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BURNOUT: ITS INTER-SPECIALTY VARIATION IN POSTGRADUATE DOCTORS OF JINNAH HOSPITAL, LAHORE

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Abstract:

Background: *The aim of the study is to determine the prevalence of burnout in postgraduate doctors according to their specialty, in Jinnah Hospital, Lahore.*

Introduction: *Burnout is a state of high emotional exhaustion, high depersonalization and low personal accomplishment.*

Method: *The study design was cross sectional study, with the duration of 3 weeks, (9-5-19 till 5-6-16). A sample size of 200 was taken and non-probability purposive technique was used and research was carried out using MBI (Maslach burnout inventory). The data was then analyzed by using SPSS version 21.0.*

Results: *The burnout according to the specialty in pathology, gynecology, surgery, medicine and others were following: 17.5%, 30.0%, 55.0%, 90.0% and 42.5%*

Conclusions: *Burnout of varying degrees is present in all the specialties, with highest levels being observed in medicine and surgery while lowest was seen in pathology. Gender, age , time served as post graduate and number of working hours per day also appeared to influence the prevalence of burnout. The high incidence of burnout demonstrates the need of appropriate strategies to prevent adverse effects on doctors' quality of life and on the quality of care patients receive.*

Keywords: *postgraduates, Jinnah Hospital Lahore, burnout syndrome, associated factors, inter-specialty variation.*

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INTRODUCTION:

In 1970s, the American psychologist Herbert Freudenberger presented the term "burnout" as a state of chronic stress leading to physical and emotional exhaustion (i.e. cynicism, detachment, feelings of inadequacy) and lack of accomplishment [1]. In short, burnout is a "triad" of emotional exhaustion, depersonalization and reduced personal accomplishment [2].

Another interesting fact to ponder upon is that although, no specific diagnosis of burnout is mentioned in the *Diagnostic and Statistical Manual of Mental Disorders*, even then burnout is categorized as a clear syndrome with noticeable outcomes which indeed is a recurrent reason for medical excuses from work, and thus the impact on health-related economics is observed significantly [3].

Taking in account the heavy emotional requirements of the work environment, doctors are vulnerable to burnout above and beyond the usual workplace stress. Hence, burnout is linked with a various kinds of undesirable pessimistic effects on patient's wellbeing [2].

Burnout is a potential harbor for psychosocial adversities affecting not only the subjects but also the organizations which hire them. It can target physical and/or mental health, leading to psychopathological (e.g. anxiety, obsession-compulsion, interpersonal sensitivity, depression, hostility, paranoid ideation, alcoholism and addictions) and/or psychosomatic disorders (e.g. Cardiorespiratory alterations, severe headaches, gastritis, ulcers, insomnia, dizziness etc.).While on the other hand, organization suffers quantitative as well as qualitative loss of its output [4].

The latest researches emphasize greatly on the disappointing observation i.e. "The rate of burnout among doctors is gradually increasing worldwide".

Burnout specialists at the AMA and Mayo clinic carried out a survey of 6880 doctors, with the objective of assessing and comparing burnout rates of 2011 with 2014. The results (given below) favored the stated observation completely [5].

- Family medicine (51.3% in 2011 versus 63% in 2014)
- General surgery (42.4% versus 52.7%)
- Pathology (37.6 versus 52.5%)
- General pediatrics (35.3% versus 46.3%)

Pakistan, being a developing country not only lacks scientific basis (including relevant researches) for this entity but also the standards for its diagnosis, classification and treatment are not well established [3].

This research is aimed to study the rate of burnout among the post graduate doctors in Jinnah Hospital Lahore. The goal of this review is to provide medical educators and leaders with an overview of the existing factors that contribute to burnout, its inter-specialty variation, and suggestions for interventions to decrease burnout.

OPERATIONAL DEFINITION:

BURNOUT SYNDROME:

It is a state of chronic stress leading to physical and emotional exhaustion (i.e. cynicism, detachment, feelings of inadequacy,) and lack of accomplishment. In short, burnout is a "triad" of emotional exhaustion, depersonalization and reduced personal accomplishment.

METHODOLOGY OF BURNOUT SYNDROME IN POST GRADUATE TRAINEES OF JINNAH HOSPITAL LAHORE

- **OBJECTIVE:**

To find out burnout syndrome and its inter-specialty variation in postgraduates physicians of Jinnah Hospital Lahore.

- **STUDY DESIGN:**

Cross sectional study.

- **DURATION OF STUDIES:**

3 weeks (from 9-5-2016 till -1-6-2016)

- **STUDY SETTINGS:**

Jinnah hospital Lahore affiliated with Allama Iqbal Medical College located at Moulana Shabbir Ahmed, Usmani Road, Lahore 54550**.**

Jinnah Hospital Lahore is 2nd largest tertiary care hospital with 1500 beds after Mayo Hospital. It is a Government owned health institute. It is also a teaching hospital and is affiliated with AIMC or Allama Iqbal Medical College. Students of this college are offered here house training and residency jobs. Jinnah Hospital Lahore has best Trauma center where patients are treat with modern medical equipment and medicines. It offers medical facilities to all including kids, men and women, young and old. Although it is public hospital but its health services are very good and atmosphere is very neat and clean. Patients come here for diseases of eyes, heart, sugar or diabetes, Liver, stomach and children disease

- **SAMPLE SIZE:**
  200 post graduates doctors.

