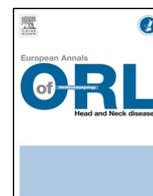




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Editorial

Burnout!



BURNOUT: just seven letters but, if you google them, more than 65 million results come back in a fraction of a second, bearing witness to the concerns around this disease of our times.

Occupational exhaustion, sometimes described in terms of depersonalization or dehumanization, by no means spares physicians and thus impairs the quality of patient care by increasing rates of medical error and decreasing care-givers' empathy and productivity [1].

In a remarkable meta-analysis of 37 studies on the subject, totaling 15,000 French physicians, in various biomedical databases, our psychiatric colleagues in Marseille assessed the prevalence of this state of suffering and its 3 components: emotional exhaustion, depersonalization, and personal accomplishment [2].

Their study, published in an English-language journal, found a burnout rate of 49% in French physicians, identical to findings for American physicians [2]. The syndrome was severe in 21% of cases, with high levels of emotional exhaustion and depersonalization and low levels of personal accomplishment in 29% [2]. While the tyranny of the impact factor and the SIGAPS system are partly to blame [3], the condition actually mainly affects A&E staff and young residents, due to the number of night shifts, whereas anesthesiologists show little emotional exhaustion but high levels of depersonalization [2]. As well as the well-known factors for onset of burnout in the medical setting (time pressure, poor working environment, aggression from patients and colleagues, high levels of responsibility and low levels of recognition, lack of autonomy and lack of resources), the authors suggest that cost-cutting measures in Western health systems, especially since the 2008 financial crisis, may have exacerbated this high incidence of burnout in doctors—some 2 to 3 times higher than in other occupations on average [2].

Although ENT physicians were not represented in the studies included in the meta-analysis (a gap in the knowledge that needs filling by a prospective study that the SFORL, the French ENT Society, could conduct to investigate its members' occupational suffering?), our specialty is nevertheless clearly concerned. It is the youngest of us that fill the most night shifts in hospital, and it is unlikely, given the present state of public funding, that any effective measures are about to be taken by the French

state to improve the situation. It is therefore worth keeping in mind the principal signs of emotional exhaustion (chronic fatigue, diffuse pain, sleep disorder, digestive disorder, skin problems, irritability, anger, tears, difficulties of concentration and memory, and weight change), depersonalization (negative, cynical, impersonal attitude at work) and lack of personal accomplishment (feelings of incompetence, inefficacy, failure and frustration, with tendencies for isolation, indecision and loss of motivation) which, just like repeated infection, should lead us to suspect onset of burnout in a colleague.

As our Code of Deontology so rightly states (<https://www.conseil-national.medecin.fr/sites/default/files/codedeont.pdf>): "Physicians are duty-bound to assist one another in adversity".

Disclosure of interest

The authors declare that they have no competing interest.

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