



Huge workload, premature burnout and shortage of primary care healthcare professionals

EURIPA -European Rural and Isolated Practitioners Association

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Déclaration des liens d'intérêts

The authors declare no conflict of interest



Programme

Introduction	20 min
Ice breaker	10 min
Break out groups	40 min
Plenary	20 min

Introduction

EURIPA Dr. Oleg Kravtchenko

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Burn-out, its' consequences, treatment and prevention

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Preventing burn-out and looking at the future- a personal journey –

Dr. Miriam Dolan



European Rural and Isolated Practitioners Association

EURIPA is a representative network organisation founded by family doctors to address the health and wellbeing needs of rural communities and the professional needs of those serving them across Europe. It represents a growing network of rural practitioners and organisations across Europe working together to disseminate good practice, initiate research and influence policy. [You can become a Member here.](#)

Wonca Europe Network



Huge workload and premature burnout in Primary care

Dr. Ferdinando Petrazzuoli



Stressed Out and Burned Out: The Global Primary Care Crisis

Findings from the 2022 International Health Policy Survey of Primary Care Physicians

Across 10 high-income European countries most physicians reported increases in their workload since the beginning of the pandemic.

Younger physicians (under age 55): more likely to experience stress, emotional distress, or burnout compared to older physicians.

Half or more of older physicians reported they would stop seeing patients within the next three years, leaving a primary care workforce made up of younger, more stressed, and burned-out physicians.

Primary Care Physicians at Risk of Distress during COVID-19

Aim of the study: Distress and wellbeing, measured by the expanded 9-item Mayo Clinic Wellbeing Index (eWBI), among general practitioners/family physicians during the COVID-19 pandemic and to identify levers to mitigate the risk of distress.

Overall, 64.5% (2394 out of 3711) of respondents had a score of 2 and, therefore, were considered at risk of distress.

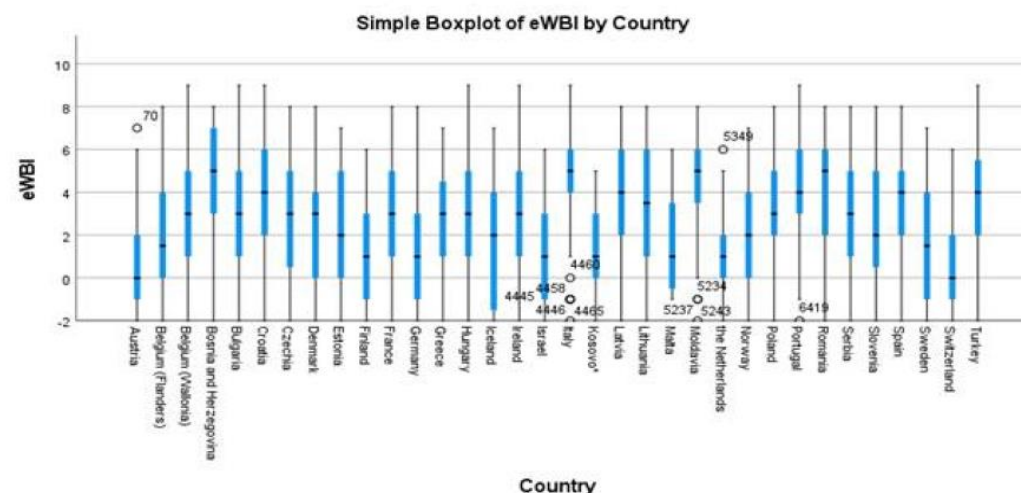


Figure 1. Box plot of GPs' total eWBI scores (on a scale from -2 to 9) during the COVID-19 pandemic in 2021 by country ($n = 3711$). * All references to Kosovo, whether the territory, institutions, or population, in this project shall be understood in full compliance with the United Nations Security Council Resolution 1244 and the ICJ Opinion on the Kosovo declaration of independence, without prejudice to the status of Kosovo.

Collins, C., Clays, E., Van Poel, E., Cholewa, J., Tripkovic, K., Nessler, K., ... & Willems, S. (2022). Distress and Wellbeing among General Practitioners in 33 Countries during COVID-19: Results from the Cross-Sectional PRICOV-19 Study to Inform Health System Interventions. *International journal of environmental research and public health*, 19(9), 5675.

Physician Self-Reported Distress: Who is at-risk?

- GPs with less experience, in smaller practices, and with more vulnerable patient populations are at a higher risk of distress.
- Collaboration with other practices and perception of having adequate governmental support are significant protective factors for distress.
- Practice- and system-level organizational factors are needed to enhance wellbeing and support primary care physicians.

Collins, C., Clays, E., Van Poel, E., Cholewa, J., Tripkovic, K., Nessler, K., ... & Willems, S. (2022). Distress and Wellbeing among General Practitioners in 33 Countries during COVID-19: Results from the Cross-Sectional PRICOV-19 Study to Inform Health System Interventions. *International journal of environmental research and public health*, 19(9), 5675.