- **SAMPLING TECHNIQUE:**
  Non probability purposive technique

- **INCLUSION CRITERIA:**
  Post graduates doctors who have been working for more than 6 months

- **EXCLUSION CRITERIA:**
  Post graduates doctors who have been working for less than 6 months. Also, those who are non-cooperative.

- **VARIABLES (DEPENDENT):**
  It is mainly dependent on specialty of post graduate doctors however relation with age, gender, time served and number of working hours is also taken in account.

- **VARIABLES (INDEPENDENT) :**
  Residential status, travelling cost, etc.

- **TOOL OF MEASUREMENT:**
  Questionnaire (MASLACH BURNOUT INVENTORY)

- **DATA COLLECTION PROCEDURE:**
  200 post graduates doctors fulfilling the inclusion criteria will be included in our study. After an informed consent a demographic profile of each post graduate doctor will be collected. Each doctor will be given MASLACH BURNOUT INVENTORY, it is 3 sections based self-assessment instrument intended to evaluate degree of burnout syndrome according to inter-specialty variation. All information will be entered in a structured questionnaire (attached).

- **DATA ANALYSIS:**

The plan was data will be entered and analyzed in SPSS version 17 or 21. Mean and Standard deviation will be calculated for variables e.g. number of working hours of post graduate doctors. Frequency and percentages will be calculated for nominal values.

As per requirement, to analyze the data we created a database and analyzed with IBM SPSS Statistics for Windows, version 21.0 software (IBM Corp., Armonk, NY, USA). Frequencies and percentages were described for all socio-demographic variables. Standard deviation was applied to percentages and quantitative and numerical variables. The calculations were done to determine statistical significance between psychosocial risk factors, specialties and dimensions of burnout syndrome. Backward multiple linear regression analysis was conducted for each of the three MBI component scores to examine the relationship between burnout and specialties of doctors.

RESULTS AND MAIN FINDINGS:

GRAPHS AND TABLES:

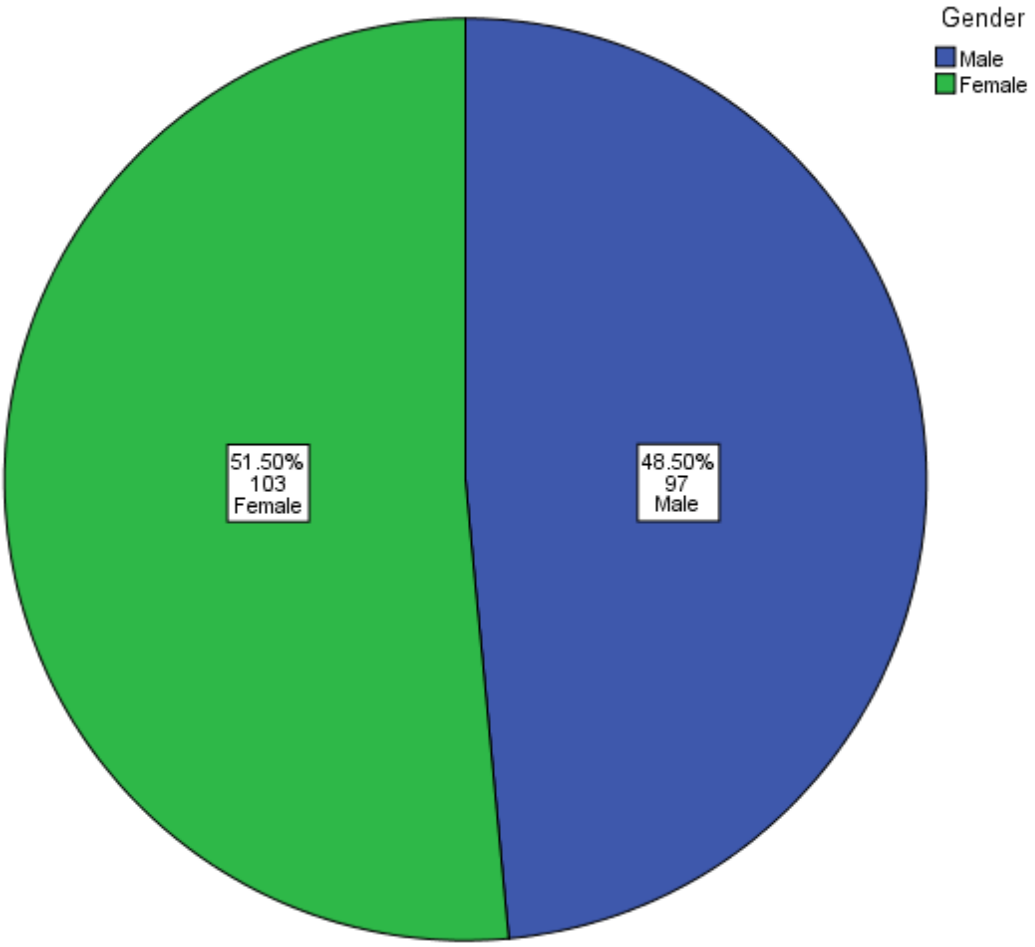

Figure no 1: Pie chart showing gender percentage of post graduates who participated in the study

Specialty

	Frequency	Percent	Valid Percent	Cumulative Percent
Pathology	40	20.0	20.0	20.0
Surgery	40	20.0	20.0	40.0
Medicine	40	20.0	20.0	60.0
Gynecology	40	20.0	20.0	80.0
Others	40	20.0	20.0	100.0
Total	200	100.0	100.0	

