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## The Unseen Toll: Physicians Burnout at Square Hospitals Ltd

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**Abstract:** *In the modern era, burnout has emerged as a major problem in the healthcare industry, especially among physicians who face significant stress due to its inherent constraints and unknowns. It is described in three ways in this study. It includes Workload (WL), working environment (WE), and working hours (WH); these all lead to burnout in the Bangladesh context. During the months of May and June 2022, quantitative techniques were employed to gather primary data for this study. To conduct this study, 100 physicians were surveyed about their experiences at Square Hospital Ltd. in Dhaka, Bangladesh. Survey questionnaires all follow a certain structure. A 30-item structured survey was designed according to the Bangladeshi context. The findings present a moderate positive correlation between physicians' burnout and influencing factors of workload, working environment and working hours in Square Hospital Ltd, Bangladesh. This study shows that physicians are overloaded with their job responsibilities, and Square Hospital Ltd's burnout is highly affected. In addition, this burnout affects the quality of a physician's services.*

**Keywords:** *Burnout, Bangladesh, Physicians, Workload, Working Hours, Working Environment.*



## 1. INTRODUCTION

Burnout among physicians is a regular occurrence and has been associated with unfavourable results for patients as well as physicians (Stewart et al., 2019). These results include a rise in poor medical choices and patient complaints of receiving poor treatment, a drop in patient satisfaction, a decline in physician productivity, and a rise in physician turnover (Rashid et al., 2022). "Emotional and exhausting conditions related to the working environment" is the definition of the psychological ailment known as burnout (S. M. Arafat & Kabir, 2017; West et al., 2018). These three aspects of burnout—emotional exhaustion, depersonalization, and poor personal achievement— seem to be more common in 'helping' professions like physicians (S. M. Arafat & Kabir, 2017; West et al., 2018).

### **Related Works**

#### **What is Burnout?**

Burnout is a psychological syndrome that can happen when people work in a stressful environment with high job demands and few resources (Sadiq et al., 2019). However, Freudenberg used the term "burnout" to describe the gradual emotional exhaustion, loss of motivation, and decreased commitment of volunteers who worked for a drug abuse organisation (S. M. Y. Arafat & Kabir, 2017; Sadiq et al., 2019; West et al., 2018). Burnout is also described as a long-term state of physical, emotional, and mental tiredness that causes detachment, dulling of emotions, feelings of helplessness or depression, and loss of drive. Maslach et al. defined burnout as a three-dimensional condition with three parts: emotional exhaustion, depersonalization, and lower personal success. Emotional exhaustion is a loss of emotional energy caused by continued work-related demands (Arafat & Kabir, 2017; Rashid et al., 2022; Sadiq et al., 2019). Depersonalization is a feeling of emotional distance from one's patients or job. Emotional exhaustion is when a person feels emotionally drained and overworked. Depersonalization is when a person acts cold and uncaring towards the people they care for, treat, or work with. Personal accomplishment is when a person feels competent and successful. Perlman and Hartman said it was a state of emotional, mental, and physical exhaustion caused by long-term emotional stress at work. Pines and Aronson, on the other hand, said it was a state of emotional, mental, and physical exhaustion caused by long-term exposure to situations of emotional overload (Arafat & Kabir, 2017; Rashid et al., 2022; Sadiq et al., 2019).

#### **Prevalence of Burnout in Physicians of Bangladesh**

Bangladesh is a country with a population density of 1,063 people per square kilometre and a total population of about 160 million people (Arafat, 2017). Health-related Millennium Development Goals (MDGs) have been met in a big way, even though there aren't enough healthcare workers and people aren't spread out evenly. For such a large community, there are about 82,500 qualified physicians (Arafat, 2017), and most of them are involved in basic health care in some way (Darkwa et al., 2015). However, there isn't a good recommendation system between the different levels of care, so people can go to any doctor they want. As a result, there is a lot of work to do both in institutions and in private offices (Yasir, 2016). This makes it hard for doctors to help people in their communities, and sometimes patients