MINISTRY OF HEALTH



European Region

BUCHAREST DECLARATION ON THE HEALTH AND CARE WORKFORCE

High-level Regional Meeting
on Health and Care Workforce in Europe:
TIME TO ACT

22–23 March 2023, Bucharest, ROMANIA

National health systems: **difficulties in meeting the increased demand for health services (ageing populations, increases in chronic diseases; pandemics, increasing expectations from users).**

Key workforce challenges for national health systems: shortages, uneven distribution, insufficiencies in developing skills to meet evolving health and care needs and new digital and other technologies.

The workforce is also ageing

Some countries are finding it increasingly difficult to attract and retain young people in the health and care workforce.

COVID-19 pandemic highlighted the need to protect the mental and physical health and well-being of workers, many of whom continue to experience stress, burnout and violence, with some leaving their jobs.



28TH WONCA EUROPE CONFERENCE

SQUARE Convention Centre, Brussels

7–10 June, 2023

Shortage of European Primary Health Care Workforce: the WONCA Europe statement



WONCA EUROPE STATEMENT FOR THE 73rd SESSION OF THE WHO REGIONAL COMMITTEE FOR EUROPE

SHORTAGE OF EUROPEAN PRIMARY CARE WORKFORCE

73rd session of the
WHO Regional Committee for Europe

24–26 October 2023, Astana, Kazakhstan



Excessive workload, early burnout, and the shortage of the primary care workforce: interconnected factors representing the most formidable challenge of the near future.

Quality of health care and the well-being of our communities inherently linked to the health and well-being of the primary care workforce.

Urgent need for a well-staffed and adequately funded primary care system.

Urgent need to draw the attention of European healthcare policymakers to the potential catastrophic consequences of workforce shortage and underfunding.

Several strategies proposed by WONCA Europe

Increase workforce capacity: crucial to increase the number of primary care doctors as well as nurses and other primary care professionals. This can be achieved by encouraging more medical students to choose primary care specialties, expanding medical school capacities and providing incentives for doctors to work in underserved areas.

Improve working conditions: Enhancing the attractiveness of primary care practice by addressing issues such as long working hours, heavy workload, increased bureaucracy, and accelerated burnout.

Utilize team-based care: Implementing team-based models of care, where primary care doctors collaborate with nurses, physician assistants and other healthcare professionals.

Embrace technology and telemedicine: Embracing digital health technologies and telemedicine can enhance access to primary care services, particularly in rural or underserved areas and alleviate the workload on doctors.

Promote awareness and education of stakeholders and the public: Promote activities and educate stakeholders and the public about the significance of primary care and its role in preventing and managing health conditions. The aim is to foster a culture that regards primary care as important as other specialties, where patients are trustfully seeking primary care services and hence reduce the burden on other specialties.

Streamline administrative tasks: Simplifying and automating administrative tasks, such as electronic health record documentation, appointment scheduling, preauthorization algorithms, and billing processes, can save time for primary care doctors and allow them to focus more on patient care.

Improve work-life balance: Promote work-life balance by implementing policies that prioritize reasonable working hours, limit overtime, and provide adequate rest and continuous medical education periods.

Protect health and social care systems from any **austerity measures** and to recognise that **spending on healthcare is both an economical and societal investment.**

Burn-out, its' consequences, treatment and prevention

Dr. Oleg V. Kravtchenko, EURIPA

CMGF, Paris, 22/03/2024



Burn-out, its' consequences, treatment and prevention

[https://www.instagram.com/p/C30](https://www.instagram.com/p/C30H9I-)

[H9I-](https://www.instagram.com/p/C30H9I-)

[OEPa/?igsh=OXBxZWd1c3UxenJv](https://www.instagram.com/p/C30H9I-)

<https://www.instagram.com/p/C3nX>

[569sD4W/?igsh=aDBuaXBmM3N1](https://www.instagram.com/p/C3nX)

[Nzhv](https://www.instagram.com/p/C3nX)

Burn-out, its' consequences, treatment and prevention

“Findings suggest that burnout is associated with sustained activation of the autonomic nervous system and dysfunction of the sympathetic adrenal medullary axis, with alterations in cortisol levels. Limited studies have also shown altered immune function and changes in other endocrine systems. Consequences of burnout include increased allostatic load, structural and functional brain changes, excito-toxicity, systemic inflammation, immunosuppression, metabolic syndrome, cardiovascular disease and premature death.”
(The Biology of Burnout: Causes and Consequences, Adam Bayes et al., 2021) . .

