

COMPASSION SATISFACTION AND BURNOUT AMONGST CLINICIANS OF VADODARA CITY, GUJARAT

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HOW TO CITE THIS ARTICLE:

Anupsinh H. Chhasatia, Sandip H. Shah, Lakhan R. Kataria, Kajal Tanna, Raghav Arora, Nisarg Shah. "Compassion Satisfaction and Burnout amongst Clinicians of Vadodara City, Gujarat". Journal of Evolution of Medical and Dental Sciences 2014; Vol. 3, Issue 56, October 27; Page: 12773-12779, DOI: 10.14260/jemds/2014/3695

ABSTRACT AND KEYWORDS: INTRODUCTION: Clinicians are the one who are involved in most stressful events. Compassion fatigue comprises of two components-burnout and secondary traumatic stress. Up to one third of practicing clinicians could be expected to be suffering from burn out if assessed cross sectional. More importantly there has been an increasing trend in the emotional exhaustion of clinicians over the years. There is paucity of literature in this area, especially in the Indian setting. **AIM:** Identifying 'burn out' and 'compassion fatigue' among clinicians involved in care of individuals suffering from medical illness. **MATERIAL AND METHODS:** A total of 100 clinicians were included in the study. A semi structured questionnaire was administered to gather information related to personal & professional details of the study participants. Professional Quality of Life Scale (Pro QoL Version V) was used to assess burnout, compassion satisfaction and secondary traumatic stress. Analysis was carried out using the SPSS. **RESULTS:** Females had higher compassion satisfaction (CS) & less burn out (BO) compared to males. Clinicians working with both teaching and non-teaching institute had higher CS compared to clinicians working only in private practice or associated with teaching institute. Clinicians from dental field had higher CS compared to clinicians from medical field. Clinicians from non-surgical field had higher CS compared to surgeons. Increase in the number of hours spent in clinical practice decreases CS & increases BO. **CONCLUSION:** Clinicians are the first contact for any patients & gets affected by their physical as well as mental trauma. Clinicians are exposed to great level of stress & traumatic events in their day to day activity & handle the burden of disease & deceased. Thus it is necessary to know the level of burden a clinician is carrying & find out the way to improve the life style & the patient care.

KEYWORDS: Clinicians, Compassion satisfaction, burn out.

INTRODUCTION: Amongst the various definitions of stress and stress responses, perhaps a common denominator is a failure of normal, effective functioning, which can manifest in disordered, ineffective behaviors, of which perhaps the symptoms of anxiety related and depressive disorders are the commonest signs.^[1] Stress and burnout are inevitable problems for the highly committed, highly involved individuals who work in healthcare services, as they deal with physical & emotional problems of seriously ill & sometimes emotionally disturbed patients, while also having to cope with running effective teams, dealing with complex managements structures & conflicting demands at all hours of the day & night. Anyone working in such conditions will inevitably become stressed if enough of such pressure is placed upon them.

Having said that, not everyone in practice does become stressed, why people become stressed, what are the precipitating & provocative factors and what are the causal processes underlying the separate but related conditions of stress & burnout.

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Compassion fatigue is a broad term comprising of two components – burnout and secondary traumatic stress. The symptoms of this condition are normal displays of chronic stress. In physicians these result from a strong identification with time demanding, helpless, suffering, or traumatized people.^[2] Compassion satisfaction is about the pleasure a clinician derives from being able to do his work well. Clinician may feel it be a pleasure to treat patients through his skills.

He may feel positive about his colleagues or his ability to contribute to the work setting or even the greater good of society. The second component of compassion fatigue (CF) is secondary traumatic stress (STS). It is work related, secondary exposure to extremely or traumatically stressful events.

A term burnout (BO) is defined as feeling of hopelessness and difficulties in dealing with work or in carrying out one's job effectively. These negative feelings usually have a gradual onset. They can stem from the feeling that one's efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment.^[3]

Up to one third of practicing clinicians could be expected to be suffering from burn out if assessed cross-sectionally.^[4] More importantly there has been an increasing trend in the emotional exhaustion of clinicians over the years.^[5] The research in western settings has clearly established the adverse impact of clinician stress, fatigue, and burnout on quality of patient care.^[6-8]

Additionally, this could lead to negative affective state among clinicians and is associated with feelings of alienation, helplessness and hopelessness, loss of idealism and spirit, and physical and emotional drain anxiety, and depressive disorders in them.^[9,10] The research in western settings has clearly established the adverse impact of clinician stress, fatigue, and burnout on quality of patient care. There is paucity of literature in this area, especially in the Indian setting.