Table no 1. Post graduates from different specialties

Age

	Frequency	Percent	Valid Percent	Cumulative Percent
23-29	153	76.5	76.5	76.5
30-36	47	23.5	23.5	100.0
Total	200	100.0	100.0	

Table no 2. Post graduates from different age groups

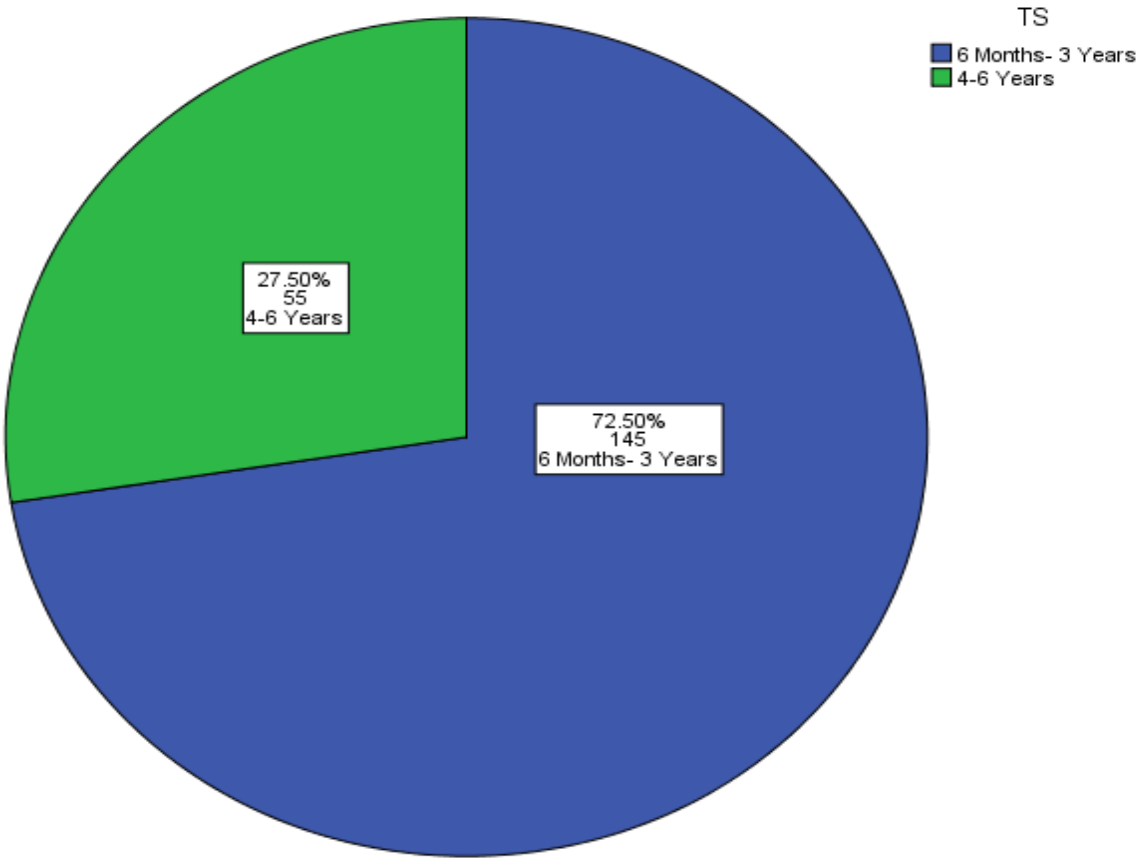

Figure no 2. Time served as post graduate

Hours

	Frequency	Percent	Valid Percent	Cumulative Percent
6-12	173	86.5	86.5	86.5
13-19	27	13.5	13.5	100.0
Total	200	100.0	100.0	

Table no 3: Number of working hours per day

Statistics

	Emotional Exhaustion	Depersonalization	Personal Achievement
Mean	20.48	16.09	36.01
Std. Deviation	8.171	7.380	8.184

