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Strategies for mitigating burnout among early career doctors in Nigeria: lessons learnt from the qualitative CHARTING study

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Abstract

Background: Early career doctors (ECDs) are faced with many challenges due to their transition from undergraduate medical/dental studentship to being postgraduate doctors and being in an early phase of their career. The specific factors that affect ECDs in their careers and endeavors at the workplace range from poor remuneration, particularly in developing countries, to psychosocial problems (such as burnout [BO] syndrome). There is a dearth of information on BO among ECDs in Nigeria. This qualitative study aims to explore the opinions of ECDs in Nigeria on the causal/predisposing factors of BO, effects of BO, and strategies for mitigating BO among ECDs in Nigeria.

Method: Using purposive sampling method, two sessions of focus group discussions (FGDs) involving 14 ECDs (key informants) holding key leadership positions and who were delegates of other ECDs in Nigeria were conducted to explore their experiences on psychological issues among ECDs. Data collected were transcribed and analyzed thematically.

Results: BO is an issue of serious concern among ECDs in Nigeria. The causes of BO are diverse, some of which include low staff strength, prolonged work hours, wrong counseling, lack of job description and specification, and abuse of powers by trainers. In order to mitigate the issue of BO among ECDs, the respondents recommended that work policy review, medical workforce strengthening, stakeholder dialog on ECDs' welfare, regular psychological review of ECDs, and provision of free yearly medicals need to be looked into.

Conclusion: Our findings revealed that the participants considered BO issues among ECDs to be common, and it affected their performance and the overall quality of care in Nigeria health system. Based on our findings, there is an urgent need to mitigate the problem of emotional exhaustion among ECDs in Nigeria.

Keywords

burnout, professional exhaustion, causes, effects, management, strategies, early career doctors, Nigeria

INTRODUCTION

Burnout syndrome

Burnout syndrome, also called professional exhaustion syndrome, is a stress-induced disorder characterized by a state of mental, physical, or emotional exhaustion, and a reduced sense of personal accomplishment and depersonalization (Maslach et al. 1996). The World Health Organization (WHO) also defined burnout as a syndrome resulting from chronic workplace stress that has not been successfully managed. Three dimensions characterize the disorder: feelings of energy depletion or exhaustion, increased mental distance from one's job or feelings of negativism or cynicism related to one's job, and reduced professional efficacy.

Causes

The causes of burnout can be linked to situational factors (Bakker et al. 2014). Situational factors include job demands and resources. Job demands lead to fatigue and psychological distancing from the jobs (Bakker et al. 2014). Other factors such as ambiguity, conflict, stress, workload, and tension are among the most important ones which lead to burnout (Alarcon 2011). The medical culture is one which promotes perfectionism and "workaholic standards" with many practice settings rewarding long hours and self-neglect, whereby clinicians are stimulated to disregard themselves and deny their own needs (Adeolu et al. 2000).

Furthermore, residency training is when the bulk of early career doctors (ECDs) are engaged and practice is reputed to be challenging and demanding, placing the ECDs at the risk of burnouts (Ogundipe et al. 2018). Outcomes such as absenteeism, decreased job satisfaction, and medical errors can arise as a result of burnout (Michie and Williams 2003).

ECDs: a group at risk

The doctor workforce is the workgroup in the health sector that is most affected by burnout. In a systematic review conducted among practicing doctors, it was found that the overall burnout prevalence among them was as high as 80.5%, with emotional exhaustion, depersonalization, and low personal accomplishment prevalence ranging from 0% to 86.2%, 0% to 89.9%, and 0% to 87.1%, respectively (Rotenstein et al. 2018). Also, a recent systematic review from Nigeria showed that the prevalence of burnout among doctors in Nigeria is between 23.6% and 51.7% (Ogunsuji et al. 2019).

Research gap

In Nigeria, only limited studies have ever been conducted to explore the issues of burnout among doctors, with only very few of them conducted among ECDs. Even the limited studies just surveyed ECDs in a few selected teaching hospitals in Nigeria (Issa et al. 2009; Ogundipe et al. 2014). Interestingly, the predominant determinant found was young age, which is an attribute of ECDs (Ogunsuji et al. 2019). Furthermore, the available studies, to the best of our knowledge, were questionnaire based and would not provide the benefit derivable from a qualitative study, which provides the "how" and "why" aspects in addition to the richer dimension (Malina et al. 2011).

Objectives of this study

This study aims to qualitatively explore the views of leaders among ECDs (key informants) on (1) the causes and effects of burnout and (2) the strategies that can be adopted in mitigating burnout among ECDs in Nigeria. The reason why this study focuses on ECD leaders and delegates is because they represent other ECDs in issues pertaining to ECDs in Nigeria. Also, the adoption of qualitative research methods in this study will avail the investigators the opportunity to deeply explore the scope of the study.

