

# Short report: Burnout, depression, and moving away

## *How are they related?*

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**T**oo few physicians staying too few years in one place makes it increasingly difficult for physicians currently living and working in many remote and isolated Canadian communities to provide optimal family practice care.<sup>1</sup> Physicians who choose to stay and practise in such communities must learn to cope with heavy workloads, difficult patients who cannot be sent elsewhere, heavy on-call duties, fatigue, and constant interruptions of their personal lives.<sup>2</sup> Difficulty attracting locum tenens physicians means vacations and educational leaves are few and far between.

Surveys confirm that many Canadian physicians suffer from high stress, low morale, emotional exhaustion, depersonalization, depression, and low job satisfaction and are considering relocating from their present practices.<sup>3</sup> If physicians are leaving Canadian communities because they suffer from burnout and are depressed and dissatisfied with their jobs, communities with low physician retention rates could be expected to be the same communities where physicians are exhausted and malcontent. The objective of this study was to determine whether physicians working in communities that have long had trouble retaining their physicians have higher depression and burnout rates than physicians who work in communities that seem able to retain their physicians.

Physicians were selected randomly from a 1998 list of British Columbia Northern Isolation Allowance

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(NIA) communities. Contact information came from the College of Physicians and Surgeons of British Columbia's 1998 Physician Register.<sup>4</sup> Each physician was sent a questionnaire that included inventories pertaining to depression (Beck Depression Inventory) and burnout (Maslach Burnout Inventory). Details of the survey have been reported elsewhere (page 737). All recipients were asked to read and sign an informed consent form. The research proposal and survey were approved by the University of British Columbia Ethics Review Board in fall 1998.

Physician retention rates for the communities came from analysis of the *Medical Directories* (1979-1980 to 1998-1999) published each year by the College of Physicians and Surgeons of British Columbia.<sup>4</sup> Every physician listed in every directory for each NIA community was entered on a spreadsheet. Total number of physicians listed in each community and total number of physicians staying longer than 9 years were also entered. Details of these results have been reported elsewhere.<sup>5,6</sup> Communities with similar long-term physician retention rates (number of physicians listed more than 9 years) were combined, and mean (plus or minus standard deviation [ $\pm$  SD]) scores on the Beck Depression Inventory and the emotional exhaustion section of the Maslach Burnout Inventory for all physicians working in these communities were calculated and plotted.

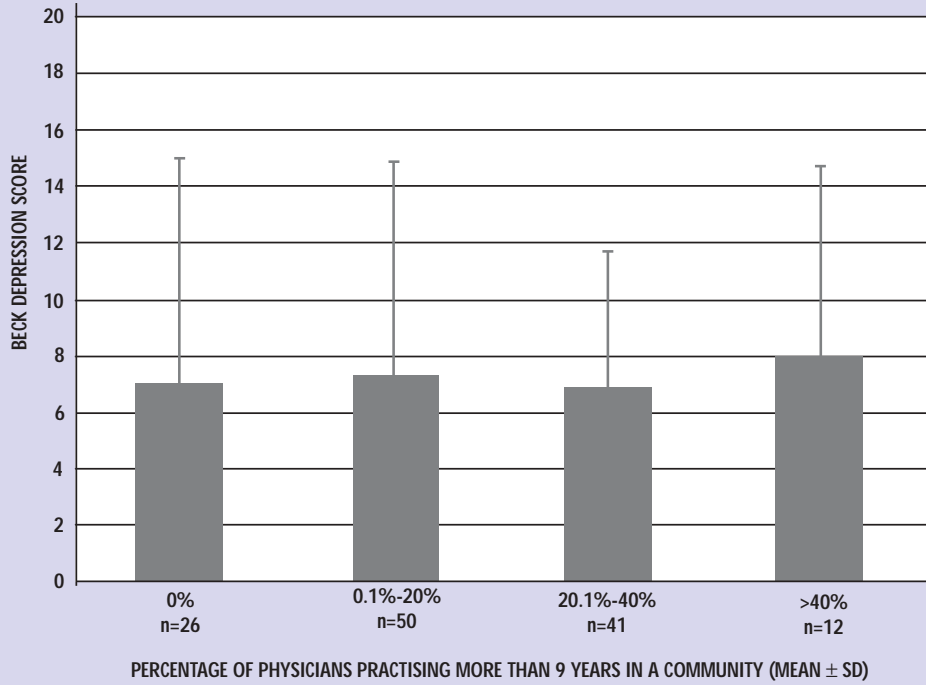
**Figures 1 and 2** show mean ( $\pm$  SD) depression and emotional exhaustion scores for surveyed physicians living in communities with various long-term physician retention rates (ie, percentage of physicians listed for 10 or more years). Physicians living in NIA communities with high long-term physician retention rates *do not* have lower Beck depression or Maslach emotional exhaustion scores than physicians living in NIA communities with low long-term physician retention rates.