even harass or physically attack doctors and other healthcare workers (Arafat, 2017; Yasir, 2016). The doctor- patient connection is still not well understood, and only one scale (PDRQ-9 Bangla) has been shown to be a good way to look into it (Arafat, 2017; Yasir, 2016). Burnout is a thing that happens to people who have hard jobs or who care for other people, like social workers, teachers, and healthcare workers. Romani and Ashkar (2014) say that physicians, in particular, are stressed at work. Physicians in Bangladesh have a hard time doing their jobs for many reasons. They are taking on a lot of work at work. The workload is the amount of work a person has to do, while work overload is when a person has too many jobs to do (O. Ahmed et al., 2022; Leiter & Schaufeli, 1996). Rout (1999) says that working in healthcare is hard because of the long hours. Stakeholders' Communication Organisational performance is affected by constant time pressure, doing tasks on patients, and working in a place where no one tries to be friendly. Scallon said that doctors have to work all the time and don't get enough time to rest. (Ahmed, 2015; Aryee et al., 2005). When a person feels like they have a lot to do, it hurts their drive to meet the needs of other areas, and they become tired and worn out. McGowan et al. (McGowan et al., 2013) found in their study that tiredness affects the level of care for patients and may affect worker health. A lot of physicians find that taking care of people is a stressful job. For example, Myers (Myers et al., 2003) looked at a study done in Canada and found that 64 percent of physicians feel that their task is too much and that 48 percent of those physicians had seen their workload rise over the course of the previous year. A lot of studies have also shown that healthcare professionals work hard, with the average work week lasting between fifty and sixty hours (Williams, 2018) say; that when physicians regularly work shifts longer than 24 hours, the tiredness they feel has a negative effect on both their personal and professional lives. In addition to the effects of work and weariness, physicians may also feel pressure from the practice of medicine. For instance, physicians have to deal with emotional situations like pain, fear, failure, and death.

### **Problem Statement**

Burnout in Bangladesh is a big problem, especially among physicians working in intermediate and higher care centres (Rashid et al., 2022). The COVID-19 outbreak has worsened things (Rashid et al., 2022). Here are some highlights about the problem for physicians' burnout in Bangladesh:

**High rates of burnout:** During the COVID-19 pandemic, a study was done in Bangladeshi hospitals and found that first-line physicians had high rates of burnout syndrome (BOS). The study centred on hospitals in Chattogram, Bangladesh, that offer intermediate and tertiary care (Rashid et al., 2022).

**Factors that lead to burnout:** Time pressure, heavy tasks, limited control and liberty, clashes between work and personal life, and the effects of the COVID-19 spread may all lead to burnout in physicians (Arafat & Kabir, 2017; Razu et al., 2021).

**Workload:** During the COVID-19 disaster, healthcare workers in Bangladesh, like physicians, had a lot more work to do. The lack of doctors in government healthcare centres and the need for long tele-counselling shifts added to the workload (Razu et al., 2021).

System failures and working environment challenges: During the pandemic, the healthcare system in Bangladesh had system failures and challenges, which led to too much work and mental stress among healthcare workers. These problems included not having enough nurses and physicians, not knowing about the virus, and insufficient safety gear (Razu et al., 2021). Physicians' well-being and treatment quality depend on addressing physician burnout. To provide safe, high-quality healthcare, burnout must be investigated and addressed. Bangladesh's healthcare system needs to enhance working conditions, support, and physician well-being.

### Research Questions

The following research questions have been framed to achieve the objective of this Study;

**RQ1:** Does workload relate to physicians' burnout?

**RQ2:** Does the working environment relate to physicians' burnout?

**RQ3:** Does working hours relate to physicians' burnout?

### Conceptual Framework

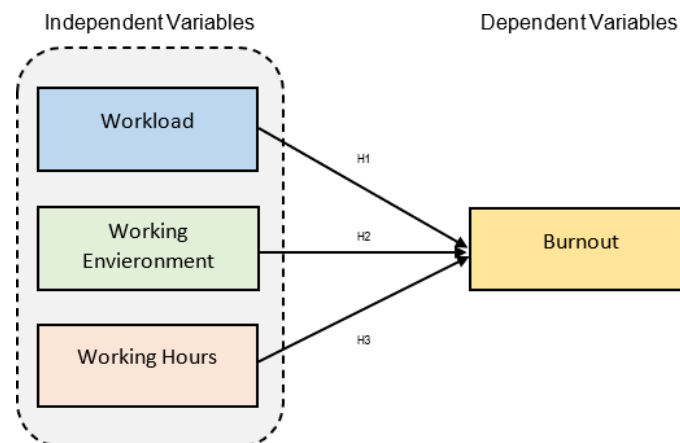


Fig. 1 Conceptual Framework (Proposed by authors)

### Hypothesis

This Study examines the following hypothesis:

**H1:** There is a significant relationship between workload and burnout.

**H2:** There is a significant relationship between working environment and burnout.

**H3:** There is a significant relationship between working hours and burnout.

## 2. METHODOLOGY

This study focuses on the primary data on how physicians experience healthcare in Bangladesh, especially Square Hospital Ltd. However, the study aims to find out how the factors that affect burnout—workload, working environment, and working hours—are connected.