Burn-out, its' consequences, treatment and prevention

<https://images.app.goo.gl/CGqHWuDvRBqRDboi9>

Burn-out, its' consequences, treatment and prevention

“Burnout is defined by [Merriam-Webster Dictionary](#) as the "exhaustion of physical or emotional strength or motivation usually because of prolonged stress or frustration." On top of this, the World Health Organization (WHO) added burnout to the [International Classification of Diseases in 2019](#), labeling it as a global health concern.”
(University of Utah Health, 2023)

Burn-out, its' consequences, treatment and prevention

5 main symptoms of burnout:

- Exhausted or drained of energy;
- Hopeless and unmotivated;
- Detached;
- Cynical and negative;
- Sensing failure.

Burn-out, its' consequences, treatment and prevention

“Healthcare professionals, like nurses and doctors, experience burnout due to long hours, high-pressure situations, and the emotional toll of caring for others. ...Physicians in specialties such as family medicine, general internal medicine, and emergency medicine are at the greatest risk.”

(Asif Baliyan, MD, 23/02/2024)

Burn-out, its' consequences, treatment and prevention

Handling (treatment and prevention) of burnout:

- Look at your options;
 - Seek support;
 - Try a relaxing activity;
 - Get some exercise;
 - Get some [enough] sleep;
- Practice mindfulness [CBT, ACT - Acceptance and Commitment Therapy etc.];
- Change of lifestyle, diet etc.

Burn-out, its' consequences, treatment and prevention

<https://www.instagram.com/p/C31QsS8pP1j/?igsh=NDd4bHg4Z2pqYzly>

Burn-out, its' consequences, treatment and prevention

Practical examples:

-

https://thebalance.care/?gad_source=1&gclid=EA1aIQobChMI8bSruaiFhQMVIpaDBx0nSg6tEAAYASAAEgJVAD_BwE

-

https://kusnachtpractice.care/fr/?gad_source=1&gclid=EA1aIQobChMI8bSruaiFhQMVIpaDBx0nSg6tEAAYAiAAEgKRDfD_BwE (CHF 105k/week)

- Norwegian experience - Villa Sana Modum Bad (NOK 3k/week)

Burn-out, its' consequences, treatment and prevention



Burn-out, its' consequences, treatment and prevention

“Burnout can often feel insurmountable. But the sense of being overwhelmed is a signal, not a long-term sentence. By understanding the symptoms and causes and implementing... [correct] strategies, you can recover and build a road map for prevention. Your brutal experience can serve as a turning point that launches you into a more sustainable career and a happier, healthier life.”

(Harvard Business Review, 2016)

Preventing burn-out and looking at the future - a personal journey

Dr. Miriam Dolan





Challenges

Workforce- merger, recruitment/retention

Workload

Political vacuum

Border area

Post-conflict

Rural

Medical education – GP and rural



Teaching



MEDICAL SCHOOL
TEACHING PRACTICE

25%

WHO guideline on health workforce development, attraction, recruitment and retention in rural and remote areas

An update of the WHO guideline
*Increasing access to health workers in remote
and rural areas through improved retention:
global policy recommendations (2010)*



The extended multi-disciplinary primary care team

14,500 patients

7 General Practitioners

4 Practice nurses

2 Advanced Nurse Practitioners

1 Physician Associate

2 Mental Health Practitioners

1 Physiotherapist

2 Senior Clinical Administrators

District nurses, Social workers, Health Visitors

TASK SUBSTITUTION-
ALLOCATING CLINICAL
RESPONSIBILITIES TO LESSER OR MORE
NARROWLY TRAINED HEALTH
PROFESSIONALS

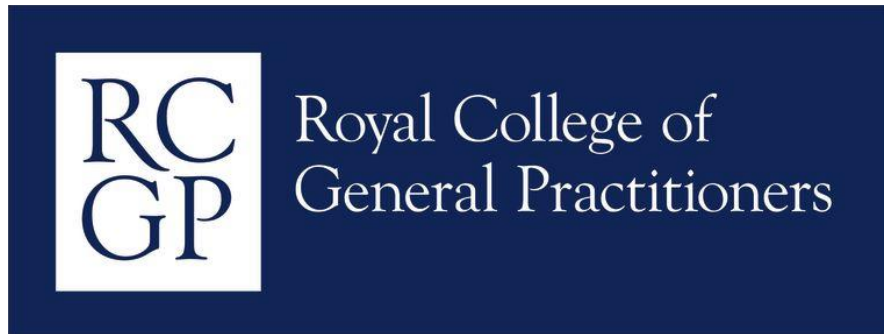
TRIAGE

Re-evaluating my profession

Where do I add value?

