

## Burnout during the COVID-19 pandemic: time to ponder



Dear Editor,

Burnout Syndrome (BOS) is a work-related constellation of symptoms (including emotional, physical, and mental) that usually occurs in individuals without any prior history of psychological or psychiatric disorders.<sup>1</sup> The term “burnout” was coined in the 1970s by the American psychologist Herbert Freudenberger to describe the consequences of severe stress and high ideals in “helping” professions.<sup>2</sup> In this letter, we are stressing on factors leading to burnout among Health Care Professionals (HCP) especially during this pandemic with its preventive measures.

Pandemics costs us a lot in every aspect of life, be it physical, social, mental, or emotional. The same is the case seen with a recent hit COVID-19 caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2).<sup>3</sup> COVID-19 contributes to burnout among the primary workforce – “the corona warriors” by disturbing working schedules, changes in practice, prolonged duty hours in ICU wearing Personal Protective Equipment (PPE), lack of adequate sleep and rest, and inability to deliver effective care to patients. It has also presented HCP with unique emotional challenges due to high mortality rate in COVID-19 ICUs.<sup>4</sup>

There is an emerging crisis of human resources in this pandemic and HCP needs to work for extended hours to manage patients. Level of morbidity and mortality in these ICUs leads to depression in HCP’s, making them constantly worrying about risking self and family members.

Most frontline corona warriors are staying separately in accommodation provided by the hospital during duty days or a quarantine period following potential exposure. They are separated from their loved ones. This also leads to loneliness and depression.

Some of the presenting symptoms to identify burnout includes irritability, interpersonal conflicts, social withdrawal, difficulty in concentrating, disturbed sleep, along with impaired immune system. This again predisposes them for infection.<sup>5</sup> There is a strong relationship between compassion fatigue, burnout, and moral distress.

The initial step in preventing and managing the burnout is its recognition. We suggest following interventions at the individual and organizational level to prevent this syndrome.

1. Scheduling the stress relieving activities: Structure our lives to provide adequate balance between work and life. We should calendar important events including vacations, exercise, personal interest for hobbies, which are very important for healthy work–life balance in this pandemic era.

2. Strengthening Relationships: Maintaining and strengthening our important relationships (including parents, spouse, friends) help us by rejuvenating our mental health.
3. Targeting Goals: Setting and targeting personal goals is a critical step for work–life balance. These include listening to music, watching movies, or activities of personal interest. Fulfilling our goals provide motivation for our daily lives.
4. Ensuring organizational support: The workforce must be strengthened along with flexible and shorter duty hours. Provision of adequate duty offs, post-duty rewards, catering to the physical and emotional needs of the health care physicians.

### Conflicts of interest

The authors declare no conflicts of interest.

### References

1. Queen D, Harding K. Societal pandemic burnout: a COVID legacy. *Int Wound J.* 2020;17:873–4.
2. InformedHealth.org [Internet]. Depression: what is burnout? Cologne, Germany: Institute for Quality and Efficiency in Health Care (IQWiG); 2006 [updated 18.07.20].
3. Zhang J, Zhou L, Yang Y, et al. Therapeutic and triage strategies for 2019 novel coronavirus disease in fever clinics. *Lancet Respir Med.* 2020;8:e11–2.
4. Ruparelia J, Gosal JS, Garg M, et al. Challenges to neurosurgical residency training during COVID-19 pandemic: an Indian perspective. *World Neurosurg.* 2020. S1878-8750:31149-9 [published online ahead of print, 28.05.20].
5. Sasangohar F, Jones SL, Masud FN, et al. Provider burnout and fatigue during the COVID-19 pandemic: lessons learned from a high-volume intensive care unit. *Anesth Analg.* 2020;131:106–11.

Manbir Kaur \*, Priyanka Sethi, Neeraj Gupta, Pradeep Bhatia

*India Institute of Medical Sciences (AIIMS), Department of Anesthesia and Critical Care, Department of Neonatology, Jodhpur, Rajasthan, India*

\* Corresponding author.

E-mail: [doctor.manbir@gmail.com](mailto:doctor.manbir@gmail.com) (M. Kaur).

Received 1 October 2020; accepted 31 October 2020

<https://doi.org/10.1016/j.bjane.2020.10.017>

0104-0014/ © 2021 Sociedade Brasileira de Anestesiologia.

Published by Elsevier Editora Ltda. This is an open access article under the CC BY-NC-ND license

(<http://creativecommons.org/licenses/by-nc-nd/4.0/>).