Avoiding burnout in new doctors: sleep, supervision and teams

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> What started out as important, meaningful and challenging work becomes unpleasant, unfulfilling and meaningless. Energy turns into exhaustion, involvement turns into cynicism, and efficacy turns into ineffectiveness.[1]

BURNOUT IN NEW DOCTORS

Being a new doctor is stressful. Dealing with people who are ill, dying or bereaved is upsetting enough; the feeling that you could make a mistake that could cost someone their life can be overwhelming.[2] It is not surprising that many researchers have found psychological morbidity and burnout to be common among new doctors.[3] Some personality types are more vulnerable than others and some working conditions are stressful even for the most robust.[4] A report in this edition of *PMJ* found burnout in a shocking 42/55 (76%) of residents studied toward the end of their first year.[5] Burnout was associated with on-call duties, heavy workload and fatigue. Those with burnout were more likely to report making errors. As others have shown, by the end of the first year, excitement and anxiety have too often given way to fatigue and apathy.[6]

New doctors need to be supported throughout this important transitional year. There is ample evidence about how to do this effectively, through ensuring adequate time for sleep, providing supervision appropriate for the experience of the learner, and making sure that, at all times, he or she is part of a well-functioning team.

SLEEP

Everyone needs sleep. The physiology of doctors is not different from that of other people in this respect. A cumulative sleep deficit takes its toll on health, both short term and long term. Rotas that do not allow time for sleep during every 24 h period are detrimental to the health and well-being of doctors, as well as creating a potential hazard to the patients they look after.[7] Of course there will be exceptional situations where doctors at every level of seniority have to deal with unpredictable emergencies. In such situations we know people can keep going in a heroic manner. We also know that those who are faced with such situations when already fatigued, or who continue to work without rest for more than 24 h, recover more slowly and are at increased risk of post-traumatic stress disorder.[8] Long hours, heavy workload and sleep deprivation all lead to fatigue, and, over time, this can lead to burnout.

SUPERVISION

The greatest anxiety most new doctors express about starting work is that they will make a mistake and harm a patient. Knowing that there will always be someone they can ask is a huge source of reassurance. But that person must be accessible, approachable and reliable. Having a good relationship with his or her supervisor is one of the most important factors in determining whether a new doctor flourishes or wilts in the job.[6] It is easy for seniors to forget how important this relationship is, and to use the new restrictions on duty hours as an excuse not to bother. It is the responsibility of senior staff to make sure that this vital supervisory relationship is forged and maintained.

TEAMS

There is now ample evidence that being part of a well-functioning team is a source of job satisfaction and mitigates against stress and burnout. Restrictions on working hours usually mean that teams have to be reorganised. The airline industry has shown us that it is possible to create a system and culture in which people who have never met each other before can rapidly form a well-functioning team. It is a matter of ensuring that there is a leader, shared goals, well-defined roles, and mutual respect.[9] Working as part of a team like this, new doctors feel supported, valued and able to develop and learn. In the UK the organisations that have introduced structured, reliable teams—by day and by night—to care for acutely ill patients or those who are deteriorating have shown a reduction in serious clinical incidents and errors including in hospital cardiac arrests and improved patient and staff satisfaction.[10–12]

NECESSARY STEPS TO TACKLE BURNOUT

Failure to tackle burnout in new doctors is wasteful and dangerous. Some will become disillusioned and leave the profession, a waste of the human effort and resources that went into their training. Others will work on because they have to, their compassion eroded by cynicism and emotional exhaustion, negatively impacting on the quality of care.

It really isn't that hard to take effective steps to reduce burnout. For a start, we can avoid work schedules that institutionalise sleep deprivation. We can ensure ready access to approachable and reliable supervisors who understand the full extent and critical importance of their roles. And we can make sure that all clinical professionals, including the new doctor, are working in well-functioning teams. None of this should be seen as an optional extra or 'nice to do'. These steps are critical for the health and safety of new doctors and their patients, today and tomorrow.

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