

Burnout Syndrome Among Critical Care Health Providers in Saudi Arabia [Letter]

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Dear editor

The World Health Organization (WHO) defined “burnout” as a phenomenon resulting from continuous working stress that has not been effectively controlled. Burnout itself is distinguished by three dimensions: emotions of energy depletion or tiredness; increasing mental detachment from one’s employment, or thoughts of negativism or cynicism about one’s career; and diminished professional efficacy.¹ The recent study results reported by Alshurtan et al regarding their observation through a cross-sectional study to investigate certain factors related to the burnout syndrome among critical health care workers, particularly in Saudi Arabia, is really interesting and needs further discussion.² The emotional exhaustion, personal accomplishment, depersonalization (loss of empathy), and their importance and correlation were unraveled and highlighted in this study. By utilizing the administered electronic questionnaire rated on a Likert-type scale and incorporated Maslach Burnout Inventory, the data was collected from healthcare workers. The results described in this study were promising to be further used as the control effort to minimize the occupational stress which could eventually cause burnout and optimize the healthcare service given to the patients.

Similar studies had been previously reported by Raudenská et al that also investigated the stress and occupational burnout syndrome in healthcare professionals, specifically the effect during the COVID-19 pandemic era.³ Another meta-analysis study reported by Rodrigues et al stated that the frequency of occupational burnout syndrome, especially among medical residents, was found to be much greater in surgical/urgent care residencies than in clinical specialties.⁴

By comparing the recently reported study and previous studies, we do agree that occupational stress and burnout syndrome should not be neglected and certain guidelines for addressing this issue should be implemented. However, until now, there are still really limited reports or articles addressing implementing particular proper guidelines which authors or researchers in this field could put effort into researching. The use of 11 items included in the questionnaire of this research design might potentially be studied further to see if it helps to reduce burnout syndrome caused by occupational tasks. In addition, tolerance among the participants in this study was shown to be correlated to the predictors.⁵ Further research might be conducted to determine whether reducing the impact of stress in the workplace or increasing staff tolerance to stress should come first. As well as the impact of the COVID-19 era and the potential of future pandemics, medical healthcare professionals truly are forced to face occupational burnout daily. Therefore, the application of the results found and reported so far will be much appreciated and hopefully can soon be implemented.

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Disclosure

The authors report no conflicts of interest in this communication.

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