

## FEMS/CEOM CHAPTERS

### VIOLENCE AGAINST AND BURNOUT AMONG DOCTORS (and other health professionals)

#### I

### DEFINITIONS AND CONCEPTS

Violence is a global phenomenon and has a huge incidence all around the world –  
[Rise in verbal and physical aggressions]

All persons (doctors and other health professionals) have the right to work in a safe environment without the threat of violence.

Workplace violence includes both physical and psychological violence.

WHO Definition of “Workplace Violence”:

*“Intentional use of power threatened or actual, against another place or against a group, in work related circumstances, that either results in or has a high degree of likelihood of resulting in injury, death, psychological harm or deprivation.”*

Nowadays violence/burnout and psychological risks are a health public problem.

European Medical Organizations (EMOs) recognize the hugely negative impact that violence has on doctors sociopsychological wellbeing, the care received by patients and its contribution to rising levels of burnout experienced by doctors daily in their workplace.

Typology of Violence {  
    ☐  
    Physical  
    Sexual  
    Psychological  
    Deprivation or neglect

According to world health organizations, throughout their professional lives, 50% to 55% of health workers were victims of some form of violence.

The most susceptible are young people, women, and migrants.

To have more real knowledge of this reality EMOs approved, in 2023, a CEOM proposal for a united European form to collect data on violence against doctors and their staff.

CEOM, supported by all EMOs, is leading, since 2016, the issue on burnout among doctors and violence against all health professionals.

We mark and celebrate the 12<sup>th</sup> March as the “European Awareness Day on violence” against doctors and other health professionals and committed ourselves to acknowledge and address with the exhaustion and burnout factors.

With this involvement and based on the results of FEMS survey, on CEOM observatory on violence and on the work done by European and World organizations in this issue, we can concluded that a high percentage of doctors and other health workers are exposed to physical and psychological risk factors (PSR) in their work places, whose consequences are harmful to themselves, their families, to patients safety, to the organizations and to society in general, and “must be” considered a health public problem.

CEOM, supported by all EMOs, proposed 12 keys points for the future and to avoid the harmful consequences of violence and burnout among doctors, medical students, and other health workers:

1. We strongly require a zero-tolerance policy towards violence in the workplaces.
2. We must encourage doctors and healthcare workers to report acts of violence against them.
3. Continue awareness-raising campaigns on assaults on health workers and their consequences.
4. Strengthen preventive measures by increasing security measures in healthcare.
5. Develop, on the part of the administrations, training, and coaching on how to deal with verbal, physical, or psychological violence and possible basis on burnout.

6. Consider professional burnout as a type of psychosocial violence that doctors, and medical students face in their workplace.
7. Clinical Leadership development as a way of improving working conditions, improve physician-patient relationship and decrease the incidence of violence/burnout. We must develop, at the level of the health services management, a culture of consideration and recognition of the violence against health professionals.
8. Strengthen communication and agreements with health Administrations, the Public Prosecutor's Offices, and the State Security Forces for a comprehensive approach to the aggressions.
9. Call for the enactment of a specific law and considerer priority crimes to address violence in the health sector.
10. Ensure that judicial procedures are swift, expeditious and exemplary.
11. Promote resilience.
12. As approved at the EMOs meeting, in Paris, on 24 November 2023, we must disseminate and implement in the Member States our unified European form to collect data on violence against doctors and their staff.

## BURNOUT SYNDROME

The terminology of burnout syndrome was adopted initially by Freudenberg (1974) and by Maslach and Jackson (1986) defining it as a state of physical, emotional, and mental exhaustion, caused for lasting involvement in situations of high emotional demand in workplace.

EMOs recognize professional burnout as a type of social psychological violence.

The prevalence of burnout is very high:

- 8% among doctors
- 50% of doctors had already got symptoms of burnout syndrome.

A continued confrontation with professional stress factors, often in a silent way, can lead to burnout which involves emotional exhaustion, depersonalization and reduced professional fulfilment.

## PSYCHOSOCIAL RISK (PSR)

A psychosocial hazard is an “occupational hazard”, related to the way work is designed, organized, and managed, as well as the economic and social context of work.

Health workers are exposed on their workplace to psychosocial risks that can cause physical, psychological, and social harm to themselves and their families.

Psychosocial risks are linked to the organizations of work as well as workforce violence and are recognized internationally as major challenges to occupational safety and health, as well as productivity.

Work context includes impacts on career development and wages, organizational culture, interpersonal relationships, and work life balance.

## International Labour Organization (ILO)

ILO define some examples of psychosocial risks (PSR):

- Increase of working hours
- Insecurity at work
- Burnout
- Moral and sexual harassment
- Other types of violence
- Difficult work family balance

The impact of expose to these factors interferes with healthy functioning at one organic/emotional/social and behavioural level and can lead to work accidents, sleep disturbances, additions, substances abuse, cardiovascular and endocrine pathologies.

By all these reasons PSR at work must be considered as a mental disease.

FEMS survey tries to bring contributions for a better knowledge and understanding of these problems, and at the same time help to prepare a concerted and effective response for these sensitive problems.

## II

### PSYCHOSOCIAL RISKS/BURNOUT AND VIOLENCE AT WORK

#### 1. FEMS SURVEY (sent to all organizations members of FEMS)

Question 1: What percentage of doctors have experienced burn-out in your country?

Results in accordance with European statistics (8% had already burn-out syndrome and 50% had already at least 1 symptom of burn-out).

Question 2 and 3: When considering the gender difference, is there a predominance of any of them?

It is an equal problem for men and women, therefore without statistical meaning.