Significance of this study

The findings obtained from this study will go a very long way in informing the key stakeholders in the Nigerian health sector on how to develop appropriate interventions to improve the quality of work–life, not only that of ECDs, but also that of doctors at all levels of the healthcare system. Besides, the corrective actions taken by the stakeholders involved will be very beneficial to the quality of healthcare practice in Nigeria.

METHOD

Nature of the study

This study was a qualitative study which adopted the use of focus group discussions (FGDs) to explore information on burnout issues among a few selected ECDs in Nigeria. This study forms part of the CHARTING study, a study conducted by the members of the Research Collaboration Network (RCN) (Adebayo et al. 2019; Igbokwe et al. 2019). The RCN is a substructure of the Research & Statistics Committee (RSC). The RSC was established in the year 2018, as an ad-hoc committee, by the National Association of Resident Doctors in Nigeria (NARD), now referred to as Nigerian Association of Resident Doctors (NARD) (Adebayo et al. 2019a, b; Kanmodi et al. 2019).

It is worthy of note that the CHARTING study is the largest multidisciplinary and multicenter study on ECDs in Nigeria to date, as well as a nationally representing study to explore the psychosocial issues and other issues affecting the ECDs in Nigeria, through the use of mixed research methods (Igbokwe et al. 2019; Kanmodi et al. 2019). Other reports on multiple themes have been published from the same study. The themes explored under the CHARTING study were demographic, workplace, and psychosocial issues. This article is only reporting the psychosocial-related issues experienced by ECDs. Importantly, NARD is the oldest and largest indigenous organization of ECDs in Nigeria.

Sampling method

In the present study, we adopted the use of purposive sampling method for identifying the two geopolitical zones (the south-west [SW] and the south-south [SS] zones) out of six zones in Nigeria; these two geopolitical zones were selected based on the fact that they were among the top three most populous and oldest NARD communities in the country. Also, only those ECDs who were holding leadership positions under the umbrella of NARD or were delegates at the time of the study were purposively sampled for the study. The justification for focusing on these categories was that they are supposed to be more knowledgeable than others on issues concerning the challenges of ECDs in Nigeria.

Data collection

Only two FGD sessions were conducted with a total of 14 respondents participating. The FGDs were limited to only two sessions because saturation of the information needed to answer the study objectives was reached. Also, the first FGD was conducted during one of the 2019 regional caucus meetings of NARD, while the second FGD was conducted during one of the Ordinary General Meetings (OGMs) of NARD in the same year (Adebayo et al. 2019). Two trained facilitators (OA and IA) coordinated the sessions, which lasted between 60 and 90 minutes. The FGDs were audio-recorded using Sony ICD-PX470 Digital Voice Recorder, and notes of essential incidents during the sessions were also made.

Data analysis

The voice-recorded discussions were transcribed verbatim after each session. The transcription was done concurrently with data collection, so that new ideas were explored further during the second FGD. The transcript was checked for errors, after which the data analysis software, Nvivo version 12, was used to organize the data. The initial codes were generated, and this involved listing of similar ideas from the data. After generating the codes (coding process), a repeated pattern from the codes was systematically identified across the dataset and grouped. Themes were developed by reading and rereading the coded nodes on NVivo to identify significant patterns of the themes. Subsequently, all the codes were sorted into potential themes and an initial thematic map created. The main theme and subtheme were then written out after ascertaining that they met the objectives of the study. Data analysis was done independently by the two trained facilitators. They later compared their results and areas of discrepancies were jointly resolved along with another member of the research group.

Table 1. Sociodemographic profile of respondents

Characteristics	Frequency	Percentage (%)
Gender		
Male	12	85.7
Female	2	14.3
Geopolitical zone		
South-west	8	57.2
South-south	6	42.8
Affiliated hospital		
University College Hospital (UCH)	2	14.3
Obafemi Awolowo University Teaching Hospital (OAUTH)	2	14.3
Lagos University Teaching Hospital (LUTH)	2	14.3
LAUTECH Teaching Hospital (LTH)	2	14.3
Rivers State University Teaching Hospital (RSUTH)	2	14.3
Federal Medical Centre Yenagoa (FMCY)	3	21.4
Niger Delta University Teaching Hospital (NDUTH)	1	7.1
Rank		
House officer	1	7.1
Senior medical officer	1	7.1
Registrar	4	28.6
Senior registrar	8	57.1

Key: LAUTECH, Ladoke Akintola University of Technology.

