

BURN-OUT SYNDROME OF MEDICAL ASSESSORS, ITS ROOT-CAUSES AND SOLUTIONS

Libuše Čeledová, Rostislav Čevela

*Medical Assessment Service Department
Ministry of Labour and Social Affairs of the Czech Republic*

Submitted: 2009-10-26

Accepted: 2010-02-05

Published online: 2010-06-11

Abstract

The authors present the results of the questionnaire survey conducted by Faktum Invenio, on behalf of the Ministry of Labour and Social Affairs (MoLSA) of the Czech Republic, amongst the medical assessors on the “Burn-out syndrome of Medical Assessment Service doctors, its root causes and solutions” at the end of 2008. They conclude that the introduction of career rules would be highly motivating, in particular for doctors up to 60 years of age, especially as regards the perspective of potential professional growth.

Key words: burn-out syndrome – Medical Assessment Service

INTRODUCTION

Burn-out syndrome

Freudenberg's concept of burn-out syndrome has been used for 35 years already to define a condition of absolute total, particularly mental, exhaustion. The syndrome is manifested in the field of cognition, motivation and emotions, and affects and interferes with positions, views as well as performance and, subsequently, also the entire behavioural formulas particularly as regards professional behaviour and conduct of persons, who faced initiation of variables influencing the emergence and development of this syndrome (Kebza and Šolcová 1998). The syndrome affects primarily staff of helping professions, which include also doctors. Burn-out syndrome in this context is defined as a loss of a professional interest (Kebza and Šolcová 2003). Another matter is an influence of the individual person suffering with burn-out syndrome on their environment which can play an important role in the development of mental problems of immediate people (spouses and colleagues) (Shirom et al. 2006). Contemporary experts' studies pay to burn-out syndrome very carefully,

especially in the regard to possible development factors of this phenomenon (Hellesøy et al. 2000) and the most frequent areas of its occurrence in medical (Böhle et al. 2001, Panagopoulou et al. 2006, Ahola and Hakanen 2007, Závěrečná zpráva 2008), health care (Alimoglu and Donmez 2005, Jenaro et al. 2007, Rupert et al. 2009) and other professions (Honkonen et al. 2006).

There are many scientific papers dealing with the burn-out, particularly rescue services (Šeblová and Kebza 2007), surgery and oncology. None of the papers available to the authors, however, addresses the burn-out syndrome of doctors working in the field of social security, although the burn-out syndrome not only causes personal damage, but also deteriorates the quality of the provided services.

Medical Assessment Service

The Medical Assessment Service (MAS) deals with the assessment of the health condition of citizens for the purposes of social security and employment. From the organisational point of view, we talk about “departmental assessment service” since the service is integrated in

the organisational structure of the Ministry of Labour and Social Affairs (Čeledová et al. 2008). The main task of the Medical Assessment Service is to assess the health condition for the purposes of social security and employment. The Medical Assessment Service faces a lack of medical assessors. As at 31 December 2008, there were 558 doctors in total working in the departmental assessment service, of which doctors aged between 50 and 60 years, between 60 and 70 years and above 70 years accounted for 40%, 34% and 9%, respectively. The demanding work of the medical assessors requires profound knowledge of all medical science fields, as well as knowledge of the legal regulations governing social security (Čeledová and Čevela 2009). The acquired expert knowledge and experience can be applied when dealing with the clients, which can sometimes be very difficult. The application of an insured person for an assessment of their long-term adverse health condition and the search for a medical assessor are not aimed at health improvement, but primarily at benefiting from one of the social benefits. In view of the commonly known conflict climate prevailing in dealing with the clients, resulting from their unsatisfied expectations, there is only very little, insufficient interest in working in the medical assessment field. In addition, the current ongoing organisational changes in the Medical Assessment Service contribute to the feeling of insecurity and concern about the professional future among the medical assessors. For the purpose of MAS staff stabilisation and in order to identify to which extent the work of medical assessors is exhausting for them, the Ministry of Labour and Social Affairs contracted Faktum Invenio to conduct, among the medical assessors, a questionnaire survey on the “Burn-out syndrome of Medical Assessment Service

doctors, its root causes and solutions” at the end of 2008 (Závěrečná zpráva 2008).

