough considered as a disease by unions , hospitals and medical chambers;
- not enough information about burn out (books; magazines; press news);
- stress at work (psychosocial risks);

- Covid 19 sanitary crisis increases those risks;

3- what can decrease the risk of burn out:

- a pleasant rest room;
- a pleasant place to eat;
- a pleasant room to sleep at night;
- enough time to rest between 2 days of work;
- not too much work;
- a good prevention: staff, take care about doctors, e-consultations, psychiatric consultations;
- meetings among doctors to appreciate psycho-social risks;
- medical congresses to keep a high level of medical competency;