Table no 4: Means and standard deviations of different sections of burnout

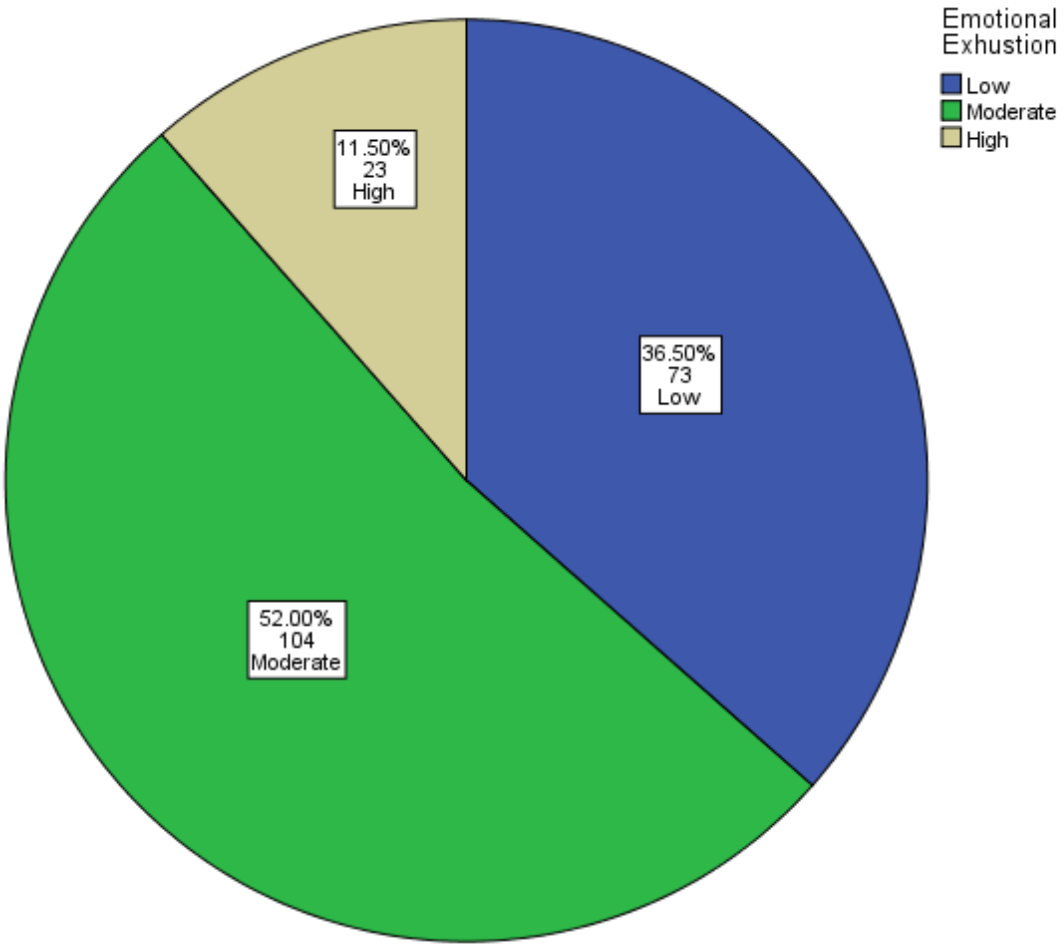

Figure no 3: Ratio and percentage of Emotional Exhaustion among post graduates

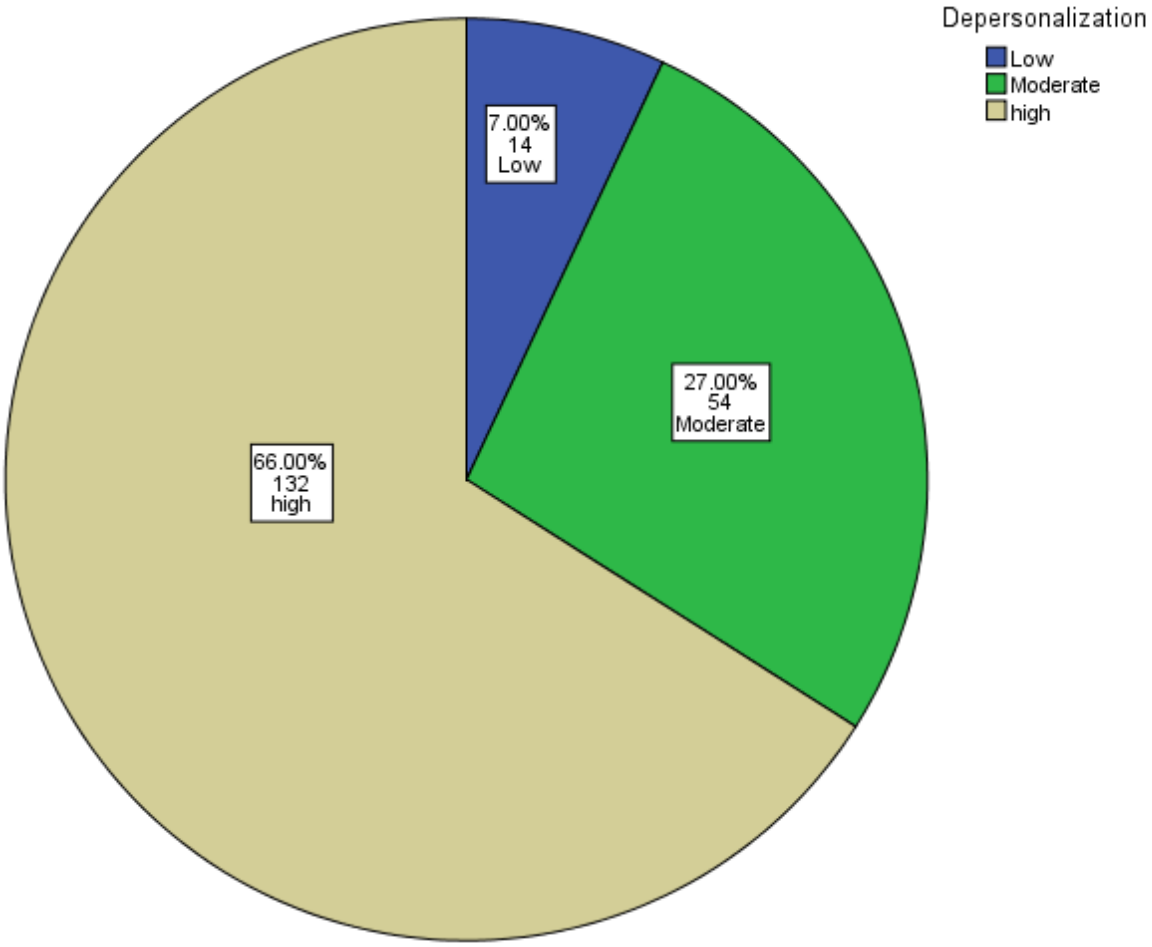

Figure no 4: Ratio and percentage of Depersonalization among post graduates

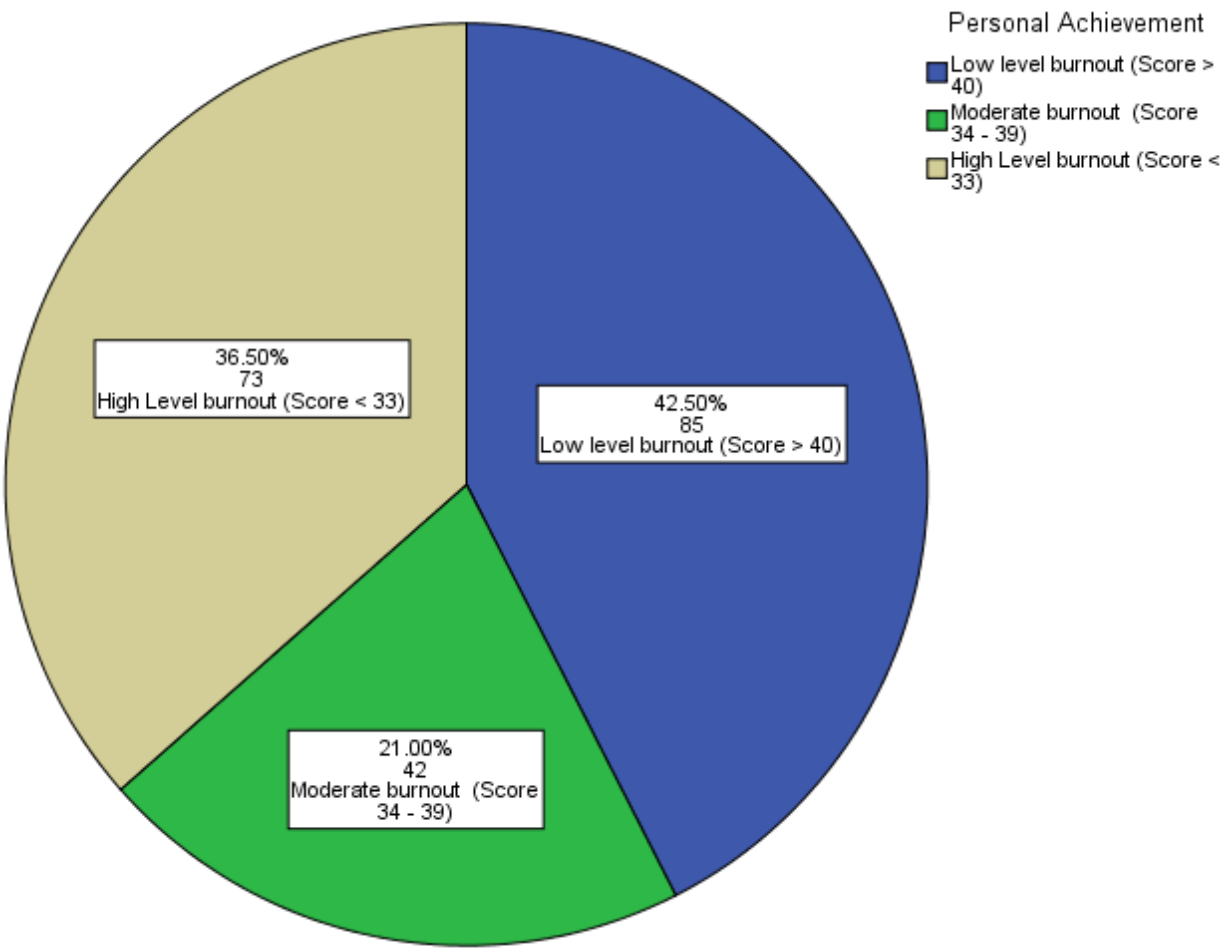

Figure no 5: Ratio and percentage of Personal Achievement among post graduates

Emotional Exhaustion

	Frequency	Percent	Valid Percent	Cumulative Percent
Low	73	36.5	36.5	36.5
Moderate	104	52.0	52.0	88.5
High	23	11.5	11.5	100.0
Total	200	100.0	100.0	

Table no.5: Burnout with respect to Emotional Exhaustion

Depersonalization

	Frequency	Percent	Valid Percent	Cumulative Percent
Low	14	7.0	7.0	7.0
Moderate	54	27.0	27.0	34.0
High	132	66.0	66.0	100.0
Total	200	100.0	100.0	

Table no.6: Burnout with respect to Depersonalization

Personal Achievement

	Frequency	Percent	Valid Percent	Cumulative Percent
Low level burnout (Score > 40)	85	42.5	42.5	42.5
Moderate burnout (Score 34 - 39)	42	21.0	21.0	63.5
High Level burnout (Score < 33)	73	36.5	36.5	100.0
Total	200	100.0	100.0	