CHARACTERISTICS OF SETS AND METHODOLOGY APPLIED

The research survey on the “Burn-out syndrome of Medical Assessment Service doctors, its root causes and solutions” was conducted in two stages. In-depth interviews were carried out in the initial stage of the project with 8 doctors of the Medical Assessment Service, followed by a quantitative survey. The quantitative survey was conducted through telephone interviewing (CATI). A telephone interview with a medical assessor took 21.5 minutes on average. The data were processed and evaluated by SPSS statistical software. In order to determine the presence of the burn-out syndrome symptoms in social, emotional, intellectual and physical terms, we also used the Tošner inventory list (Tošner and Tošnerová 2002). It was a general non-standardised questionnaire with closed questions which is commonly being used in the Czech Republic. Prior to the commencement of the telephone interviewing itself, a motivation letter was sent to all medical assessors in the Czech Republic, together with a request for their participation in the survey and explanatory information on the project. The doctors were also able to choose an interview date depending on their time possibilities. All these measures were aimed at a single objective: to obtain a maximum number of interviews. The survey was carried out with a sample of 353 respondents – medical assessors, with an achieved call success rate of 71%. The survey processing methodology corresponds to the standards developed by SIMAR and ESOMAR. The population structure is shown in Table 1.

Table 1 The respondents’ age structure

		Total	
		N	%
Total		353	100.0
Age	Up to 49 years	49	13.9
	50–59 years	136	38.5
	60 and more years	166	47.0
	Not specified	2	0.6

The years of service in the field is shown Table 2. It implies that 42% of the doctors have been working as a medical assessor

for less than 10 years, 35% between 10 and 19 years, and 23% have been working in the field for more than 20 years.

Table 2 The working years in the medical assessment service

		Total	
		N	%
Total		353	100.0
Years of service in the profession	Up to 9 years	148	41.9
	10–19 years	125	35.4
	20 and more years	80	22.7

RESULTS

Below you can find examples of the questions asked to the respondents:

1. Satisfaction of medical assessors with the current work

In general, it can be noted that medical assessors are rather satisfied with their work.

73% of the participants indicate satisfaction with their work as a medical assessor, with 16% being very satisfied. 25% of the medical assessors are not happy with their current employment, but only 3% are very dissatisfied. The youngest medical assessors up to 49 years of age show the highest relative satisfaction rate of 80%. An above-average rate of satisfaction with the work of a medical assessor is reported by doctors who have been working in the field for less than ten years (79%), compared to doctors who have been working in the field for more than 10 years (67–70%).

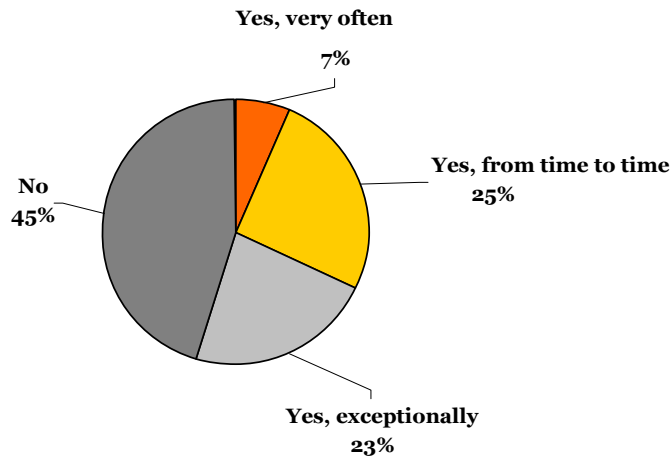
2. What are the main concerns of the medical assessors in relation to their work and what are they bothered with

The most frequently mentioned aspect bothering the medical assessors in their work is the increasing administrative burden and bureaucracy (13%). Unsatisfactory level of financial remuneration ranks second (12%) among the concerns of the doctors, followed by a disproportionate rising number of assessments (11%), which must be decided on within one month. Other factors mentioned by the doctors include aggression and vulgarity of the patients with 9%. One

out of five doctors also complains about the very low prestige of the field and the constant changes in the working rules of the Assessment Service. If there is one thing that the doctors of the Medical Assessment Service are afraid of in the future, it is primarily the transformation and reorganisation of MAS, and the increasing work load (5%), which they already now consider unbearable and hardly manageable from the time point of view.

