



Executive Summary

Alberta Physician Stress and Burnout Research Study

Background

The Alberta Physician Stress and Burnout Study (PSBS) was done in partnership between the University of Lethbridge (Faculty of Management, Dr. Bob Boudreau and Ms. Renee Goodfellow), Alberta Medical Association (AMA) and Dr. Rob Wedel of Taber.

The objectives of the study were to:

- ❑ Investigate the prevalence and severity of burnout in Alberta Physicians
- ❑ Validate a "made-in-Alberta" measure of burn out for future use
- ❑ Obtain qualitative comments from respondents on their stress and burn out experiences

Support for the study was primarily from the University of Lethbridge and the AMA, with contributions from the Alberta College of Physicians and Surgeons and the Rural Physician Action Plan.

The first references to burnout dates back to at least 1969. Dr. Boudreau has identified 2,138 reference citations to burnout published between 1990 and the present. Christine Maslach's initial ideas and her instrument, the MBI, are the basis of a significant amount of the work.

Job burnout is generally attributed to three key components:

1. Emotional exhaustion
2. Depersonalization
3. Lack of personal accomplishment

The phase model developed by Golembiewski and his co-workers, including Dr. Boudreau, was used in this study and permits the assignment of each individual into one of eight progressive phases of burnout (I is the least advanced and VIII is the most advanced).

Methodology

Beginning in June 2002 a study of all medical students, residents, working and retired physicians in Alberta was conducted. A total of 6,806 surveys were faxed, emailed or mailed; 6,585 surveys reached their locations.

Four measures of burnout were used including: the Modified Maslach Burnout Inventory, the Pines & Aronson Burnout Measure, the Boudreau Burnout Measure and the Rafferty et al Overall Self Assessment of Burnout. These all have very good psychometric properties (validity and reliability) and are highly intercorrelated.

A total of 1,161 usable surveys were returned. A response rate of 17.6% was achieved (22% practising, 9.2% retired, 1.3% medical students and 7.5% residents).

Findings

For the entire sample, 48.6 % or almost half are in "an advanced phase of burnout" (i.e., phases VI, VII, and VIII). When compared to other occupational and global samples, these results are high.

Most Canadian workers are around the 38-42% range, which means that Alberta doctors are significantly more at risk. We also know that higher burnout levels are directly related to other organizational covariants such as dissatisfaction, job conflict, poorer general health, lower productivity and so on. As part of the ongoing study of global burnout, over 300 organizational variables have been examined and virtually all track with burnout levels in the expected direction.

These results (higher levels of burnout for doctors) are also higher than a recent (1999) study of Alberta nurses and a study of health care providers (1987) completed by Dr. Boudreau.

As far as demographics and levels of burnout are concerned there are no real, substantive differences. That is to say, because the burnout levels are high, it does not really matter if you are male or female, how old you are, what type of specialty you practice, what type of community you work in, or how you are paid.

Nonetheless, there are some interesting possibilities to examine with the existing data set. This will form the basis of papers produced by the investigators over the next 12 months and beyond.

In addition to the quantitative measures, qualitative comments were received from 38% of respondents and form a large file of information. Analysis of this data will be ongoing for the next year.

Use of the Findings

The study results are still being analyzed and will continue for some time. However, within the next quarter initial findings will be used to:

- ❑ Brief the AMA Board of Directors and management
- ❑ Report back to respondents via the AMA website
- ❑ Plan for ongoing development of the AMA Physician & Family Support Program (PFSP) as it works to support physician health in the province
- ❑ Plan for a potential national study on Physician Stress and Burnout in cooperation with the Canadian Physician Health Network of the CMA
- ❑ Deliver presentations at the International Conference on Physician Health (Vancouver), the Canadian Family Physician Conference (Montreal), and the Work, Stress and Health Conference (Toronto)
- ❑ Create a paper for submission to the CMAJ in early 2003

Submitted by
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