Table no.7: Burnout with respect to personal achievement

			Specialty					Total
			Pathology	Surgery	Medicine	Gynecology	Others	
Emotional Exhaustion	Low	Count	29	13	5	15	11	73
		% within Specialty	72.5%	32.5%	12.5%	37.5%	27.5%	36.5%
	Moderate	Count	11	18	33	22	20	104
		% within Specialty	27.5%	45.0%	82.5%	55.0%	50.0%	52.0%
	High	Count	0	9	2	3	9	23
		% within Specialty	0.0%	22.5%	5.0%	7.5%	22.5%	11.5%
Total		Count	40	40	40	40	40	200
		% within Specialty	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pearson Chi-Square 48.883[a] p= .000								

Table no.8: Inter-specialty variation of burnout with reference to Emotional Exhaustion

			Specialty					Total
			Pathology	Surgery	Medicine	Gynecology	Others	
Depersonalization	Low	Count	11	2	0	0	1	14
		% within Specialty	27.5%	5.0%	0.0%	0.0%	2.5%	7.0%
	Moderate	Count	15	16	0	12	11	54
		% within Specialty	37.5%	40.0%	0.0%	30.0%	27.5%	27.0%
	high	Count	14	22	40	28	28	132
		% within Specialty	35.0%	55.0%	100.0%	70.0%	70.0%	66.0%
Total		Count	40	40	40	40	40	200
		% within Specialty	100.0%	100.0%	100.0%	100.0%	100.0%	100.0 %
Pearson Chi-Square 59.832[a] p= .000								

Table no.9: Inter-specialty variation of burnout with reference to Depersonalization

		Specialty					Total
		Pathology	Surgery	Medicine	Gynecology	Others	
Personal Achievement	Low level burnout (Score > 40)	21 52.5%	10 25.0%	4 10.0%	26 65.0%	24 60.0%	85 42.5%
	Moderate burnout (Score 34 - 39)	10 25.0%	12 30.0%	9 22.5%	4 10.0%	7 17.5%	42 21.0%
	High Level burnout (Score < 33)	9 22.5%	18 45.0%	27 67.5%	10 25.0%	9 22.5%	73 36.5%
Total		40 100.0%	40 100.0%	40 100.0%	40 100.0%	40 100.0%	200 100.0%
Pearson Chi-Square 42.909 p= .000							

Table no.10: Inter-specialty variation of burnout with reference to Personal accomplishment

		Burnout Grade			Total	Percentage of high burnout
		Low Burnout 1-3	moderate burnout = 4-6	high burnout 7-9		**%age**
specialty of postgraduates	Pathology	4	29	7	40	17.5
	Surgery	0	18	22	40	55
	Medicine	0	4	36	40	90
	Gynecology	0	28	12	40	30.0
	Others	1	22	17	40	42.5
Total		5	101	94	200	

Table no.11: Inter-specialty variation of Burnout Syndrome

			Burnout Grade			Total
			Low Burnout 1-3	moderate burnout = 4-6	high burnout 7-9	
gender of postgraduates	Male	Count	5	30	62	97
		% within gender of postgraduates	5.2%	30.9%	63.9%	100.0%
	Female	Count	0	71	32	103
		% within gender of postgraduates	0.0%	68.9%	31.1%	100.0%
Total		Count	5	101	94	200
		% within gender of postgraduates	2.5%	50.5%	47.0%	100.0%

Table no.12: Burnout with reference to gender

			Burnout Grade			Total
			Low Burnout 1-3	moderate burnout = 4-6	high burnout 7-9	
age of postgraduates	23-29	Count	2	73	78	153
		% within age of postgraduates	1.3%	47.7%	51.0%	100.0%
	30-36	Count	3	28	16	47
		% within age of postgraduates	6.4%	59.6%	34.0%	100.0%
Total		Count	5	101	94	200
		% within age of postgraduates	2.5%	50.5%	47.0%	100.0%

Table no.13: Burnout with reference to age

			Burnout Grade			Total
			Low Burnout 1-3	moderate burnout = 4-6	high burnout 7-9	
time served by postgraduates	6 Months- 3 Years	Count	2	65	78	145
		% within time served by postgraduates	1.4%	44.8%	53.8%	100.0%
	4-6 Years	Count	3	36	16	55
		% within time served by postgraduates	5.5%	65.5%	29.1%	100.0%
Total		Count	5	101	94	200
		% within time served by postgraduates	2.5%	50.5%	47.0%	100.0%

Table no.14: Burnout with reference to time served as post graduate

			Burnout Grade			Total
			Low Burnout 1-3	moderate burnout = 4-6	high burnout 7-9	
number of working hours per day	6-12	Count	5	93	75	173
		% within number of working hours per day	2.9%	53.8%	43.4%	100.0%
	13-19	Count	0	8	19	27
		% within number of working hours per day	0.0%	29.6%	70.4%	100.0%
Total		Count	5	101	94	200
		% within number of working hours per day	2.5%	50.5%	47.0%	100.0%