3. Perception of the burn-out syndrome risk with one's self

Although more than three quarters of medical assessors feel that the profession of a medical assessor is inherently related with the risk of the burn-out syndrome, they do not seem to admit the same with their own person. Only one third of the doctors are of the opinion that they themselves are at risk in relation to this syndrome (definitely yes 12%, rather yes 24%). From the age point of view, the younger doctors of the Medical Assessment Service feel the most to be personally threatened by the syndrome (49% in the group younger than 49 years, 45% in the group between 50–59 years, and 24% in the group of 60 and more years). However, as already mentioned above, with these doctors it is not just a feeling, but direct experience already. Particularly those whose degree of risk was evaluated as moderate in the test, are the most aware of the fact that the doctors themselves could become a victim of the burn-out syndrome. Doctors with no or only a very low degree of risk mostly do not bring themselves to admit that they could be personally concerned by this condition. See also Graph 1.



Graph 1 Do medical assessors believe that they themselves have already suffered from absolute exhaustion or burn-out syndrome (N = 353, data in %)

4. Presence of the burn-out syndrome among medical assessors

The so-called Tošner inventory list was used to evaluate the degree of risk of the individual medical assessors (Tošner and Tošnerová 2002). Within the evaluation, it is possible to determine the degree of risk of burn-out syndrome on a comprehensive basis as well as in four dimensions – in social, intellectual, physical and emotional terms. As the survey results imply, the vast majority of the medical assessors (83%) were diagnosed with a low or no degree of overall risk of burn-out syndrome; a moderate degree of risk was determined with 17% of the doctors.

Within the particular dimensions, the physical dimension has the largest share in the overall degree of risk of burn-out syndrome (moderate and higher degree of risk with 35% of the doctors), together with the emotional dimension (a moderate and higher degree of risk with 35% of the doctors). While, in physical terms, the doctors declare primarily stress, physical exhaustion and sleep disorders, the emotional dimension is dominated by the loss of enjoyment of work, internal restlessness and the feeling of undervaluation. On the contrary, there is nearly no risk of burn-out syndrome among the doctors in the social dimension (a moderate and higher degree of risk with 6% of the doctors). The applied test was envisaged

rather as indicative findings where higher values suggest, which personality component should receive more attention. See Graph 2.

5. Spontaneous suggestions by the doctors as regards possible changes in MAS as prevention of the burn-out syndrome

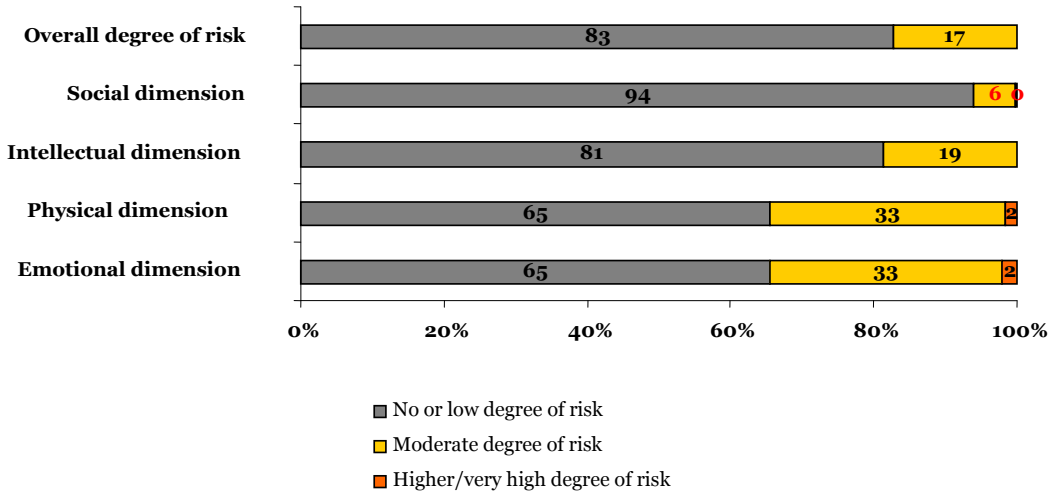
As protection against burn-out syndrome and the feeling of total exhaustion, nearly two-fifths of the doctors suggest increasing the number of qualified doctors and bringing in younger staff to the MAS doctor team (37%). An improvement of the financial conditions is suggested by close to one-fourth of the medical assessors (23%). Reduction of the administrative burden or, as appropriate, shifting of a significant part of the administrative tasks to the medical assessor assistants is preferred by 16% of the respondents. Another preventive measure, which would reduce the stress of the MAS doctors and mitigate the risk of total exhaustion, would be – in the doctors' opinion – a reduction in the number of assessments per MAS doctor (13%).

