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# Burnout signals are alarming worldwide: the active role of leadership

Amr S Omar[1,2,3], Yasser Shouman[1], Suraj Sudarsanan[1]

Address for Correspondence:
Amr S Omar
[1]Department of Cardiothoracic Surgery/Cardiac Anaesthesia & ICU, Heart Hospital, Hamad Medical Corporation, Doha, Qatar
[2]Department of Critical Care Medicine, Beni Suef University, Egypt
[3]Weill Cornell Medical College in Qatar, Doha, Qatar
Email: a_s_omar@yahoo.com

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## ABSTRACT

Introduction: The burnout phenomenon first came to clinical science 50 years ago. It is exponentially rising worldwide which prompted its discoverers to develop the most popular tool for its assessment, known as the Maslach burnout inventory (MBI)[1]. Common symptoms of burnout include depression, irritability, and insomnia. It is known to hit professional areas where higher levels of stress are common. Intensive care unit (ICU) practitioners are particularly vulnerable to this condition. Bienvenu reported that up to 45% of ICU staff experienced burnout at a certain time in their career. The contributing factors include: age, gender, work schedule, involvement in decisions of withdrawing life support, policy of visiting hours, work quality, and care of dying patients. It is described as a growing crisis and is currently gaining a lot of interest aimed at addressing the issue and its consequences[2]. We hypothesize that positive leadership with empowerment of staff may have an impact on burnout. Our objectives are to explore the prevalence of burnout in this area, to find the contributing factors, and determine the impact of the role of empowerment and leadership on burnout. Method: We conducted a cross-sectional descriptive study using a combined methodological quantitative and qualitative approach involving a convenience sample of

**Table 1. Burnout distribution among the studied group**

| | High burnout Number (%) | Moderate burnout | Mild or no burnout | P-value |
|---|---|---|---|---|
| Age (years) | | | | |
| 25 – 34 | 18 (25.4) | 14 (19.7) | 39 (54.9) | 0.229 |
| 35 – 44 | 31 (26.7) | 15 (12.9) | 70 (60.3) | |
| 45 – 54 | 2 (15.4) | 0 | 11 (84.6) | |
| Years of profession | | | | |
| Less than 5 years | 8 (57.1) | 2 (14.3) | 4 (28.6) | 0.107 |
| 5 – 10 years | 28 (25.2) | 17 (15.3) | 66 (59.5) | |
| 11 – 15 years | 9 (18.4) | 8 (16.3) | 32 (65.3) | |
| More than 15 years | 6 (23.1) | 2 (7.7) | 18 (69.2) | |
| Years within organization | | | | |
| Less than 5 years | 41 (25.5) | 23 (14.3) | 97 (60.2) | |
| More than 5 years | 10 (25.6) | 6 (15.4) | 23 (59) | 0.983 |
| Years within unit | | | | |
| Less than 3 years | 34 (22.8) | 25 (16.8) | 90 (60.4) | |
| More than 3 years | 16 (32.7) | 4 (8.2) | 29 (59.2) | 0.193 |
| Gender | | | | |
| Female | 22 (20) | 21 (19.1) | 67 (60.9) | 0.049 |
| Male | 28 (31.5) | 8 (9) | 53 (59.6) | |
| Marital state | | | | |
| Married | 34 (23.6) | 19 (13.2) | 91 (63.2) | 0.4 |
| Unmarried | 17 (30.9) | 9 (16.4) | 29 (52.7) | |
| Nationality | | | | |
| Egyptian | 8 (28.6) | 5 (17.9) | 15 (53.6) | 0.29 |
| Indian | 13 (16.2) | 12 (15) | 55 (68.8) | |
| Philippine | 14 (26.9) | 7 (13.5) | 31 (59.6) | |
| Syrian | 7 (43.8) | 1 (6.2) | 8 (50) | |
| Others | 9 (37.5) | 4 (16.7) | 11 (45.8) | |
| Highest education level | | | | |
| Bachelor's degree | 28 (28.9) | 16 (16.5) | 53 (54.6) | 0.289 |
| Diploma | 8 (16.7) | 9 (18.8) | 31 (64.6) | |
| Master's degree | 14 (28.6) | 4 (8.2) | 31 (63.3) | |
| Working unit | | | | |
| Medical CCU | 32 (30.2) | 16 (15.1) | 58 (54.7) | 0.277 |
| Surgical CT-ICU | 12 (18.5) | 10 (15.4) | 43 (66.2) | |
| Both | 5 (19.2) | 2 (7.7) | 19 (73.1) | |
| Profession | | | | |
| Physician | 23 (35.4) | 8 (12.3) | 34 (52.3) | 0.191 |
| Nurse | 19 (19.8) | 15 (15.6) | 62 (64.6) | |
| Respiratory therapist | 7 (25) | 2 (7.1) | 19 (67.9) | |
| Salary satisfaction | | | | |
| Agree | 17 (48.5) | 5 (14.2) | 13 (37.1) | 0.46 |
| Neither agree or disagree | 23 (29.8) | 11 (14.2) | 43 (55.8) | |
| Disagree | 58 (57) | 13 (15.1) | 15 (17.4) | |