Table no.15: Burnout with reference to number of working hours per day

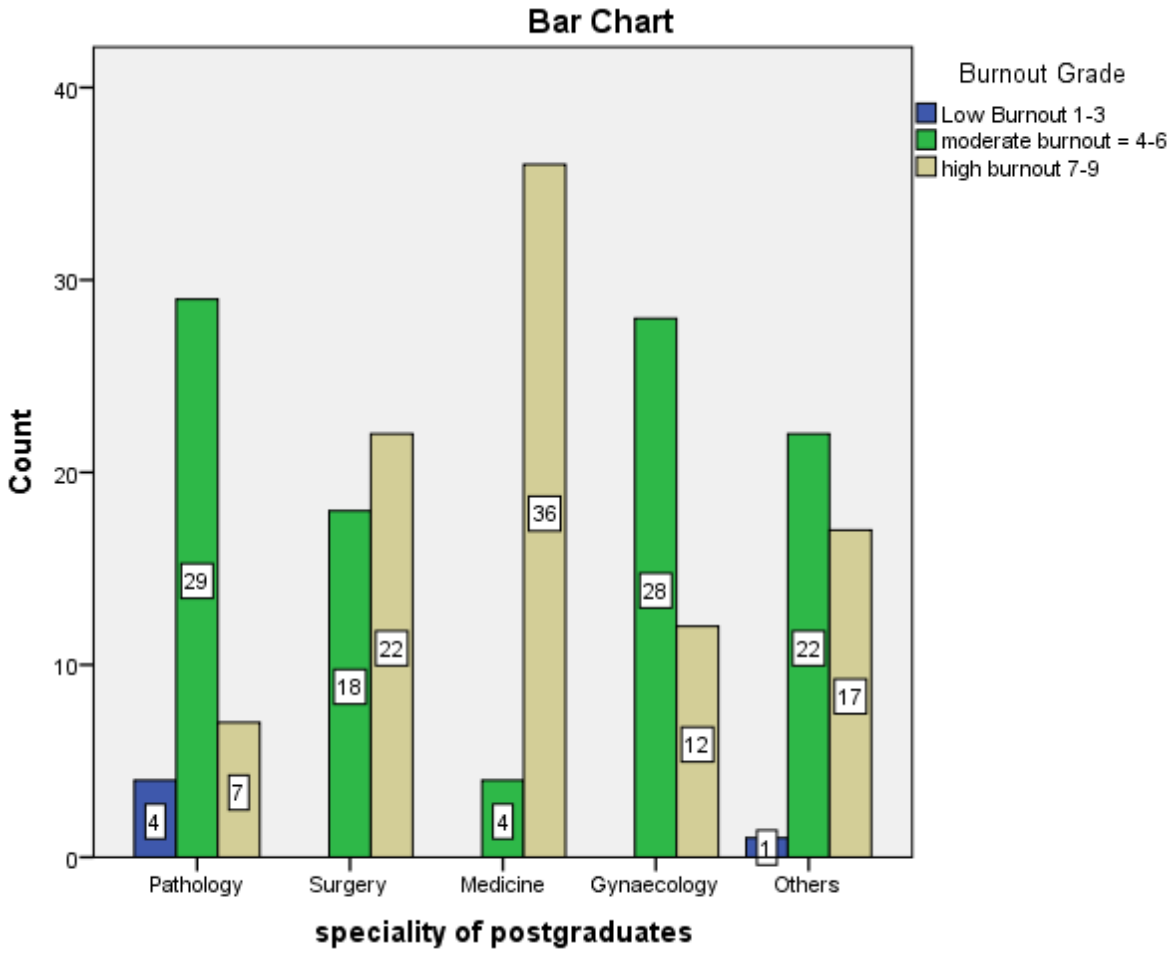

Figure no.6: Bar chart showing comparison of different degrees of burnout with specialties of Postgraduates

RESULTS:

A total of 200 postgraduates participated in the survey. Out of these, 103 (51.5%) were female and 97 (48.5%) were male doctors (figure no.1). MBI research was carried out in five specialties. 40 post-graduates (20%) were taken from each of the five fields; Pathology, Surgery, Gynecology, Medicine and Others (table no. 1). 153 (76.5%) were of the age group 23-29 and 47 (23.5%) doctors fell in the age group of 30-36 years (table no. 2). Out of 200, 145 (72.5%) doctors served time for about 6 months–3 years while rest of them, 55 (27.5%) served for about 4-6 years (figure no.2). 173 (86.5%) doctors had 6-12 working hours and 27 (13.5%) doctors had 13-19 working hours (table no.3). The means (M) for Emotional exhaustion, De-personalization and Personal Achievement are 20.48, 16.09 and 36.01 and standard deviations (SD) of 8.17, 7.38 and 8.14 have been calculated respectively (table no. 4).

Three aspects of MBI Inventory were explored. Out of 200 people the ratio of emotional exhaustion from low to medium to high was 73: 104: 23 (table no. 5) and in percentage 36.5: 52.0: 11.5) (figure no.3).

The assessment of de-personalization showed the following results, 14: 54: 132 burnouts (table no.6) in percentage 7.0: 27.0: 66.0) (figure no.4).

The evaluation of personal achievement showed the following results 85: 42: 73 burnouts (table no. 7) and in percentage 42.5: 21.0: 36.5) (figure no.5).

The percentages of high burnout with respect to emotional exhaustion, depersonalization and personal accomplishment in pathology, surgery, medicine

gynecology and others were: (00.0%,22.5%,5.0%,7.5%,22.5%),(35.0%,55.0%,100%,70.0%,70.0%)&(22.5%,45.0%,67.5%,25.0%, 22.5%) according to table 8, 9 & 10.