6. Possibilities for career growth

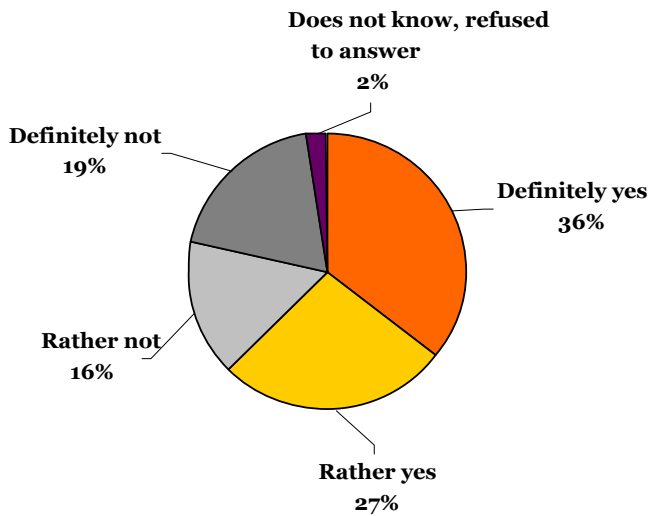
Nearly two-thirds of the medical assessors (63%) would be interested in the possibility of career growth under clearly defined terms of the career rules, of which 36% would

definitely be interested. The interest in career growth based on fixed terms defined in the career rules goes down with the increasing age of the medical assessors. Career rules would

be appreciated by 80% of doctors aged up to 49 years, 68% of doctors aged 50–59 years, and – only and without surprise – 53% of doctors above 60 years of age. See Graph 3.



Graph 2 Susceptibility to burn-out syndrome of medical assessors (N = 353, data in %)



Graph 3 Interest in the possibility of career growth (N = 353, data in %)

The respondents indicated that, within their career growth and the requirements of the career rules, they would be most interested in participating in further education and training in medical assessment, to be completed with an exam (92%), and in being involved in the development of methodologies for other doctors (78%). However, only 64% of the participants would appreciate a language exam, while 58% would agree with their own publication activities and 56% would agree with active participation in expert workshops and conferences.

DISCUSSION

In general, it is possible to state that 7 out of 10 medical assessors are satisfied with their work. However, the Medical Assessment Service now operates in a turbulent environment marked by organisational changes. The results of the conducted survey on “Burn-out syndrome of Medical Assessment Service doctors, its root causes and solutions” showed that the envisaged re-organisation with the prospect of further transformation into an independent assessment office is perceived as a threat to job security. From the point of view of the burn-out syndrome, the medical assessors consider their work to be associated with a relatively high risk and one-third of the doctors believe to be directly personally threatened by that syndrome. Based on an analysis of the Tošner inventory list for the burn-out syndrome, it is established that one-fifth of the survey participants are directly at risk of burn-out syndrome. Within the particular dimensions, the physical and emotional dimensions account for the largest share in the overall degree of risk of burn-out syndrome. One of the main stress-generating factors of the profession of a medical assessor is the current work load, i.e. the number of assessments to be delivered and solved by the doctor. The clear requirement of the doctors to raise the number of medical assessors and to reduce their work load can also be partially circumvented, if the administrative tasks are transferred to the assistants/secretaries; this would be – as shown by the survey – also highly appreciated by the doctors. Also for this reason, MoLSA implemented a project to increase the efficiency of the Medical Assessment Service,

with a possibility to reduce the number of annually filed assessment, in order to find a solution in the conditions of an integrated assessment service.