Thematic analysis was used to organize data by gathering the sources based on the words they contained. It helped to conduct text searches through word frequency queries, group words according to synonyms and other word associations, examine themes and structure, and visualize and support findings with detailed evidence.

RESULTS

Sociodemographic profile

Following our recruitment process, only 14 key informants agreed to participate in the FGDs. Almost all (12) of the respondents (Rs) were male; eight were from centers in SW geopolitical zone of Nigeria and others were from SS zone. Three were from Federal Medical Centre Yenagoa (FMCY), and eight were senior registrars (Table 1). The respondents were anonymized as Respondent 1–8 South West (R1–R8, SW) for those from SW and R1–R6, SS for those from SS geopolitical zone.

Key findings on burnout issues

The result of our analysis showed that burnout is a severe problem among ECDs in Nigeria. Three themes were identified in our analysis, and they are: (1) predisposing factors/causes, (2) effect, and (3) strategies for mitigating burnout issues among ECDs. These themes were presented with subthemes and supportive quotes to buttress respondents' experiences further.

(1) Causes of burnout

As generally observed in this study, burnout issues are majorly caused by the following subthemes: low staff strength, prolonged work hours, wrong counseling as regards area of specialization, lack of job description and specification, and abuse of power by trainers, among others. According to them:

"Burn out rate among residents in this sub-Saharan Africa, Nigeria, is higher than what you find in other climes. One of the reasons you have mentioned before we have a fewer number of residents for a larger work to be done, no timing for work, long hours". (R4, SW)

"Another thing is counselling, many people are not properly counselled, some people found themselves in residency in a specialty they did not plan for. So some may not be able to handle the stress because there is a lot of stress that comes with this sub-specialisation". (R4, SW)

"No job descriptions and job specifications". (R6, SW)

"Witch-hunting in the sense that may be at the local political level you and somebody has had some political fight and the person happens to be your senior, and a person is now a fellow will be waiting for you in Ibadan to go and fail you, and by the time it happens the first, second and third time the person will be frustrated and even go out of the program". (R5, SS)

(2) Effects of burnout

Dwelling on the previous findings, participants unanimously agreed that the effect of burnout issues is mainly on them as they bear the brunt solely. Below transcripts justify the assertion:

"In this country, if you are working or you are on weekend calls some people do weekend calls from Friday, and they finish Monday morning, and after Monday morning they will do one or two hours break to come back to resume the same work and finish 4 o'clock. In such a situation, the person is already emotionally wrecked, physically wrecked and how about the family". (R2, SW)

"We are stressed up". (R5, SW)

(3) Strategies for mitigating burnout

The participants stated that burnout issues can be mitigated through the following subthemes: use of policies that restrict long work hours, provision of free yearly medicals, workforce strengthening, round table discussions among stakeholders, involvement of psychologists in managing the emotional issues of ECDs, and ECDs' prioritization of their health, among others. Therefore, these strategies are believed to serve as supportive measures for residents under the residency program:

"Regular round table discussion should always be made by all stakeholders". (R1, SW)

"There should be a department of psychology that is supposed to handle emotions and some circumstances that surrounds work environment". (R2, SW)

"Nothing stops the management from doing yearly medicals". (R4, SW)

"Policies that will turn out more doctors in our schools so that we can bridge the gap of training and export that we are having now this emigration". (R5, SW)

"I think if we increase the staff strength, it will also decrease the issue of burn out". (R3, SS)

"A larger workforce would also be an appropriate solution". (R6, SW)

"Our working schedules should be reviewed". (R1, SS)

"This work schedule should be revisited so that doctors will have a little time for themselves and live older because doctors die younger this period because we don't even have the time to even do medical investigations about ourselves". (R5, SS)

"If shift can be incorporated into the shift of medicine, I think this issue of burn out will drastically reduce". (R6, SS)

It is also important that resident doctors reduce burnout by utilizing some preventive measures. Another stated:

"Doctors should not see themselves as superhuman beings. When you are tired, rest. When you need to go on leave, go on leave. If you are not feeling fine, take excuse duty. My perception changed when Yar'Adua died, and the country did not stop, so

if the president dies, and the country did not stop, I don't think we should think we are superhuman beings. If I have headache and is persistent for more than 2-3 hours I will take excuse, and I will go and sort out myself" "We should make sure that there is enough incentive to stay and people should take their regular leave, have leisure's, sometimes just free yourself from academic stress and rigours, go out with your family, hang out with friends, do whatever makes you happy and enjoy your life". (R5, SW)

DISCUSSION

This study aimed to explore the views of ECDs on how to mitigate burnout among ECDs in Nigeria. Participants stated that the burnout issue is a common and serious problem that affects healthcare delivery as a whole. Their assertion is a reflection of a recent systematic review that suggests a high rate or degree of burnout among physicians in Nigeria with the ECDs bearing a significant brunt (Ogunsuji et al. 2019; Ozumba and Alabere 2019; Rotifa et al. 2018). This is a pointer to the seriousness of the problem. It is particularly imperative to highlight the views and perspective of the leadership of ECDs at various levels, considering their critical role in advocacy. Their agreement to the burden would most likely engender the topic to be in the frontline of advocacy topics.

