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Burnout in Optometry.....How do we compare?

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Abstract Letter to the Editor

Keywords Optometry, Burnout, ICD-11, workplace stress, exhaustion

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In its new International Classification of Diseases, ICD-11, "burnout" has been classified as a true syndrome by the World Health Organization (WHO).¹ The WHO now recognizes burnout as chronic workplace stress that has not been appropriately managed, associated with feelings of (1) exhaustion, (2) negativism or cynicism toward a job and (3) reduced effectiveness or accomplishment. While the COVID-19 pandemic increased attention to burnout, it has long been in existence, especially in individuals employed in the healthcare industry.² Burnout impacts individuals through both mental and physical health problems and impacts their patients who might receive poorer care.^{2,3}

There is evidence that prevalence of burnout among allopathic and osteopathic physicians is twice that of other professions, related to the need to perform at a high cognitive level with heavy workloads and serious consequences of error.⁴ With increasing scope of practice, optometrists have the same risks as other physicians. Unfortunately, due to authors' own distinct definitions of burnout, the prevalence range from past studies varies widely, from 0% to 80.5% in one meta-analysis.⁵ There is little information on burnout in optometry, but the largest study to date has been of Australian optometrists. Using the Maslach Burnout Inventory survey, that study found high burnout in 56.1% of participants as indicated by exhaustion, 57.1% by cynicism and 23.1% by professional efficacy, numbers comparable to medical physicians, but it did not report an overall prevalence based on all three domains of burnout.⁶ The full set of symptoms must occur together to meet the official definition of a syndrome.

The highest risks of burnout in healthcare providers are workload, autonomy, and supervisor support.³ While there is still inconsistency among studies across healthcare disciplines, the Australian study suggests that burnout in optometry is higher than in the general population and in other health professionals.⁶ Interestingly, younger individuals may be more likely to suffer burnout than older, more resilient providers.⁷ Other demographics are shown to have an influence on burnout frequency, and it is probable that mode of practice also plays a role among optometrists.

With the WHO definition of burnout, new studies will need to be conducted across healthcare disciplines using the same diagnostic criteria so that better comparisons can be established. Also, with the amount of burnout associated with healthcare workers, early assessment or (even better) prevention of burnout is needed to assure the well-being of the medical community and its delivery of quality patient care. For this to occur, better predictors of physician burnout must be identified, particularly within those disciplines (e.g., optometry, dentistry) that have not been well-represented in previous studies. These disciplines differ enough from their medical colleagues that there may be unique factors leading to burnout, especially if any of these specialties is determined to be high risk. I am pleased to be leading a study to determine the prevalence and predictors of healthcare burnout in U.S. optometrists, a group that is under-represented in the current literature on this topic. While burnout has not been consistently defined among previous studies, this study will adhere to the WHO definition, to assure an accurate prevalence for future comparison with optometrists in other countries and with other healthcare providers both in the U.S. and internationally. The survey data will be used to determine if the factors of practice type and workload may influence burnout and could be considered predictors. Predictors will be used to theorize appropriate interventions and their timing. With a good study design, this project using the WHO definition may serve as a template for others.

A future survey will be forthcoming to assess the depth and breadth of burnout amongst optometrists in a variety of modes of practice. Good participation in this survey will provide more valid results, and the study findings will be helpful to the profession.

REFERENCES

- 1. World Health Organization. International statistical classification of disease and related health problems. 11ed. January 01, 2022. https://icd.who.int/browse/2024-01/mms/en#129180281
- Rehder K, Adair KC, Sexton JB. The science of health care worker burnout: assessing and improving health care worker well-being. *Arch Pathol Lab Med.* 2021;145(9):1095-1109. doi: 10.5858/arpa.2020-0557-RA
- 3. Meredith LS, Bouskill K, Chang J, Larkin J, Motala A, Hempel S. Predictors of burnout among US healthcare providers: a systematic review. *BMJ Open*. 2022;12(8). doi: 10.1136/bmjopen-2021-054243
- 4. Shanafelt TD, Boone S, Tan L, et al. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *Arch Intern Med.* 2012;172(18):1377-1385. doi: 10.1001/archinternmed.2012.3199
- Rotenstein LS, Torre M, Ramos MA, et al. Prevalence of burnout among physicians: a systematic review. *JAMA*. 2018;320(11):1131-1150. doi: <u>10.1001/jama.2018.12777</u>
- 6. Bentley SA, Black A, Khawaja N, Fylan F, Griffiths AM, Wood JM. The mental health and wellbeing survey of Australian optometrists. *Ophthalmic Physiol Opt.* 2021;41(4):798-807. doi: 10.1111/opo.12823

 Peisah C, Latif E, Wilhelm K, Williams B. Secrets to psychological success: why older doctors might have lower psychological distress and burnout than younger doctors. *Aging Ment Health*. 2009;13(2):300-307. doi: 10.1080/13607860802459831