As for the concerns expressed by the doctors in relation to their future, they were primarily related to the changes in the organisational structure of the Medical Assessment Service, since the current division of the Medical Assessment Service to a section for the purposes of pension and sickness insurance on one hand, which operates under the Czech Social Security Administration and the district social security administration offices, and to a section for the purposes of other social protection systems on the other hand, which operates under the employment offices, is to be abolished as of 1 July 2009. With an amendment to Act No. 582/1991 Coll., on the Organisation and Implementation of Social Security, as amended, the first-instance assessment service is to be merged and the competence to assess the health condition for the purposes of decision-making in the first-instance administrative proceedings is to be transferred from the employment offices back to the Czech Social Security Administration and, more specifically, the district social security administration offices.

CONCLUSION

As shown by the survey, younger doctors, i.e. doctors up to 60 years of age, are more threatened by burn-out syndrome. This age group is essential for the medical assessment service from the point of view of long-term perspectives of work organisation, and we recommend that increased attention be paid precisely to these doctors. We suggest considering the idea of introducing career rules. Career plan becomes the culmination of reconciliation to be built between an organisation and an individual. It is a tool of the organisation's personnel policy and, at the same time, a tool for the employee's self-fulfilment and security. It should be developed in cooperation with the employee, their direct superior and a human resources expert, and should be updated on a regular basis. A career plan sets out the particular areas (basic information, career orientation, current position, future position, suggested

interventions) and the related items assigned to them (career anchor, professional orientation, motivation, corresponding competence, superfluous competence, missing competence, suggested workshops, exercise sessions, education, courses) and, finally, the information sources for the individual areas (Armstrong 2002). Younger doctors up to 49 years of age are more willing to work on themselves and their professional development. The establishment of career rules as a perspective for career growth within

an organisation would be very motivating for them, not only from the point of view of possible personal growth, but also as a force preventing the emergence of the burn-out syndrome in the future. In order to stabilise the integrated departmental assessment service, following the merge of the first-instance assessment service under the Czech Social Security Administration, efficient personal approach is a fundamental precondition to ensure the high-quality operation of the MoLSA's Medical Assessment Service.

REFERENCES

1. Ahola K, Hakanen J (2007): Job strain, burnout, and depressive symptoms: A prospective study among dentists. *Journal of Affective Disorders*, 104/1–3:103–110.
2. Alimoglu MK, Donmez L (2005): Daylight exposure and the other predictors of burnout among nurses in a University Hospital. *International Journal of Nursing Studies*, 42/5:549–555.
3. Armstrong M (2002): Řízení lidských zdrojů [Human Resources Management]. Grada, Prague, p. 856 (Czech).
4. Böhle A, Baumgärtel M, Götz ML, Müller EH, Jochdam D (2001): Burn-out of urologists in the county of Schleswig-Holstein, Gemany: A comparison of hospital and private practise urologists. *The Journal of Urology*, 165/4:1158–1161.
5. Čeledová L, Čevela R (2009): Změny v postgraduálním vzdělávání posudkových lékařů [Changes in Medical Assessor Post-Graduate Education], *Praktický lékař*, Prague, 89/7:347–350 (Czech).
6. Čeledová L., Čevela R., Veselý J. (2008): Migrace v posudkové službě (Migration in Medical Assessment Service). *Zdravotnictví v České republice*, Prague, XI/1:30–33 (Czech).
7. Hellesoy O, Grønhaug K, Kvitastein O (2000): Burnout: conceptual issues and empirical findings from a new research setting. *Scandinavian Journal of Management*, 16/3:233–247.
8. Honkonen T, Ahola K, Pertovaara M, Isometsä E, Kalimo R, Nykyri E et al. (2006): The association between burnout and physical illness in the general population – results from the Finnish Health 2000 Study. *Journal of Psychosomatic Research*, 61/1:59–66.
9. Jenaro C, Flores N, Arias B (2007): Research and Practice: Burnout and Coping in Human Service Practitioners. *Professional Psychology*, 38/1:80–87.
10. Kebza V, Šolcová I (1998): Burnout syndrom: teoretická východiska, diagnostické a intervenční možnosti [Burnout Syndrome: Theoretical Bases, Diagnostic and Intervention Options]. *Advances. Československá psychologie*, Prague, XLII/5:429–448 (Czech).
11. Kebza J, Šolcová I (2003): Syndrom vyhoření: Informace pro lékaře, psychology a další zájemce o teoretické zdroje [Burnout Syndrome: Information for Physicians, Psychologists and Other Persons Interested in Theoretical Resources]. 2nd ed., Prague: Státní zdravotní ústav, 26 p. ISBN 80-7071-231-7 (Czech).
12. Panagopoulou E, Montgomery A, Benos A (2006): Burnout in internal medicine physicians: Differences between residents and specialists. *European Journal of Internal Medicine*, 17/3:195–200.
13. Rupert PA, Stevanovic P, Hunley HA (2009): Research and Practice: Work – Family Conflict and Burnout Among Practicing Psychologists. *Professional Psychology*, 40/1:54–61.