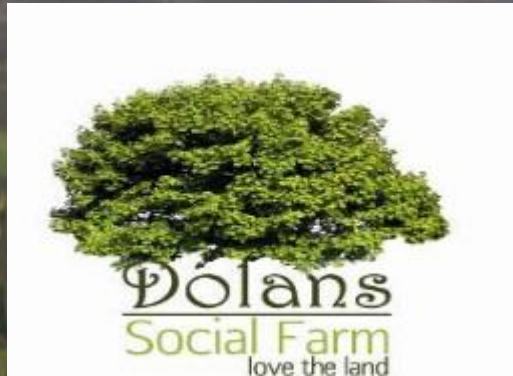
How do I contribute to the bigger picture of individual and population/sustainable health?

The concept of relationship-based care and dealing with complexity as a specialist generalist



Social prescribing and community orientation

Social farming



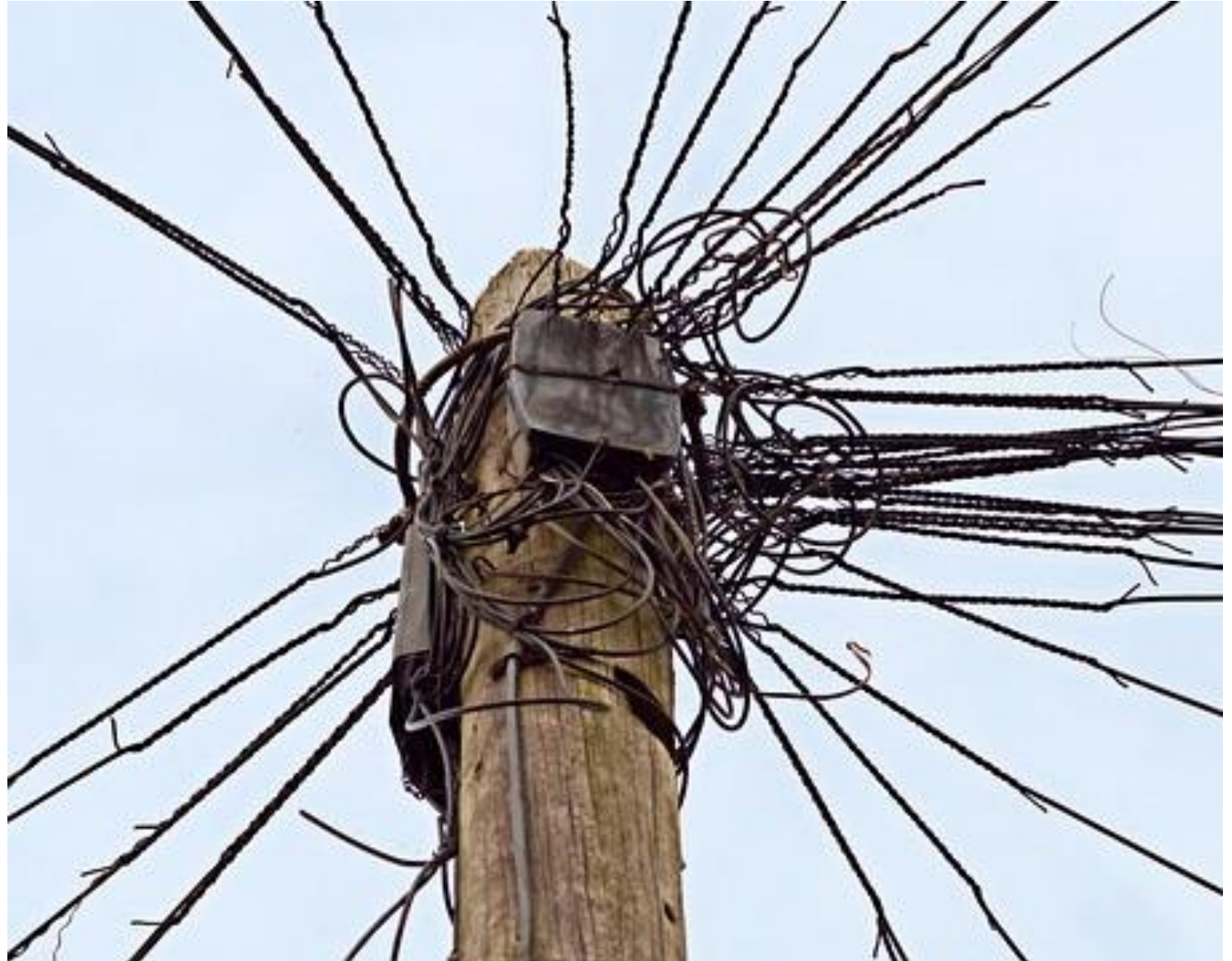
Social Prescribing and
Community Orientation
Special Interest Group

Technology-
AccuRx,
telephone
consulting

accuRx

Bringing patients and their healthcare teams together

What prevents
you from being
the doctor you
want to be?



Break-out groups

Explore experiences and strategies to address the issues of huge workload, premature burnout and shortage of primary care healthcare professionals

Plenary

Strategies and recommendations to deal with
Workload
Burnout
Shortage of primary care healthcare
professionals