That's why there is a need to conduct such studies to find out the compassion fatigue, stress, and burnout & because of such emotional fluctuation or exhaustion how patient care is getting suffered. The current study was aimed at identifying 'burnout' and 'compassion fatigue' among clinicians involved in care of individuals suffering from medical illness.

AIMS AND OBJECTIVE: The study was aimed at identifying 'compassion fatigue' (compassion satisfaction and secondary traumatic stress) and 'burnout' among clinicians involved in care of individuals suffering from medical illness.

MATERIAL AND METHODS: This was a cross-sectional, single interview study conducted on clinicians of Vadodara city, Gujarat.

Medical and dental clinicians from Medical, Dental teaching institutions and private nursing hospitals of Vadodara city, Gujarat were selected as participants & they were selected through stratified random sampling. Clinicians willing to give informed written consent were included in study.

METHODOLOGY: Prior permission of institutional ethics committee of Sumandeep Vidyapeeth was taken to start the study. Prior written informed consent from participating clinicians was taken. Participants were given to fill case report form (CRF) containing demographic details & Professional Quality of Life Scale (Pro QoL Version V).^[11]

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RESULT: The study was conducted on 100 clinicians of medical & dental field. 71% were males while 29% were females. Mean age of clinician was 38.71 years. 89% were married while rest were widowed or separated or unmarried. 72% of clinicians were with MD/MS degree while 28% were MDS. 66% belonged to teaching institute, 22% were from private or corporate hospitals while 12% were working with both teaching as well as private hospitals. Experiences of clinicians were on an average 11-12 years. Average hours spent for clinical practice by clinicians were around 8-9 hours.

Compassion satisfaction (CS) was higher in females while burn out (BO) and secondary traumatic stress (STS) was less in females compared to males. Significant difference was seen between males & females in CS (p value 0.041) and in BO (p value 0.033). As the age increases CS decreases while BO and STS increases. Significant difference in CS (p value: 0.038) & STS (p value: 0.016) was found between the age groups (<30, 31-40, 41-50 & >50). Clinicians working with both teaching & non-teaching institutes found to have higher CS & less compassion fatigue compared to clinicians only working in teaching institute or only involved in private practice. Private practitioner had higher BO & STS compared to clinicians involved with teaching institute.

Significant difference was found between teaching & private clinicians in CS (p value: 0.003), BO (p value: 0.002), STS (p value: 0.000). Clinicians from dental field had higher CS & less BO & STS while clinicians from medical field had higher BO & STS & less CS but no significant difference was observed between two groups. Surgeons have high BO & STS & less CS compared to non-surgical clinicians but no significant difference was found between the two groups.

It was found that as the experience increases BO & STS increases while the CS decreases. Significant difference was found on STS (p value: 0.067). It was seen that as the number of working hours for clinical practice increases CS decreases while BO & STS increases. Significant difference was seen only on STS (p value: 0.023); BO (0.105) & CS (0.267).

DISCUSSION: Very few studies has been done till now on clinicians to measure compassion satisfaction & burn out & amongst the studies very little evidence is present for the Indian scenario.

In the present study we found that female subjects had higher level of compassion satisfaction & lower level of burnout compared to male subjects; reason behind this could be the less working hours & better coping abilities.

In the present study we found that clinicians who belong to medical field (MD/MS) had higher burnout & less compassion satisfaction compared to clinicians who belonged to dental field. Among the medical field subjects who belonged to surgery were having high level of burnout & low level of compassion satisfaction.

In the present study we found that clinicians who belonged to private practice only had higher level of burnout & STS while lower level of compassion satisfaction compared to clinicians who belonged to teaching institute & who belonged to both teaching & non-teaching institute; reason behind this may be better job satisfaction & better financial support.

CONCLUSION: Clinicians are the first contact for any patient & get affected by their physical as well as mental trauma. Clinicians are exposed to great level of stress & traumatic events in their day to day activity & handle the burden of disease & deceased. Study showed that clinicians are having higher level of burn out as well as secondary traumatic stress & both can hamper their personal as well as

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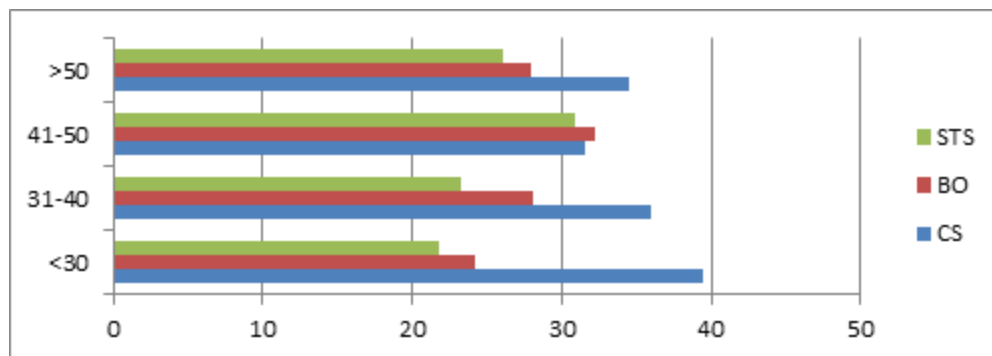
professional life which have direct impact on patient care & level of providing health care to the society.

