Burnout amongst Obstetrics and Gynaecology registrars in teaching hospitals for the University of the Witwatersrand Medical School

Dr Gaynor M. Balie
Final year registrar
University of the Witwatersrand
**Background**

- Burnout has been on an upward trend in all professions
- Few causative factors have been identified
- There are no studies on burnout in Obstetrics and Gynaecology, in South Africa
Hypothesis

- In Obstetrics and Gynaecology, this increase is in part due to the working conditions, in part the increasing litigation, and in part fewer people applying for the profession.
- Registrars deal with a large work load, with limited resources and understaffing.
Study design

• Setting
  ◦ An anatomical cross sectional study was done using electronic surveys

• Population
  ◦ All the registrars were invited to participate

• Ethical clearance
  ◦ Approved by the University of the Witwatersrand Human Research Ethics Committee (Medical)
  ◦ M170701
Results

- 61 doctors (registrars) were recruited, 47 completed the survey (77% response rate)
- 78% were female
- Just under half (49%) were between 31-35 years
- Most were married with 10 in a stable relationship, 9 single
- More than half have children
- 75% have a support system in Johannesburg
Medical officer time

- Less than 5 years: 65.9%
- 5-10 years: 9.1%
- More than 10 years: 6.8%
Prevalence noted

<table>
<thead>
<tr>
<th>Trait</th>
<th>Low</th>
<th>Average</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Exhaustion</td>
<td>12.8%</td>
<td>2.1%</td>
<td></td>
</tr>
<tr>
<td>Depersonalisation</td>
<td>8.5%</td>
<td>12.8%</td>
<td></td>
</tr>
<tr>
<td>Personal accomplishment</td>
<td>48.9%</td>
<td>28.8%</td>
<td>21.3%</td>
</tr>
</tbody>
</table>
Participants with high levels in two or more groups

<table>
<thead>
<tr>
<th>Condition</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional exhaustion and depersonalisation</td>
<td>27.7%</td>
<td>72.3%</td>
</tr>
<tr>
<td>Emotional exhaustion and personal accomplishment</td>
<td>87.2%</td>
<td>12.8%</td>
</tr>
<tr>
<td>Depersonalisation and personal accomplishment</td>
<td>91.5%</td>
<td>8.5%</td>
</tr>
<tr>
<td>Emotional exhaustion, depersonalisation and personal accomplishment</td>
<td>93.6%</td>
<td>6.4%</td>
</tr>
</tbody>
</table>
Factors associated with EE

- Significant predictors of Emotional Exhaustion
  - Females had a 2 times higher odds ratio than males
  - The odds decreased 3 times if the participant was a MO at least 10 years before starting
Factors associated with DP

- Significant predictors of Depersonalisation
  - The odds ratio decreased 3 times if the person was over 35 years
  - The more years as a MO also decreased the odds ratio to develop depersonalisation
    - 3 times if between 5-10 years
    - 3.5 times if more than 10 years
Factors associated with a low PA

- Significant predictors of a low sense of Personal Accomplishment
  - Being in the third year of study decreased PA by 1.7 times
  - Being in a stable relationship increased PA 2 times
  - It was not significant if married or single
Discussion

- Our study participants were younger than international studies, however comparable in that most were married and number of years of study.
- In this study we had a much higher combined EE and DP rate than some of the studies, our rate being 72%.
- A study in Turkey had much lower rates in all 3 subgroups, but their demographics differed to this study.
- It was also noted that EE was more common in males, but less the more years worked in total.
• Number of years worked also decreased depersonalisation
• Only one study commented on the year of training affecting low personal accomplishment, around 18 months prior to completion of training. This was not significant though
Limitations

- Possibility of identification, due to the small sample size
- Increased bias and unwillingness to participate due to small sample size
Conclusion

- This study showed that burnout, over all three subgroups, is a major problem in the Obstetrics and Gynaecology department, at the University of the Witwatersrand.
- Risk factors, although few were identified, need to be looked at, as well as ways to minimise burnout.
- A wellness program needs to be looked into, as well as support groups being made accessible.
Thank you