

Response and Suggestions for: Factors Associated with Burnout Among Physicians: an Evaluation During a Period of COVID-19 Pandemic [Letter]

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Dear editor

We read with great interest the article by Dinibutun SR¹ evaluating the prevalence and extent of burnout among physicians, factors affecting burnout and the influence of the COVID-19 pandemic on burnout syndrome. Healthcare systems are increasingly becoming stretched for staff and resources, especially during the COVID-19 pandemic, adding to the existing pressure on healthcare workers.² Therefore, this article comes at a critical time to allow for a better understanding of the factors leading to burnout, allowing for mitigation to improve patient outcomes, work flow and productivity.

The author has used convenience sampling to recruit participants into the study. Although easy to obtain, it is questionable if the results can be generalised to the target populations studied, eg, doctors involved in the fight against COVID-19. This is because convenience sampling lacks representation and poses significant bias in sampling due to there being an unequal opportunity for all qualified individuals in the target population to participate.³ It would be more appropriate for the author to use random sampling (probability sampling) as it will allow for the sampling error to be calculated and thus generate more reliable and practical results.³

Notably, the study reports an increase in sense of 'personal accomplishment' in physicians actively involved in the fight against COVID-19 when compared to those who are not. Considering that not all doctors contribute equally to the pandemic, this result may have under-represented the population of doctors that may have been involved in less risky jobs, eg, conducting telephone consultations, that may report a lower sense of personal accomplishment and ultimately burnout levels. Studies such that of Dimitriu et al⁴ investigate burnout among different medical specialties with varying degrees of involvement in the response to COVID-19 demonstrating significant differences. This affirms the need for the author to include 'level of involvement' in the questionnaire to get a true reflection of burnout among different physicians and thus results that can be translated into real-life workplace changes.

Another point to consider is that the author does not consider the reason for physicians not being involved in the response to COVID-19 in the questionnaire. Liu et al⁵ report that non-essential specialty doctors were encouraged, if not asked to, not actively participate in the response. It would be important to consider reasons for physicians not being involved

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as this would significantly impact one's responses to the questions assessing burnout, especially those relating to personal accomplishment. This is vital as it would provide results that can be used to identify modifiable causes of burnout that are extrinsic to the physicians themselves and thus allow for change to be implemented.

We would like to congratulate the authors for this important study but recommend an adjusted methodology that allow for less bias, and a questionnaire that encompasses more specific questions that would provide results that can motivate change. We believe this would offer an invaluable understanding of burnout in physicians; a pressing issue that is palpable in a 'normal' and an infectious disease outbreak clinical setting.

Disclosure

The authors report no conflicts of interest for this communication.

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