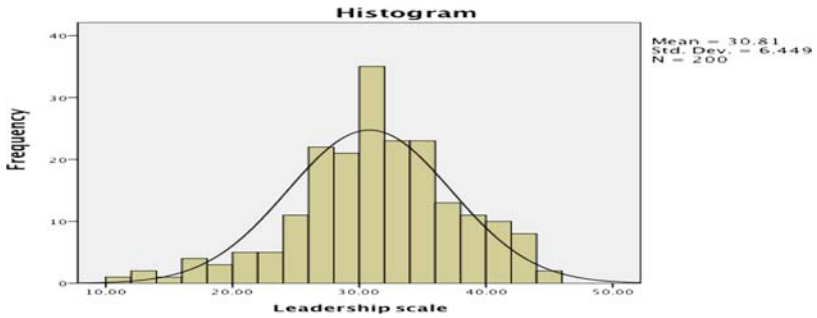


**Figure 1. Distribution of leadership score among the studied convenience sample of HMC ICU staff**

200 healthcare practitioners within surgical and medical ICUs of Hamad Medical Corporation (HMC), Qatar. We used two main instruments to develop an online questionnaire:

- The MBI-human service survey (MBI-HSS)[1] which is a standardized instrument to measure burnout. It utilizes 9 items related to emotional exhaustion and it is most frequently used in healthcare research. A score of 27 and more signals a high burnout level.
- The Leadership scale, which assesses staff discernment of managers' leadership attitude[3]. It is based on a 7-point Likert scale 11-item questionnaire that

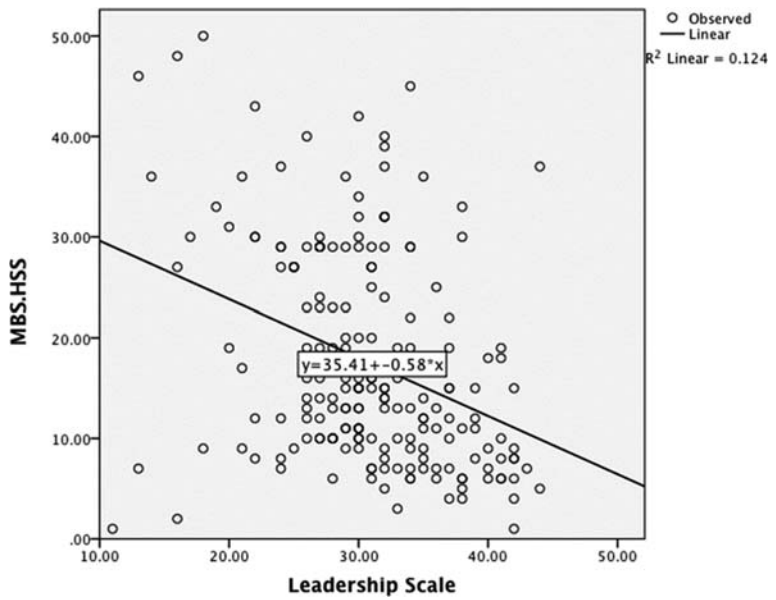


**Figure 2. Linear relation between the Maslach Burnout Inventory and leadership scale predicting burnout through MBI and leadership relation**

considers resolving conflicts with others, autonomy in decision-making, and staff involvement in development.

Results: Although none of the results are statistically significant, the findings (Table 1) show a high prevalence of burnout (25.5%) among ICU healthcare practitioners, where respiratory therapists are equally subjected as nurses and physicians. Younger staff were more subject to experiencing burnout. The mean leadership score of the study participants was 54.68 out of a maximum score of 77 (Figure 1). However, positive leadership and staff empowerment had a negative effect on burnout variance (12.4% and 3.8%, respectively) (Figure 2). Interestingly, we noted that certain nationalities were probably more prone to burnout although it did not reach statistical significance and may also be linked to their profession or level of responsibility (Table 1).
Conclusions: Everyone is at risk of burnout in the ICU setting. Implementing the empowerment hypothesis among the ICUs in Qatar could enhance the managerial preferences in the hospitals dealing with a wide spectrum of healthcare practitioners.

Empowerment is symbolized by energizing the practitioners[5] and as the awareness of burnout is increasing, proper interventions should be directed at adequate orientation, early recognition, and dealing with the predisposing factors to prevent future occurrences. The findings of this study could widen the scope of practitioners who could be involved through education in diagnosing and managing burnout.

Keywords: burnout, intensive care, practitioners, leadership

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Note: The study was approved by the Ethics Committee of Hamad Medical Corporation (reference number 15233/15). The study has been reported partially in Omar AS, Elmaraghi S, Mahmoud MS, Khalil MA, Singh R, Ostrowski PJ. Impact of leadership on ICU clinicians' burnout. Intensive Care Med. 2015;18(3):139.

## REFERENCES

1. Schaufeli WB, Maslach C, Marek T (Eds). *Professional Burnout: Recent Developments in Theory and Research*. New York: Routledge; 2017.
2. Bienvenu OJ. Is this critical care clinician burned out? *Intensive Care Med*. 2016;42(11): 1794–1796.
3. Mrayyan MT. Nurses' autonomy: influence of nurse managers' actions. *J Adv Nurs*. 2004;45(3):326–336.
4. Omar AS, Elmaraghi S, Mahmoud MS, Khalil MA, Singh R, Ostrowski PJ. Impact of leadership on ICU clinicians' burnout. *Intensive Care Med*. 2015;41(11):2016–2017.
5. Omar AS, Taha A. Beyond clinician burnout predisposing factors, what is the appropriate intervention? *Trends in Anaesthesia and Critical Care*. 2017;14:19–20.