Regarding the Job Demand-Resources (JD-R) model (Bakker et al. 2014), job concerns – a major factor promoting the emergence of burnout – can be described in terms of work pressure, emotional demands, and role ambiguity (Doi 2005). As observed in this study and in line with previous studies, the most critical factors promoting burnout issues were low staff strength, prolonged work hours, wrong counseling as regards area of specialization, lack of job description and specification, and abuse of power by trainers, among others (McCray et al. 2008). Dwelling on these findings, participants unanimously agreed that the effects of burnout rest primarily on them as ECDs as they bear most of the brunt, which affects their clinical performance and output. The likely outcomes are absenteeism, decreased job satisfaction, and medical errors, which are in tandem with their view (Michie and Williams 2003).

Findings of the present study identified several ways to manage burnout issues, which include formulation of policies that restrict long work hours, provision of free yearly medicals, increment in size of doctor workforce, round table discussion among stakeholders, regular psychology review of residents for management and follow-up of emotional issues, among others. Therefore, these strategies are seen as supportive measures that could help ECDs undergoing residency programs.

Burnout among ECDs contributes to poor quality of services in the healthcare system, which can give rise to an increase in mortality rate. Therefore, there is an urgent need for formulation and implementation of effective policies that will help reduce the effect of burnout.

Finally, this finding has an enormous implication on the health workforce resources planning to reduce the strain that may affect inadequate workforce (Adebayo et al. 2016). While stemming the tide may be at the individual and managerial levels, there is, however, strong interplay between the two. For example, the Accreditation Council for Graduate Medical Education (ACGME) in the USA advises resident doctors to take strategic naps during shifts and call duty, a case of policy at the policymaker level, but a robust individual-level implication (Fernandez and Thaver 2015). Similarly, regarding the issue of annual leave or vacation, ECDs should be allowed their annual leave when due, and when necessary, sick leave should be granted. In a study conducted among resident doctors working in Nigeria, it was observed that 51.3% of the study respondents had not gone on any form of leave within the past 12 months (Yusufu et al. 2010). A critical provision that can be made at managerial level includes the provision of early detection and care system for burnout for staff in their institutions, in addition to continuous education focusing on stressors, and emotional intelligence is necessary for the prevention and amelioration of burnout (Ozumba and Alabere 2019).

Limitations and future research

Nigeria is a country divided into six geopolitical zones. The methodological limitation of this study was the fact that only two geopolitical zones were represented in the study. Therefore, it might be difficult to make some generalizations based on the study findings.

CONCLUSION

This study affirms that burnout is a severe and problematic issue bedevilling ECDs in Nigeria. There is an urgent need for stakeholders in the Nigerian government/health sector to address this psychosocial issue. By addressing this issue, the quality of life of ECDs in Nigeria will be improved. Invariably, if this issue is addressed, there will be improvement in the effectiveness and efficiency of healthcare service delivery in Nigeria, as ECDs form the largest proportion of doctors in Nigeria.

DECLARATION OF ETHICS

This study was conducted with strict compliance to the guidelines of the Helsinki Declaration of 1964. Ethical approval was obtained from the National Ethics Review Committee, Federal Ministry of Health before commencing the fieldwork following the National Code of Health Research Ethics Committee (NHREC) approval (Ref.: NHREC/01/01/2007-26/06/2019).

DECLARATION OF INFORMED CONSENT

All the participating ECDs were informed about the purpose of the study prior to participation. Written and verbal informed consent was obtained from all participants. Study participation was entirely voluntary, and the identities of all the participants were kept with strict confidentiality.

AUTHORS' CONTRIBUTION

Study conceptualization – OA, IA; study design and protocol development – OA, IA, KK, OO, OFF, AMA, IO, AA, AO, MI, RB, SO, EG, DYB, IE, WFU, OO, YAI; data collection – OA, IA; data analysis and drafting- nil; review – OA, IA, KK, OO, OFF, AMA, IO, AA, AO, MI, RB, SO, EG, DYB, IE, WFU, OO, YAI.

CONFLICT OF INTEREST

Authors are all ECDs and all are practicing in Nigeria, except IA. OO and SO are officials of Nigerian Association of Resident Doctors (NARD); however, NARD's role was not beyond provision of funding.

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