Question 4: Older age is it a bigger risk?

Older age increases the risk of BO.

Question 5: Lack of doctors, does it increase the risk of BO?

Yes.

Question 6: Over workload is it a risk to get BO?

Yes.

Question 7: Feeling guilty about not being able to work well, is it a risk to do BO?

Yes.

Question 8: Which facilities would help to prevent BO?

1 – A sports centre? Yes.

2 – Cafeteria? Yes.

3 – A rest room? Yes.

4 – A library? No.

5 – A nursery? No.

6 – A comfortable room to sleep? Yes.

Question 9: Is there hot line with psychologists to speak about BO in your country?

Mostly no, but in some countries, it's organized by the medical chambers, hospitals, or trade unions.

Question 10: Is there psychiatric support to prevent or to treat BO?

Mostly yes.

Question 11: How many doctors did: a suicide attempt; a suicide; a long work break?

No data available

Question 12: In your country, is there training available to prevent BO?

Mainly yes, but organized by the medical chambers, hospitals, or trade unions.

Question 13: Do have newspapers or books speaking about BO?

Mainly yes, but organized by the medical chambers, hospitals, or trade unions.

Question 14: Does your union have a policy to prevent, diagnose and treat BO?

Mostly no.

## 2. FEMS SURVEY CONCLUSIONS:

### 1 - The statistics about burnout in FEMS members:

- 8 % of doctors already had burnout in their professional life.
- 50% among doctors already had 1 or more burnout symptoms.
- The risk is equal for men and women.
- Age has no influence.

### 2 - Which factors increase the risk of burnout:

- The lack of doctors.
- Over workload.
- 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 doctors in a short time.
- Burnout not yet considered as a disease by trade unions, hospitals, and medical chambers.
- Not enough information about burnout (books; magazines; press news).
- Stress at work (psychosocial risks).
- Sanitary crisis increases those risks.

### 3- What can decrease the risk of burnout:

- A pleasant restroom.
- A pleasant place to eat.
- A pleasant room to sleep at night.
- Enough time to rest between working days.
- Less workload.
- A good prevention: staff, e-consultations, psychiatric consultations.
- Meetings among doctors to appreciate psycho-social risks.

### 3. REASONS THAT CAN INCREASE THE PROBABILITY OF THIS DISEASE

- Over workload (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.
- 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.
- Not enough conditions of work (climatization; problems with computers; no good room to sleep at night).
- Numeric fracture.
- Conflicts with hospital administration (the financial interest of administration is to organize lack 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 workday)
- 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 if increases PSR.

#### 4. WHAT TO DO TO PREVENT BURNOUT?

Solutions are, of course, answers to the reasons of burnout.

- 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 must be closed.
- Hospitals must organize kid's 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 must be easily contacted by phone, videocall or in person, to help doctors, as soon as possible, at the beginning of burnout.
- Trainings for all doctors must be available.
- Violence, racism must be prevented with security guards in hospitals.
- Rooms to sleep and rest at work, must be peaceful and well equipped.
- Secretaries must help doctors in their administrative job.
- For young doctors, prevention of suicide must be organized, with speech groups and individual psychotherapy.
- Medical chambers, medical unions, hospitals must organize congress, symposium about this topic of prevention of PSR.
- Clinical Leadership programs can improve working conditions and may reduce the risk of violence and BO.



### III

#### SUMMARY OF ACTIONS AND PROPOSALS

- 1) Monitoring BO situations to implement preventive measures and achieve more effective results.
- 2) National Medical Associations (NMAs) must lobby in their own country to sign the ILO convention about violence and harassment at work.
- 3) Discussions are on the floor in EC about a European Directive about PSR.
- 4) In each European country, at the state level, we need to improve the situation of doctors:
  - More doctors in private and public hospitals.
  - Less workload for doctors.
  - Better salaries.
  - Social advantages for doctors: to get an apartment near hospital, to get nurseries, to improve trainings.
  - To improve collective bargaining.
- 5) On the level of EMOs, NMAs and Doctors Trade Unions:
  - Organize medical congresses about PSR.
  - Get a hot line to listen to doctors suffering of stress, depression, burnout.
  - Offer insurances against the risk of violence at work.
  - Fight to recognize burnout and PSR as an occupational disease.
  - Invite specialists of those questions in our EMO.s congresses.

6) At the level of every private and public hospital:

- Offer a good room when we work at night.
- Organize meals 3 times a day, if necessary, for doctors.
- Promote consultations with psychologists and psychiatrists, very quickly if any mental disorders for doctors.
- Promote meetings among doctors to speak about a better organization of work for doctors.
- Let doctors have a better place in hospitals to organize work, financial decisions, to decide about medical materials, more place for doctors, less to administration.
- Organize good professional trainings for medical students; that point is very important.
- Organize a sustainable organization of life in hospitals.
- Promote better collaboration between private and public hospitals, to exchange competence, to share working time.
- Improve trainings: medical trainings, digital trainings, social laws.
- Promote equality in rights and duties among men and women doctors.
- Promote learning languages, to help to care foreigners.

## **ACRONYMS AND ABBREVIATIONS**

- CEOM – European Council of Medical Orders
- FEMS – European Federations of Salaried Doctors
- EMOs – European Medical Organizations
- BO – Burnout
- PSR – Psychosocial Risks
- WHO – World Health Organization
- ILO – International Labour Organization
- WMA – World Medical Association
- NMAs – National Medical Associations
- EC – European Commission
- EU – European Union
- NIOSH – National Institute for Occupational Safety and Health