

Burnout Levels Among Medicine vs Surgery Doctors in Islamabad Tertiary Hospital.

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Objective

To determine the frequency and severity of burnout among doctors working in Medicine and Allied versus Surgery and Allied specialties in a tertiary care hospital in Islamabad, Pakistan.

Design

A cross-sectional study conducted from August 2023 to July 2024 aimed to analyze burnout levels across medical specialties. The study was designed to identify variations in burnout prevalence and contributing factors among doctors based on their specialty

Method

The study included 252 doctors selected using non-probability convenience sampling. Participants completed a structured questionnaire comprising three sections: socio-demographic information, workplace-related factors, and the Maslach Burnout Inventory (MBI). The MBI measured three dimensions of burnout: Emotional Exhaustion (EE), Depersonalization (DP), and Personal Accomplishment (PA). Scores were categorized as low, medium, or high based on reference values from the Center of Advanced Studies on Burnout Syndrome. Statistical analysis was performed using SPSS version 20, and results were stratified by age, gender, marital status, working hours, and specialty.

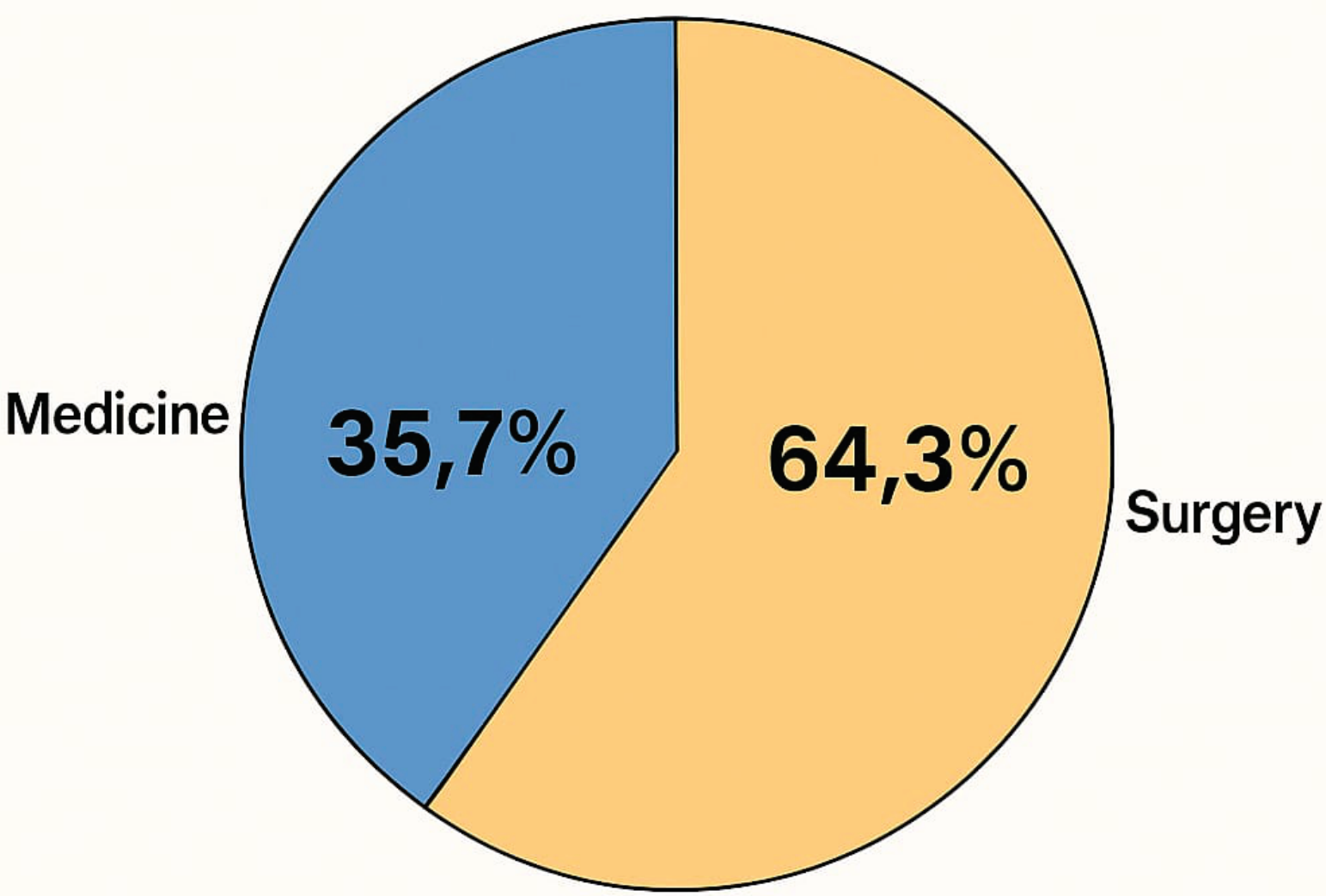
Results

Burnout was observed in 35.7% of participants, with 91.2% exhibiting high DP and 94.4% reporting low PA. Emotional exhaustion was significantly higher among younger doctors (aged 25–30 years, burnout score: 68.85) compared to older age groups. Female doctors had higher burnout scores (70.58) than males (65.33), primarily driven by emotional exhaustion. Obstetrics and Gynecology reported the highest burnout score (79.14), followed by Orthopedics (74.35). Prolonged working hours (>80 hours/week) significantly increased burnout, with scores peaking at 68.96. Other precipitating factors included excessive patient loads (79.4%) and equipment shortages (76.6%).