Our data suggest that medicine is a stressful occupation wherever physicians choose to work. Physicians working in communities with high turnover of physicians do not appear to be any more

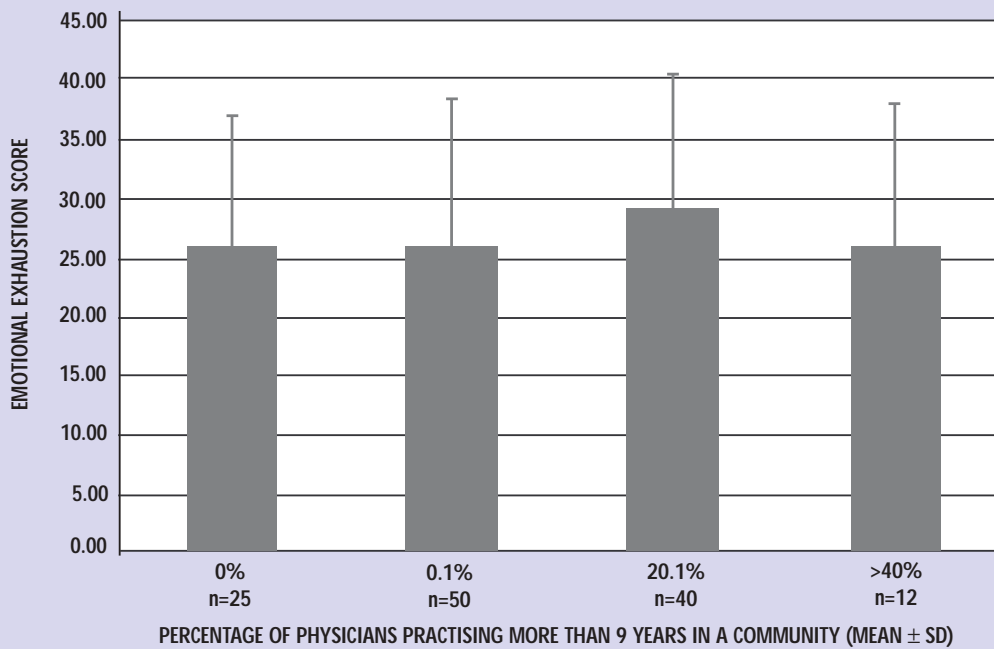
# RESEARCH

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**Figure 1. Beck Depression Inventory and physician retention**



**Figure 2. Maslach emotional exhaustion score and physician retention**



stressed or depressed than physicians working in communities with lower turnover rates.

Other factors must play a role in a physician's decision to leave a community. Desire for greater recreational, cultural, and educational opportunities for family; for improved climate and terrain; and for less isolation are all non-work factors that might well be the most important determinants of whether physicians stay in certain communities for 10 or more years.<sup>5</sup> ✦

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#### Contributors

**Dr Thommasen** conceived the idea, did the literature search, and wrote up the manuscript. **Drs Lavanchy and Connelly**, family practice residents, helped design the study, input data, obtained ethics approval for the study, and sent out the initial survey. **Dr Berkowitz**, a statistician, helped with study design and did all the statistical analysis. **Dr Grzybowski** supervised the project, helped with initial study design, and read and edited early drafts of the manuscript.

#### Competing interests

*None declared.*

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#### Editor's key point

- Contrary to expectations, rural, isolated British Columbia communities with physicians who have higher rates of depression and emotional exhaustion do not appear to have lower long-term retention rates for those physicians.

#### Point de repère du rédacteur

- À l'encontre de toutes attentes, les collectivités rurales et isolées de la Colombie-Britannique, où les médecins accusent de plus forts taux de dépression et d'épuisement émotionnel, ne semblent pas souffrir de taux plus bas de maintien à long terme de leur effectif médical.

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