In 1974, the term "burnout syndrome" was described in detail by a psychologist Herbert J. Freudenberger as "becoming exhausted by making excessive demands on energy, strength, or resources" in the workplace.¹ Freudenberger indicated that burnout syndrome may have physical as well as psychological symptoms. The physical symptoms may include overtiredness, lethargy, insomnia, recurrent headache, gastrointestinal disorder and chest symptoms. Among the common psychological symptoms are anxiety, distrustful attitude, anger, frustration, and an overconfident personality. These symptoms may become problematic and could lead to utilisation of medications such as sedatives and hypnotics.¹ Freudenberger also described that devoted and committed physicians may be predisposed to burnout syndrome as they often pay less attention to their personnel and family accomplishments.¹ Emergency medicine (EM) is a stressful specialty and the practicing emergency physicians (EPs) are at risk of burnout syndrome. Almost 60% of EPs experience burnout at some point during their career, which appears to be significantly higher compared to 38% of physicians working in other specialties.² However, more than 60% EPs appear to be content with their profession, despite the considerable burnout rate in EM.²

The burnout rate among EPs has progressively been increasing throughout the last two decades. The results of a study published in 2016 showed a steady increase in the last four years from 2011 to 2014, where almost 50% of physicians reported suffering from burnout.³ A study amongst the surgical fellows of the Royal Colleges of Great Britain and Ireland looked at the conflicting demands in personal, clinical, and managerial duties. Seventy percent of respondents specified that they have experienced struggle in the work and personal life in the preceding three weeks of the survey. When these differing demands are significant, personal life becomes low priority. Sixty percent considered early retirement, as these conflicts affected their quality of life and patient care.⁴

In 2017, Medscape conducted a survey of physicians in relation to burnout syndrome. EPs scored highest (59%) followed closely by family physicians (56%). A similar trend of burnout in EPs has been reported in the previous Medscape surveys of 2015 and 2016. The survey also looked at the severity of the burnout by utilising a scale of 1-7, where 1 equals "it does not interfere with my life" and 7 being "it is so severe that I am thinking of leaving medicine altogether". The EPs were ranked in the middle with a score of 4.2 (range of 3.9 - 4.6).⁵ In assessing the rate of happiness, the physicians were asked to rate from a scale of 1 "extremely unhappy" to 7 "extremely happy". EPs were ranked at the top half with reported happiness outside work of 71% and at work of 28%. Male EPs were slightly more happier than their female counterparts, both outside and at work.⁵

The Maslach burnout inventory (MBI) has been commonly used in literature to assess burnout phenomena. MBI looks at three domains to assess burnout emotional exhaustion, depersonalisation, and personal accomplishment. A study, among 7,095 members of the American College of Surgeons, utilising MBI revealed that one score increase in depersonalisation (range 0-33) resulted...
in an 11% rise in medical mistakes. Furthermore, a one score increase in emotional exhaustion score (range 0-54) links to a 5% escalation of errors.6

Burnout amongst physicians has become a global problem; hence, various organisations such as the American Academy of Family Physicians and others have put forward guidance and self-help courses for the physicians to help prevent this condition.7 EM is relatively a new and popular medical specialty in Qatar and the Middle-East. The EM residency programme in Qatar has started generating graduates from 2004; and within these graduates, they have already demonstrated the burnout phenomenon.

The main objective of this study was to examine the burnout of EPs graduating from the Qatar EM Residency Training Programme.

A questionnaire (Appendix-1) was emailed to all the graduated residents who were enrolled in the programme between 2000 and 2009. Our EM residency training is a four-year programme, and has obtained the Accreditation Council of Graduate Medical Education International (ACGME-I) in 2013. It has currently 39 residents. The residents attend six hours of weekly conferences. The host hospital is the largest tertiary care hospital in the country with annual census of approximately 500,000. All 75 residents responded to the email questionnaire; 44 males and 31 females graduated after having successfully completed their board examinations between 2004 and 2013. Success rates were similar in males (73.3%) and females (73.8%). Seven female physicians (22.6%) and one male physician (2.3%) left EM altogether. Among those currently practicing EPs, 43 males (97.7%) experienced statistically significant burnout phenomena (p=0.021). Although in the last four years, burnout rate has been reported consistently higher in female physicians compared to male physicians (55% vs. 45%)8, the results of our study showed a significantly higher burnout rate in female EPs as compared to their male counterparts (22.6% vs 2.3%). The common reasons stated for leaving EM were "burnout from the stress of EM work", "better balance between professional and social life in other fields than EM, more sociable hours, better balance in physicians and the general US working population etc." and "social reasons".

We have identified a few limitations in this study. Firstly, the questionnaire was drafted by the researcher and was not validated. Secondly, restricted information received with this questionnaire which limits the ability of generalisation. Thirdly, there may have been other reasons of not practicing EM, particularly in females; a focus group discussion would have been more useful in receiving the detailed reasons for this burnout. However, the questionnaire was a pragmatic approach in getting the information in a short period. It would be useful to conduct study on a large scale by utilising one of the several well designed and validated questionnaires.

Appendix-1: Questionnaire to assess burnout among graduates of Qatar emergency medicine residency training program.

Study on the rates and reasons for burnout in graduates of emergency medicine residency in Qatar.

Please answer all questions.

1. Year enrolled in emergency medicine residency (i.e. R1): __________
2. Sex (M or F): ______________________________
3. Current field of practice (Emergency Medicine or Other): ______________________________
4. Current country of practice (Qatar or Other): ______________________________
5. If Qatar, current hospital of practice: ______________________________
6. If practicing outside Qatar reasons for leaving [list all possible reasons]: __________
7. If you are working in other than the field of emergency medicine, reasons for leaving the EM field [list all possible reasons]: ______________________________

Qatar EM residency programme, Medical Education Department, Emergency Department and the host hospital need to relook into approaches to create a better work life balance for the EPs. This strategy may help improve career prospects for EM residency graduates. A multi-center study, at least within the Middle-East region, may provide a better understanding of this important issue.

EPs have been experiencing highest rate of burnout for several years. In spite of the high burnout, most EPs are satisfied with their profession. There is a need for further study to explore the link between burnout and job satisfaction in EM. There is also need for further work to determine the effectiveness of preventative measures in tackling burnout syndrome.

REFERENCES