14. Shirom A, Nirel N, Vinokur AD (2006): Overload, Autonomy, and Burnout as Predictors of Physicians' Quality of Care. *Journal of Occupational Health Psychology*, 11/4:328–342.
 15. Šeblová J, Kebza V (2007): Zátěž a stres pracovníků záchranných služeb v České republice (expozice kritickým událostem a výskyt syndromu vyhoření v letech 2003–2005). [Load and Stress of the Rescuers in the Czech Republic (Exposure to Critical Events and Occurrence of Burnout Syndrome during the 2003–2005 Period)]. *Československá psychologie*, Prague, LI/4:404–416 (Czech).
 16. Tošner J, Tošnerová T (2002): Syndrom vyhoření [Burnout Syndrome]. Workbook for course participants. [online] Prague, Hestia [cit. 2009-08-04]. Available at URL: <http://www.hest.cz/ruzne/BURNOUT.doc> (Czech).
 17. Závěrečná zpráva dotazníkového šetření [Final Report – Survey]: Syndrom vyhoření u lékařů LPS, jeho příčiny a řešení [Burnout Syndrome in Medical Assessors, Causes and Solutions], conducted by Factum Invenio for Ministry of Labour and Social Affairs, 2008, p. 55 (Czech).
-

 **Contact:**

Libuše Čeledová, Odbor posudkové služby MPSV, Na Poříčném právu 1, 128 00 Praha 2,
Czech Republic
E-mail: libuse.celedova@mpsv.cz

ANNEXE

Survey questionnaire

1. How long have you been working as an assessment doctor?
2. Do you have attestation of assessment medicine?
3. Who is your employer?
4. Can you say how satisfied you are with your current job for the medical assessment service?
 - a) Very satisfied
 - b) Quite satisfied
 - c) Quite unsatisfied
 - d) Very unsatisfied
5. Why have you chosen the job of an assessment doctor?
 - a) Personal reasons (family, etc.)
 - b) Health reasons
 - c) Good salary in the assessment service
 - d) Need of lower workload without night shifts, emergency, etc.
 - e) Retirement
 - f) Loss of an opportunity to work in original medical profession (e.g. loss of a job, reorganisation in the health care sector)
 - g) Interesting job in the assessment service
 - h) Limited possibility to work in original medical profession
6. What do you like the most in your work? Name 3 aspects.
7. What do you mind in your work as an assessment doctor?
 - a) Name 3 things you are worried about?
 - b) What worries of the future do you have?
8. Is there anything that would make you leave your work as an assessment doctor? If yes, what is it?
9. Because of the demanding job you are at risk of burn-out syndrome. Have you ever heard of it?
 - a) Yes
 - b) No
10. Do you think that assessment service doctors are at risk of total exhaustion or burn-out syndrome?
 - a) Definitely yes
 - b) Rather yes
 - c) Rather no
 - d) Definitely not
11. What do you think is the cause of burn-out syndrome? Name three causes?