Thus it is necessary to know the level of burden a clinician is carrying & find out the way to improve the life style & the patient care.

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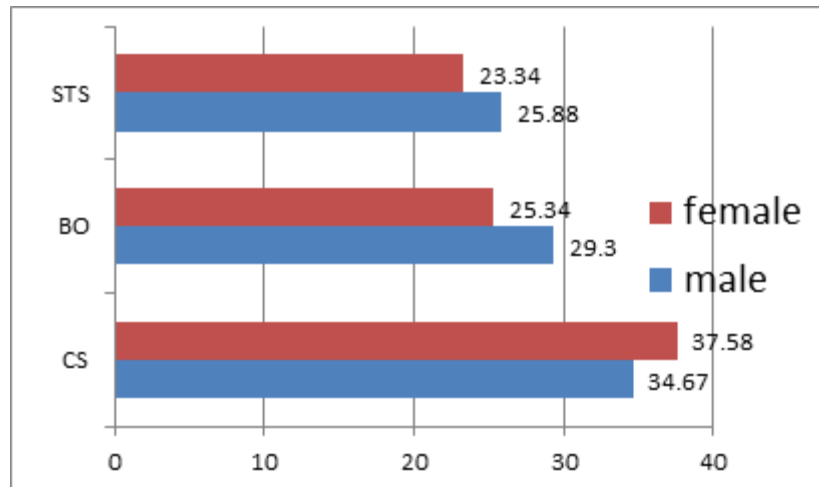
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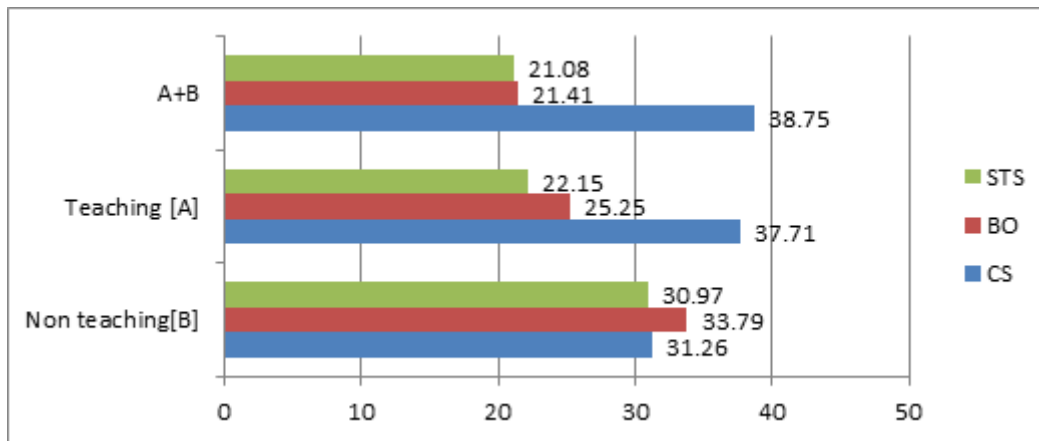


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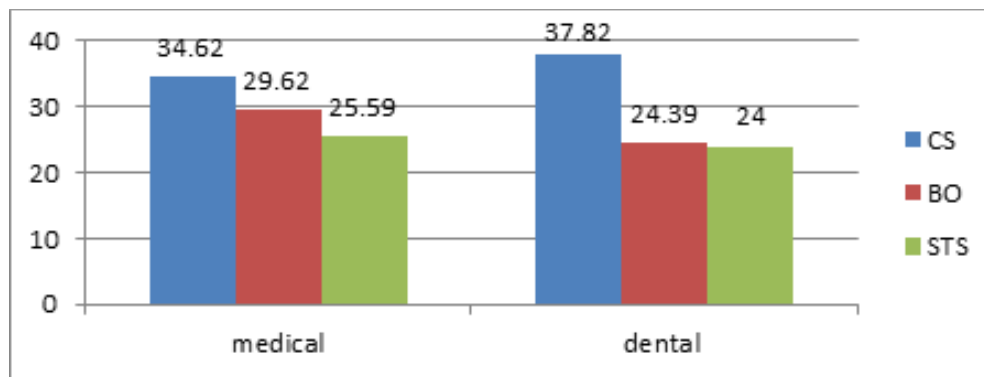
2] Differences according to the gender:



3] Difference according to type of institute working with:

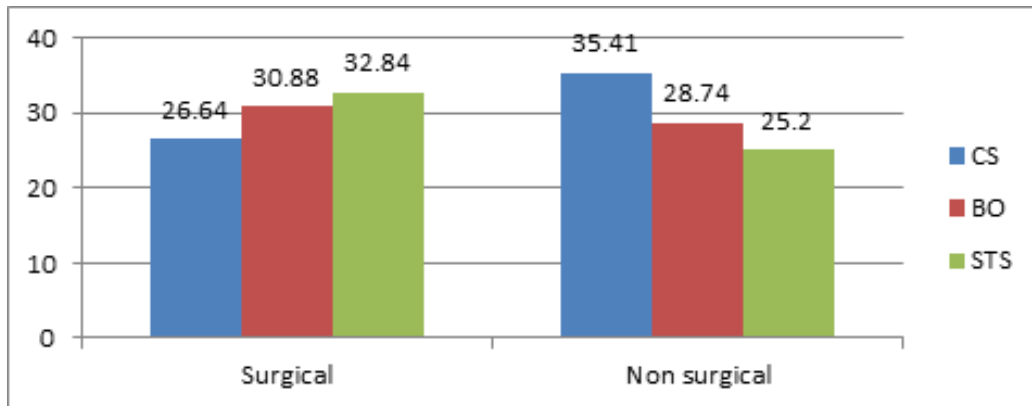


4] Difference between medical and dental clinicians:

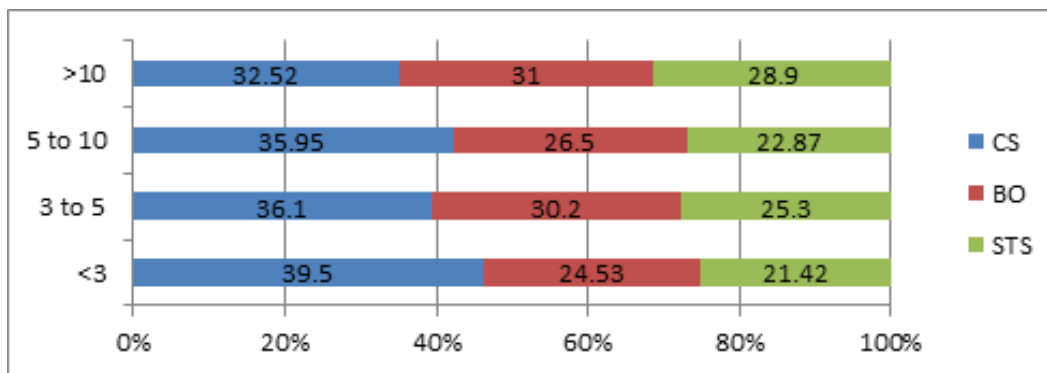


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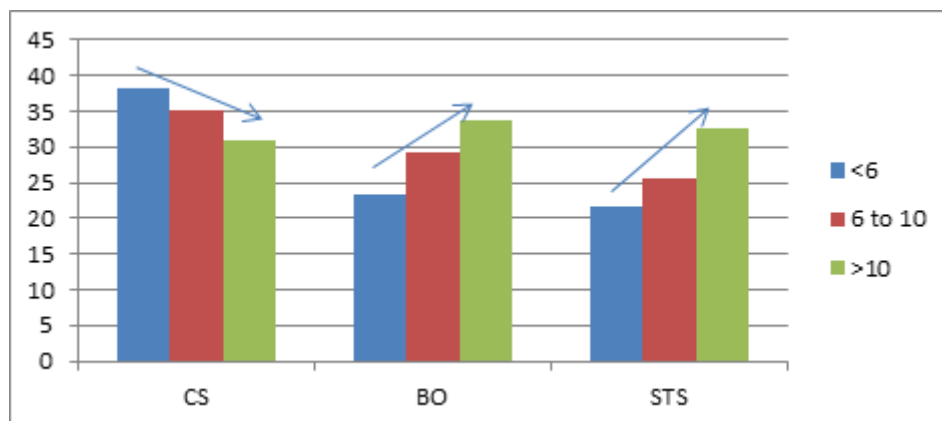
5] Difference between surgical & non-surgical field clinicians:



6] Relation with years of experience:



7] Association with number of hrs spent for clinical practice:



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Date of Submission: 07/10/2014.
Date of Peer Review: 08/10/2014.
Date of Acceptance: 22/10/2014.
Date of Publishing: 27/10/2014.