For this Study, a cross-sectional study was done. Using a quantitative method while using the random sample method. When a non-probability sampling method called "purposeful sampling" is used, the parts of a sample are chosen based on the researcher's best opinion. Also, K. Black (2019) says that experts will believe that choosing on purpose might save time and money (Black, 2019). For this study, information was gathered through a brief questionnaire, and in the end, 100 physicians were chosen. In the city of Dhaka, information is taken from Square Hospital Ltd., which is one of the biggest hospitals. From May to June 2023, data were gathered.

For this study, the researcher made a 21-item assessment that could only be filled out in English. There are three questions about demographics, and the other 18 questions use a Likert measure with five possible answers: 1 for strongly disagree, 2 for disagree, 3 for neutral, 4 for agree, and 5 for strongly agree.

### 3. ANALYSIS AND RESULTS

The study was performed with SPSS software (26 editions) to analyze this Study. The demographic part of descriptive statistics was looked at to check the information about the participants. The hypothesis was assessed with the help of the correlation analysis.

Table 1: Analysis of the study

No	Analysis Test	Threshold	Reference
1	Descriptive Statistics		
2	Correlation Analysis (2 - tailed)	**< 0.05 ***< 0.01	(Hair Jr et al., 2021)

There were 100 individuals who took part in this Study. Table 2 is a summary of the basic data about the respondent's demographics in terms of frequency and precise percentages. The table shows that 61% and 39% were male and female participants. Among them, 83% were aged between 41 to 50, and 17% were aged 51 and above years. Also, 57%, 31%, and 12% were 11 to 15, 16 to 20 and 21 and above years of experience.

Table 2: Demographic Information

Demographic Information	Categories	Frequency	Valid %
Gender	Male	61	61%
	Female	39	39%
Age	30 and less	-	-
	31-40	-	-
	41-50	83	83%
	51 and above	17	17%
Working Experience	10 years and less	-	-
	11-15	57	57%
	16-20	31	31%
	21 and above	12	12%

**H1: There is a significant relationship between workload and burnout.**

The outcome revealed that the path coefficient between WL and BO is 0.584. The t- t-value is 4.331, which is higher than the value of 1.96 (significant as  $4.331 > 1.96$ ). In the same way, the p-value of 0.000 is lower than the threshold value of 0.05 (significant  $0.000 < 0.05$ ). Therefore, the finding is that H1 is acceptable. There is a significant relationship between WL and BO.

**H2: There is a significant relationship between working environment and burnout.**

The outcome revealed that the path coefficient between WE and BO is 0.482. The t- t-value is 4.270, which is higher than the value of 1.96 (significant as  $4.270 > 1.96$ ). In the same way, the p-value of 0.000 is lower than the threshold value of 0.05 (significant  $0.000 < 0.05$ ). Therefore, the finding is that H2 is acceptable. There is a significant relationship between WE and BO.

Table 3: Path Coefficients

Variables	Path Coefficients	T value
Workload (WL)	0.584	4.331
Working Environment (WE)	0.482	4.270
Working Hour (WH)	0.579	3.960

**H3: There is a significant relationship between working hour and burnout.**

The outcome revealed that the path coefficient between WH and BO is 0.579. The t- value is 3.960, which is higher than the value of 1.96 (significant as  $3.960 > 1.96$ ). In the same way, the p-value of 0.000 is lower than the threshold value of 0.05 (significant  $0.000 < 0.05$ ). Therefore, the finding is that H3 is acceptable. There is a significant relationship between WH and BO.

Table 4: Hypothesis Test Results

	Relation	Outcome
H1	WL → BO	Supported
H2	WE → BO	Supported
H3	WH → BO	Supported

#### 4. CONCLUSIONS

Physician burnout is a known risk in the healthcare industry. Burnout is caused by how every physician is as a person and how they work. During the COVID-19 pandemic, a study found that the main physicians in Bangladeshi hospitals caring for COVID-19 and non-COVID patients had high rates of burnout syndrome (BOS). Time pressure, heavy tasks, limited control and liberty, clashes between work and personal life, and the effects of the COVID-19 spread could all lead to burnout among physicians. During COVID-19, physicians in



Bangladesh worked more. During the epidemic, Bangladeshi healthcare workers faced system breakdowns and stress. Physicians' well-being and treatment quality depend on addressing physician burnout. Bangladesh's healthcare system must enhance working conditions, support, and physician well-being. the study has limitations. First, just one hospital was used as the basis for the investigation. Second, there was no stratification due to the availability of the samples. Finally, there was very little period.

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