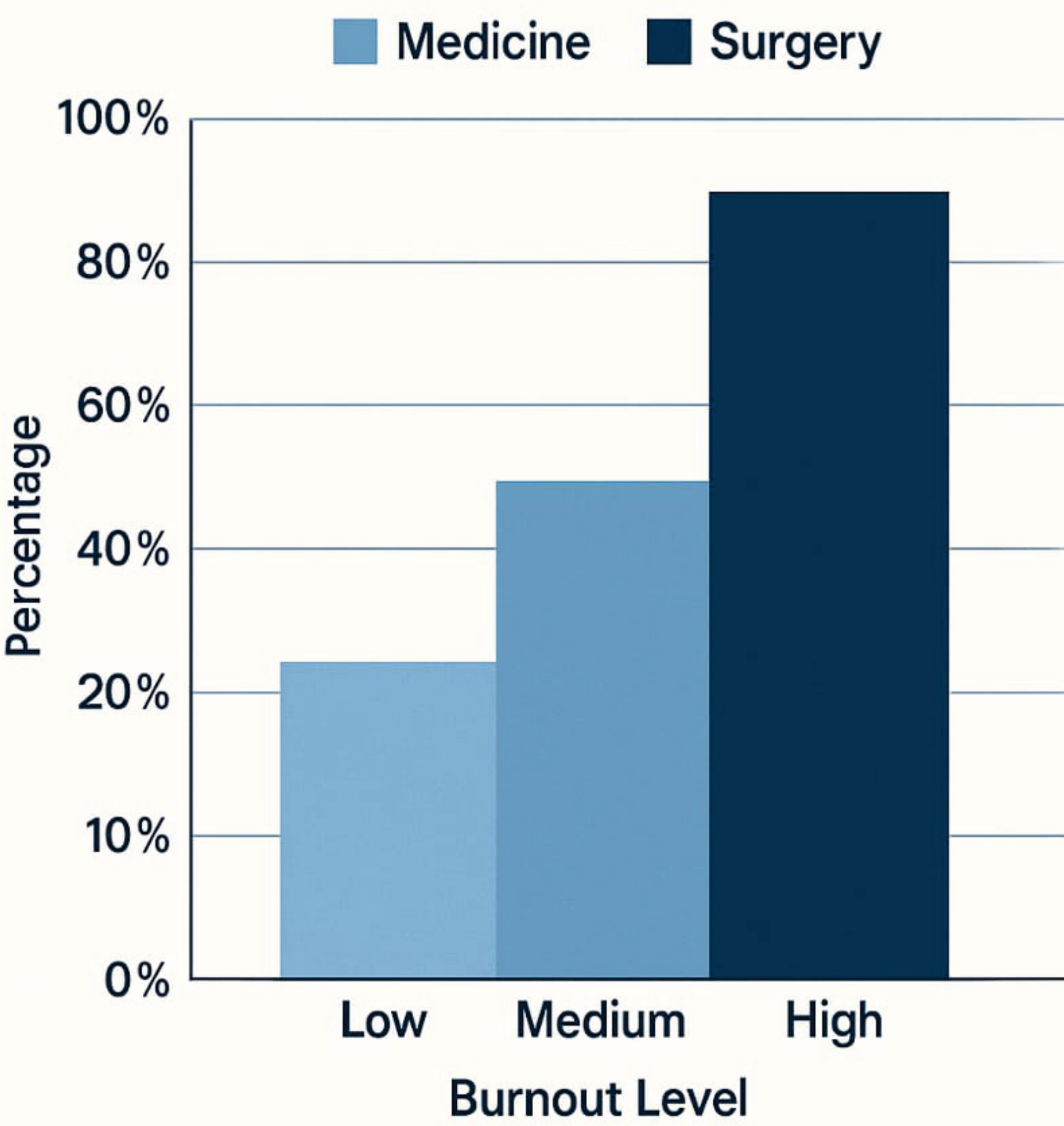
Speciality and Burnout Score (Mean ± SD)

MBI-Based Results	Low	Medium
Emotional Exhaustion	39.2% (n = 99)	25% (n = 63)
Depersonalization	0%	8.73% (n = 22)
Personal Accomplishment	94.4% (n = 238)	3.5% (n = 9)

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Conclusions

This study highlights the high prevalence of burnout among doctors in a tertiary care hospital, with variations across specialties, age groups, and genders. Specialty-specific factors such as procedural intensity in surgery and emotional demands in Medicine and Allied fields contribute significantly to burnout. The findings emphasize the urgent need for institutional strategies to mitigate burnout, including workload regulation, improved resource allocation, and mental health support programs. These interventions could reduce burnout rates and improve both physician well-being and patient care outcomes.