Early Preventive Strategies for Burnout

Insights from a Study of Doctors at University Teaching Hospital, Lusaka

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Outline.

- Define burnout and its three key components
- Context: Zambian healthcare setting and UTH study
- Why prevention is critical
- Strategies to Employ

STRESS

CHRONIC STRESS

BURNOUT

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From smile to Low Battery

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What is Burnout?

- Burnout is a psychological syndrome emerging from prolonged workplace stress:

- **Emotional Exhaustion (EE):** Feeling drained and fatigued

- **Depersonalization (DP):** Cynicism or detachment from patients

- **Reduced Personal Accomplishment (PA):** Low sense of effectiveness

STRESS

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Study by Moses C. Simuyemba & Thubelile Mathole (2020):

Location: UTH, Lusaka

Tool: Maslach Burnout Inventory
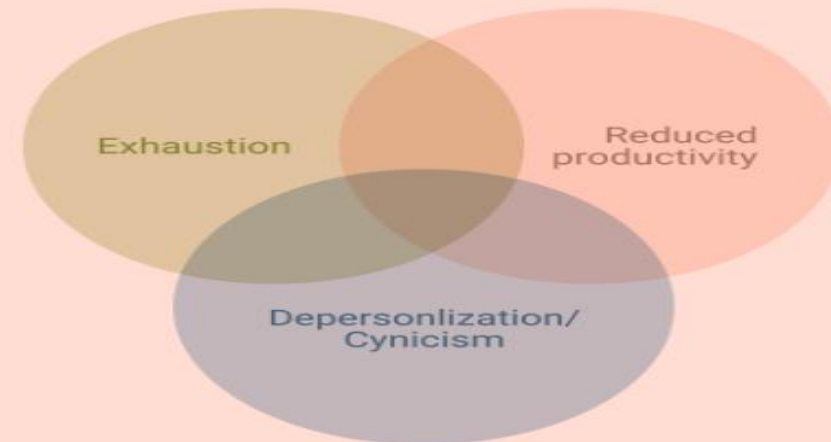
Sample: Medical doctors across departments

Profile	Emotional Exhaustion	Depersonalization	Personal Accomplishment
Engaged	Low	Low	High
Ineffective			Low
Overextended	High		
Disengaged		High	
Burnout	High	High	

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Key Findings

- **54.4%** had moderate to high Emotional Exhaustion
- **44.8%** had moderate to high Depersonalisation
- **66.4%** had low to moderate Personal Accomplishment

Emotional Exhaustion | 45% (Red - High Risk)
Depersonalization | 25% (Orange - Moderate Risk)
Personal Accomplishment | 20% (Green - Low Risk)

The 3 symptoms of burnout (Maslach Burnout Inventory)

Exhaustion

Reduced productivity

Depersonlization/ Cynicism

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No significant link found between burnout and:

• Age

• Sex

• Department

• Marital status or seniority

Conclusion: Burnout can affect any doctor, regardless of background

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Unchecked burnout leads to:

- Higher medical errors
- Increased absenteeism
- Poor staff retention
- Decline in patient care

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Early Preventive Strategies – Individual

- **Mindfulness & CBT** for stress management
- **Regular check-ins** with self and peers
- **Structured rest breaks and leave utilization**
- **Peer mentorship and debriefing sessions**

Burnout Prevention

Support & Restoration

Rest & Boundaries

Personal Space

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Balanced work schedules

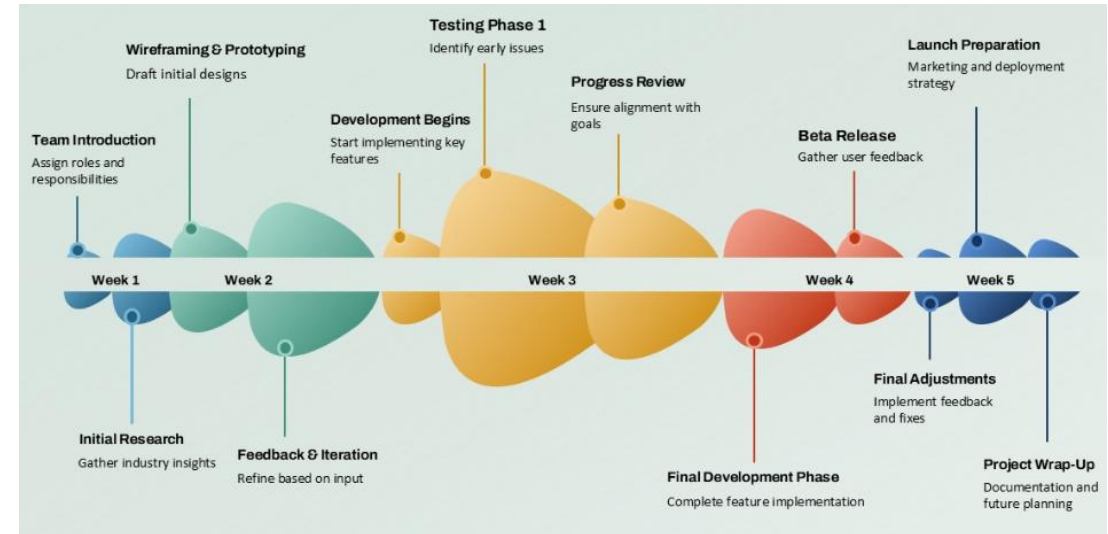Supportive supervision

Access to counseling services

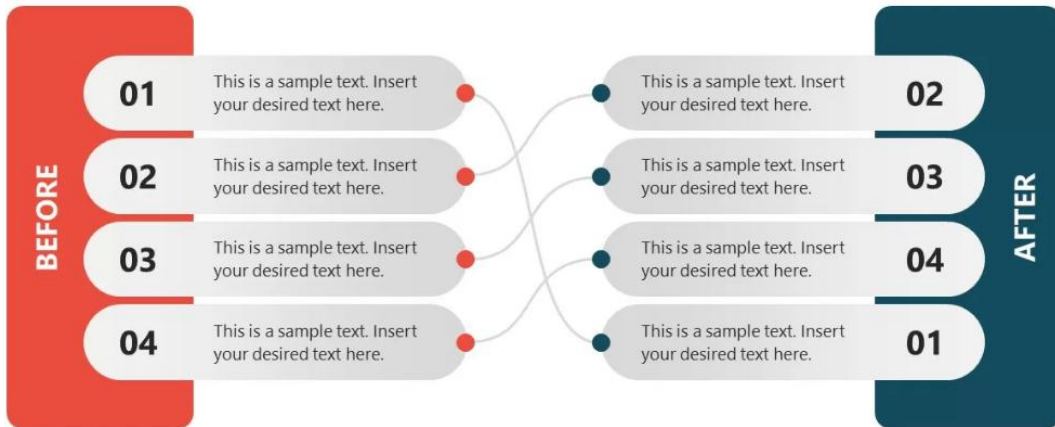Recognition and professional development

Case Example – UTH, Lusaka

Potential interventions based on study:

- Administer MBI biannually
- Create a peer-support system
- Establish a mental wellness desk
- Pilot departmental mentorship programs

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Monitoring and Evaluation

Track and measure progress:

- Use MBI trends as KPIs
- Monitor absenteeism and turnover rates
- Collect qualitative feedback

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✓ **Conduct Baseline MBI Assessment**

Engage Senior Leadership in Rollout

Establish Pilot Programs in High-Stress Units

Review Quarterly and Adjust

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