		always 4	3 often 3	from time to time 2	seldom 1	mever 0
1.	I can hardly concentrate	4	3	2	1	0
2.	I cannot enjoy my job	4	3	2	1	0
3.	I feel physically exhausted	4	3	2	1	0
4.	I don't want to help difficult patients	4	3	2	1	0
5.	I doubt my professional skills	4	3	2	1	0
6.	I feel distressed	4	3	2	1	0
7.	I am often ill	4	3	2	1	0
8.	If possible I avoid professional discussions with my colleagues	4	3	2	1	0
9.	I ridicule patient's relatives and the patient	4	3	2	1	0
10.	I feel helpless in conflict situations at work	4	3	2	1	0
11.	I have problems with my heart, breathing, digestion etc.	4	3	2	1	0
12.	My personal relationships are affected by job frustration	4	3	2	1	0
13.	My professional development and interest in the field stagnates	4	3	2	1	0
14.	I feel nervous and restless	4	3	2	1	0
15.	I am tense	4	3	2	1	0
16.	I do my job mechanically	4	3	2	1	0
17.	I am thinking of leaving my job	4	3	2	1	0
18.	I suffer with a lack of respect and appraisal	4	3	2	1	0
19.	I have problems sleeping	4	3	2	1	0
20.	I avoid training	4	3	2	1	0
21.	There is a danger that I will lose overview of my field	4	3	2	1	0
22.	I feel scared	4	3	2	1	0
23.	I suffer with headache	4	3	2	1	0
24.	If possible I avoid talking to patients	4	3	2	1	0

12. Do you think that you are at risk of total exhaustion or burn-out syndrome?

- a) Definitely yes
- b) Rather yes
- c) Rather not
- d) Definitely not
- e) Do not know, refuse to answer

13. Please tick the frequency from 0 to 4 in the scale (the Tošner questionnaire)

14. Have you ever felt totally exhausted or burnt out in your work as an assessment doctor.

- a) Yes, very often
- b) Yes, sometimes

- c) Yes, exceptionally
 - d) No
 - e) Do not know, refuse to answer
15. How did you try to solve your exhaustion or burn-out symptoms?
- a) Professional help – appointment with psychologist/psychiatrist yes / no
 - b) Using literature, internet resources yes / no
 - c) Consulting with colleagues yes / no
 - d) Sharing with family members/friends yes / no
 - e) Change of an employer yes / no
 - f) Change of workplace within the same organisation yes / no
 - g) Change of position within the same organisation yes / no
 - h) Temporary change of medical field yes / no
 - i) Change of lifestyle – emphasis on active rest yes / no
 - j) Change of lifestyle healthy and regular food, enough of sleep yes / no
 - k) Long term holiday, stay in the spa yes / no
16. What should be changed in your work so that assessment doctors aren't exposed to the risk of burn-out or total exhaustion? Name three important aspects.
17. Choose individual preventive suggestions
- A possibility of extra health care, a spa
 - Support of active leisure, sport facilities vouchers
 - Support of further training in assessment medicine
 - Support of further training in another medical field
 - Possibility of stay in a hospital for one day weekly
 - Support of team spirit taking part in team building programmes
 - Recruitment of assessment doctors
 - Improvement of cooperation with contractual physicians
 - Improvement of cooperation with clients' GPs
 - Better salary
 - Positive assessment by supervisors
 - Change in a way of the administration of the assessment service
 - Change in the approach of an immediate supervisor
 - Improvement of working conditions – company car
 - Improvement of working conditions – notebook and cell phone
 - Improvement of working conditions – assistant for administrative work
 - Improvement of subordinates' awareness
 - Reducing workload
 - Possibility to work part time
 - Consultation of problems at work with an expert
 - Existence of career ladder
18. Would you be interested in the career ladder?
- a) Definitely yes
 - b) Rather yes
 - c) Rather not
 - d) Definitely not
 - e) Do not know, refuse to answer
19. What would you be willing to do for your career?
- a) Training in the assessment service with evaluation
 - b) Publishing

- c) Lecturing
- d) Language exam
- e) Taking part in the methodology for assessment doctors

20. What are your rules of a healthy life style?

- a) Good sleep
- b) Healthy and regular food
- c) Regular rest
- d) Regular contact with family
- e) Regular contact with friends
- f) Appropriate physical activity
- g) Hobbies and interests
- h) Holidays minimally two weeks a year

21. You are:

- a) Male
- b) Female

22. How old are you?