

## PROFESSIONAL BURNOUT SYNDROME

Consequence of chronic exposure to job related stress (suffering persons, critical / dying patients) manifested as an empathic reaction of overwhelming emotional exhaustion, feelings of ineffectiveness and self-doubt, along with the loss of interest in performing professional activities.

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1.	<b>Good morning/afternoon. My name is ..... I am doctor / nurse....</b>				0 2 5
2.	<b>Can you tell me your name, please..... and your date of birth..... . Thank you.</b>	ESSENTIAL			
3.	Secure a private examination environment ( <i>office/ room with a quiet, calm environment, with no distractions/ personal home etc.</i> ) <b>What we need to do is to establish if your professional work environment is a source of burnout for you and your colleagues (what we will do)</b>				0 1 3
4.	<b>This evaluation will focus on three main steps: assessing the presence of personal and/or professional risk factors for developing burnout syndrome, completion of the professional quality of life questionnaire (PROQOL) in order to quantify the negative impact of the burnout syndrome and finding possible debriefing burnout strategies (what the evaluation consists of)</b>				0 2 5
5.	<b>It is very important that you stay relaxed and calm during the evaluation. Please respond with all sincerity. There are no incorrect answers. If in doubt, feel free to ask any questions. You may withdraw at any time and you may skip questions you would prefer not to answer. (how to contribute to the evaluation)</b>				0 1 3
6.	<b>Before proceeding further, you must rest assured that all information provided will be kept confidential. We will not disclose your personal information to a third party without your consent.</b>				0 1 3
7.	<b>Do you agree being part of this evaluation? (evaluation of personal beliefs regarding the burnout syndrome and acceptance of consent)</b>	ESSENTIAL			
8.	Assess caregiver's professional condition <b>What is your job title? What is the specialty of the medical unit you perform your activity in? Briefly describe your duties and responsibilities in your current job. How many years of employment do you have in your current position? Your previous jobs were part of the same medical specialty?</b>				0 4 9
9.	<b>Do you have a temporary or a permanent contract of employment? (temporary contracts can lead to job insecurity/overworking to complete tasks in order to prove one's worth)</b>				0 1 3
10.	<b>How many hours do you work per week? Less/more than 40-hour work week?</b>				0 2 5
11.	<b>How many patients do you usually take care off (per shift/week)?</b>				0 2 5
12.	<b>Are you satisfied with your current job responsibilities?</b>				0 1 3

13.	<b>How satisfied are you of your work performance so far?</b>				0 1 3
14.	<b>What do you find most frustrating at work/about your job? Can you give me an example?</b>				0 1 3
15.	<b>Are you familiar with the term of “secondary traumatic stress”?</b> ( <i>traumatic stress experienced by patients in care, having a negative impact on caregiver’s health and mental state</i> ) <b>How much do you feel affected by your patients’ medical condition?</b> <b>Please exemplify one situation</b>				0 4 9
16.	<b>Are you satisfied with your current payment conditions?</b> ( <i>Effort–reward imbalance represents a possible cause for professional dissatisfaction</i> )				0 3 6
17.	<b>Do you consider that the team members/your colleagues are being supportive for you?</b>				0 1 3
18.	<b>Is there something you would like to change at work?</b>				0 1 3
19.	Assess caregiver’s personal condition ( <i>marital status, number of children, time from last vacation - the impact of the burnout syndrome over the personal life is correlated to these aspects</i> ) <b>Are you married/divorced/widow(er)? If married, for how long?</b>				0 1 3
20.	<b>Do you have children? How many?</b> <b>Do you have someone to help you with your child (children)?</b>				0 1 3
21.	<b>Do you consider that your job is affecting negatively the time spent with your family?</b> ( <i>limited time with your family, constantly thinking about your job and patients, not being able to relax at home/not feeling appreciated by family members</i> )				0 2 5
22.	<b>How many hours do you sleep per night? Is there something/someone constantly interrupting your sleep? Do you wake up feeling rested?</b>				0 1 9
23.	<b>Do you consider you have healthy eating habits? Is your work interfering with your meals program?</b>				0 1 3
24.	<b>Are your friends and relatives an active part of your current living? Do you find the time to meet with them?</b> ( <i>social burnout is a side effect of excessive stress exposure</i> )				0 1 3
25.	<b>When was your last vacation?</b>				0 1 3
26.	<b>What do you do to distract yourself from work?</b> <b>Can you give me some examples, please?</b>				0 1 3
27.	<b>Can you give me examples of stressful situations/conditions not related to the job that you may encounter every day?</b>				0 1 3
28.	<b>Have you ever felt depressed or unmotivated?</b>				0 1 3
29.	<b>In order to establish the presence of burnout elements you will be asked several questions, all of them being part of the professional quality of life questionnaire (PROQOL)</b>	ESSENTIAL			
30.	<b>This questionnaire will assess three main characteristics: compassion satisfaction, burnout and secondary traumatic stress</b>				0 4 9
31.	<b>All three characteristics reflect the impact of stressful and critical situations you may encounter at work</b>				0 1 3

