Are ENT surgeons in the UK at risk of stress, psychological morbidities and burnout? A national questionnaire survey

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Abstract

Introduction: Work-related stress, psychological disorders and burnout are common occupational disorders affecting UK doctors. To date, there are no studies looking at these psychosocial morbidities amongst ENT surgeons worldwide.

Methods: The General Health Questionnaire-12 (GHQ-12) and abbreviated Maslach Burnout Inventory (aMBI) were incorporated into a questionnaire on occupational diseases amongst ENT surgeons and distributed to the entire membership of ENT-UK. The survey study also acquired demographic data on grade of respondent, years of experience in ENT and subspecialty interest.

Results: We received 108 (8.1% response rate) appropriately filled GHQ-12 and 121 (9.0% response rate) aMBI questionnaires. 61 respondents (56.5%) on the GHQ-12 were at high risk of developing stress and psychological morbidity and 35 (28.9%) had high enough aMBI scores to suggested burnout. When comparing scores of both GHQ-12 and aMBI with grade of respondent, years of experience in ENT and subspecialty, statistical difference was only found on the risk of stress and psychiatric disorders amongst paediatric ENT surgeons (7 high risk vs 0 low risk, p = 0.02), however the number of these respondents was small (7 in total). Both questionnaires had been validated for use within our population.

Conclusion: We found high incidence rates of stress and psychological morbidity (56.5%) and a burnout prevalence rate of 28.9% amongst our responding cohort of UK Oto-rhino-laryngologists. No meaningful differences were found between stress, psychological morbidity and burnout with grade of ENT surgeon, years of experience in ENT and subspecialty within ENT.

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Work-related stress is amongst the commonest reported occupational illnesses affecting UK doctors. It is postulated to stem from a combination of clinical and managerial work overload, raised patients' expectations, perceived poor handling of clinical and professional issues by management and feeling under resourced. A delay in recognition and subsequent treatment of such precursor conditions can give rise to other psychiatric conditions, such as anxiety and depression, as well as burnout. This 'burnout' term, coined by Freudenberger, is defined as a physical, emotional and mental exhaustion in respect of a person's job or career as a consequence of inadequate job satisfaction.

Such conditions can affect a clinician’s job performance and decision-making ability, which in turn could result in a deleterious impact on patient safety. Additionally, personal life may also suffer with substance abuse, broken relationships and disrupted family life cited as possible consequences. Affected doctors are more likely to take early retirement. If seen on a large scale, the consequent reduction in the workforce would not only place a significant strain on the efficient running of National Health Service (NHS) services, but could impact on the training of future generations of clinicians.

Worryingly, Taylor et al. reported that psychiatric morbidity and burnout are on the rise and had shown an increase of 5% and 9% respectively amongst hospital consultants between 1994 and 2002. The authors concluded that this was a result of increasing job stress without a comparable rise in job satisfaction. A review on occupational diseases amongst UK surgeons found that these conditions were widely reported in the literature amongst various surgical subspecialties, however, no studies had been conducted amongst ENT surgeons either in the UK or worldwide. In view of the risks of developing the aforementioned consequences from under diagnoses, we conducted a cross-sectional study to assess the incidence of stress and psychological diseases as well as the prevalence of burnout amongst UK Oto-rhino-laryngologists.

### Material and methods

#### Ethical consideration

NREC ethical approval was not required as this was a cross-sectional study on volunteering healthcare professionals who were members of ENT-UK, a registered UK charity.

#### Setting and participants

A national survey study of occupational-related diseases was undertaken by sending out a questionnaire to all members of ENT-UK, the British Association of Otolaryngologists Head and Neck Surgeons. The survey was edited and approved by the ENT UK Survey Guardian prior to its distribution via email invitation between October and December 2014. The target population was junior doctors, specialist trainees/specialist registrars, fellows, staff grade doctors, associate specialists, general practitioners and consultants, amounting to 1344 in total. The questionnaire incorporated the General Health Questionnaire-12 (GHQ-12) and abbreviated Maslach Burnout Inventory (ambi) as well as demographic questions on the grade of ENT doctor, subspecialty within ENT and years spent in ENT.

#### Questionnaires

GHQ-12 is a 12-item version of the General Health Questionnaire (GHQ) developed as a screening tool for stress and psychiatric morbidity. The questionnaire assesses the presence of psychological, social and somatic symptoms over the past few weeks and takes about 5 minutes to complete. Each item is either scored at 0 (less or no more than usual) or 1 (rather or much more than usual), giving a maximum score of 12. Studies mapping the GHQ-12 against standard psychiatric interviews indicate that cases scoring 4 or higher are at risk of high stress and psychiatric disorders, which was used in our study to determine high and low risk of psychological morbidity.

### Table 1 – Baseline characteristics of GHQ-12 respondents.

<table>
<thead>
<tr>
<th>Categories</th>
<th>High risk of psychological morbidity (n)</th>
<th>Low risk of psychological morbidity (n)</th>
<th>Chi-square/Fisher’s exact p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade</td>
<td>Consultant (N = 81)</td>
<td>47</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>Specialist Registrar/StR (N = 20)</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Associate Specialist/Staff Grade (N = 7)</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Years in specialty</td>
<td>Less than 20 (N = 58)</td>
<td>32</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>20 and more (N = 50)</td>
<td>29</td>
<td>21</td>
</tr>
<tr>
<td>Subspecialty**</td>
<td>General (N = 31)</td>
<td>18</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Head and Neck (N = 17)</td>
<td>13</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Otology (N = 29)</td>
<td>12</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Paediatrics (N = 7)</td>
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<td>0</td>
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<tr>
<td></td>
<td>Rhinology (N = 13)</td>
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<td>8</td>
</tr>
<tr>
<td></td>
<td>Skull Base (N = 2)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Laryngology (N = 2)</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Other (N = 7)</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

* Analysis performed using Fisher exact test. Remaining analyses performed with chi-squared tests.
** Each individual subspecialty compared against remaining total data of other subspecialties.
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