32.	<b>You should select one single answer from 5 possibilities, the one that most applies to your every day work environment</b>					0 1 3
33.	<b>Each answer will be noted accordingly</b> Never – 1 point Rarely – 2 points Sometimes – 3 points Often – 4 points Very often – 5 points					0 1 3
34.	<b>Select the number that honestly reflects how frequently you experienced the situations presented in the questionnaire in the last 30 days</b>					0 1 3
35.	<b>It won't take longer than 15 minutes to complete the questionnaire</b>					0 1 3
36.	<b>Would you like to ask me anything else regarding this evaluation?</b>	ESSENTIAL				
37.	<b>Good luck: I will come back in 15 minutes.</b> <b>After you finish completing the questionnaire, we will calculate the total score and give you the final result in approximately 10 minutes.</b>	ESSENTIAL				
38.	If according to the total score we have a low level of burnout or secondary traumatic stress, there is no need to continue the evaluation. <b>Thank you for your participation in this evaluation. Your answers are very valuable in our efforts to improve the proper management of persons who are at risk of developing burnout.</b>	ESSENTIAL				
39.	If the scoring confirms the presence of burnout, continue the evaluation and briefly assess existent medical pathological conditions responsible for clinical manifestations similar to burnout (sleep disturbances/primary psychiatric disorders/ concomitant medication/ thyroid disorders) <b>Please tell me if you were diagnosed previously with any medical disease? Are you on a specific treatment? If so, please say the name of the drug(s)</b>					0 4 9
40.	Assessing debriefing burnout strategies <b>Do you believe you need help to control the effects of the job related stress? What do you believe it would be most efficient?</b>					0 1 6
41.	<b>Would you consider helpful a discussion with colleagues in similar situations/ psychologist? Are you a religious person?</b> <b>Joining working, social, religious support groups can help coping with negative experiences</b>					0 2 5
42.	<b>What kind of remedies did you use to cope with the stressful experiences?</b> <i>(relaxation techniques, medication, alcohol, illicit drugs)</i>					0 1 6
43.	<b>Do you find helpful communication skills training courses and seminars?</b> <i>(Find efficient techniques of improving communication skills between team members or between caregiver and patient/s)</i>					0 1 3
44.	<b>How often are you interrupted during the daily activities? How is this affecting the quality of your work?</b> <i>(Avoid time-consuming activities and prioritize tasks according to their importance).</i>					0 4 9

45.	<b>What measures do you take to improve your physical and mental health? Quality of sleep, social activities, physical activity, healthy eating habits?</b>				0 4 9
46.	<b>Thank you for your participation in this evaluation. Your answers are very valuable in our efforts to improve the proper management of persons who develop burnout.</b>	<b>ESSENTIAL</b>			
<b>Total score: 180</b>		<input type="radio"/>			%
		<input type="radio"/>			%
		<input type="radio"/>			%

Legend:  - unfulfilled criterion;  – partially fulfilled criterion;  – completely fulfilled criterion  
(score according to column P)

**Selective references**

1. Maslach C, Schaufeli WB, Leiter MP, 2001 *Job Burnout* Annu. Rev. Psychol. 52:397–422
2. Professional Quality of Life Scale (PROQOL), Compassion Satisfaction and Compassion fatigue (PROQOL) Version 5 (2009). Available at URL: [http://www.proqol.org/uploads/ProQOL\\_5\\_English\\_Self-Score\\_3-2012.pdf](http://www.proqol.org/uploads/ProQOL_5_English_Self-Score_3-2012.pdf)