Conclusively, the total high burnout percentage in pathology, surgery, medicine gynecology and others were: 17.5%, 55.0%, 90.0%, 30.0% and 42.5%. (Table no.1) Other contributory factors to the prevalence of burnout causing high burnout rate were : gender(more in male with 63.9 % high burnout as compared to 31.1 % in females), age of post graduates (more in 23-29 with 51.0 % high burnout as compared to 34.0 % in 30-36 years old postgraduates), time served by postgraduates (more in doctors who served for 6 months -3 years with 53.8 % high burnout as compared to 29.1 % in postgraduates who served for 4-6 years) & number of working hours per day (more in physicians who work for 13-19 hours per day with 70.4 % high burnout as compared to 43.4 % in postgraduates working for 6-12 hours per day). (Table 12, 13, 14, 15)

For interpretation, the cut off value for burnout is given below:

1. Emotional Exhaustion: Total 17 or less: Low-level burnout, Total between 18 and 29 inclusive: Moderate burnout, Total over 30: High-level burnout
2. Depersonalization: Total 5 or less: Low-level burnout, Total between 6 and 11 inclusive: Moderate burnout, Total of 12 and greater: High-level burnout.
3. Personal achievement: Total 33 or less: High-level burnout, Total between 34 and 39 inclusive: Moderate burnout, Total greater than 40: Low-level burnout.

DISCUSSION:

The study investigated burnout in post graduate doctors using MBI in five different specialties Pathology, Surgery, Gynecology, Medicine and Others (Dermatology, Cardiology, Eye and ENT) in Jinnah Hospital Lahore. The means for emotional exhaustion, depersonalization and personal achievement were calculated as 20.48, 16.09, 36.01 respectively and were found to be similar to those among physicians in Saxony Germany, which were, 21.3, 9.9, 36.3 respectively. The results were almost similar but the level of depersonalization was twice in doctors of JHL as compared to doctors of Saxony.

As far as degree of burnout was concerned , emotional exhaustion from low to medium to high was 73:104:23 among the 200 postgraduates of JHL when compared to those in Germany 42:28:30, the results for depersonalization were 14:54:132 when compared with those in Germany 25:27:48. Likewise the results for personal achievement were, 85:42:73, which were similar to that of the physicians in Saxony Germany, 36:33:31. Even though the results were almost similar in the two researches, however, in Jinnah Hospital degree of burnout was a little more severe in comparison with the physicians of Saxony, Germany.

The research conducted in Jinnah Hospital Lahore's post graduate trainees revealed that the highest degree of burnout was found to be associated with post graduates belonging to specialty of Medicine where 36 out of 40 (90%) trainees showed high degree burnout. Second highest burnout rate was found in post graduate trainees of Surgery where 22 out of 40 (55%) candidates had high burnout, third highest burnout i.e. 17 out of 40 (42.5%) was found in the specialty categorized as Others having Dermatology ,Eye, ENT and Cardiology included in it, followed by Gynecology department's post graduate trainees having fourth highest burnout i.e. 12 out of 40 (30%) and the specialty having least burnout rate turned out to be Pathology where only 7 out of 40 candidates revealed high degree burnout. The research conducted by Mayo Clinic of US in 2014 revealed that the highest degree of burnout was associated with the post graduate trainees of Medicine, followed by Surgery and least with Pathology. This finding is consistent with the results of our research which was conducted in Jinnah Hospital, Lahore. 28 out of 40 post graduate trainees of the Gynecology department of JHL revealed moderate degree of burnout, whereas the post graduates trainees of Gynecology department of Mayo Clinic US revealed low degree of burnout and high level of satisfaction with work-life balance. Hence the burnout in post graduate trainees of JHL is very high as compared to the candidates of research in Mayo Clinic at Gynecology department, the possible reasons for this difference being the lengthier working hours per day, poor working conditions in JHL and the female gynecologists finding it hard to manage their job along with their household chores.

Our research included 200 post graduate doctors. Out of these 103 were females and 97 male. One worth noting aspect was that males were more prone to depersonalization (tendency to opt for cynicism) than females. This finding was consistent with the research in Saxony, Germany. Emotional exhaustion was also found to be more prevalent among men with 15.5 % with high emotional exhaustion values compared to 7.8% of females. These tendencies

reflected that the burnout was generally found to be higher among males than females in general. The plausible reason appearing to be more stress on men being the dependant part of our population.

With regard to age, burnout in almost all its forms affected more doctors who fell in the 23-29 age group and who were in their early specialization years. These findings were also consistent with the results of research among the medical residents of United States of America with the prevalence rate ranging from 27 to 75 %. However with respect to emotional exhaustion in the post graduates in Jinnah hospital, Lahore, the 30 onward age group was found out to be more prone with 19.1 % as compared to 9.2 % of those below 30. In general a greater burnout among the young post graduates can be attributed to the lack of coping skills with the relatively novel workload and due to the absence of career counseling. Dissatisfaction with the monthly income is also a major contributory factor for high burnout among the younger age group in Jinnah Hospital, Lahore.

The next facet that our research comprised of included different specializations and their relative burnout degrees. In Medicine with the exception of emotional exhaustion which was 5%, they reported to have the greatest burnout with regard to personal achievement and depersonalization of 67.5 % and 100 % respectively. This was due to the greater number of cases reported to the medicine department and the consequent burnout.

On the other hand the lowest degree of burnout was seen in Pathology department. Emotional exhaustion was 00.0%, depersonalization 35.0% and personal achievement was 22.5% .This being due to stress-free environment, less number of working hours per day and systematic management of the work place with lower work load.

It should be acknowledged that factors measured in the context of this study can also be the reasons for increased job turnover and wishes to leave the country to avail better opportunities abroad. Men were found to be more prone to these tendencies whereas women due to early marriages and having children were comparatively less aspiring. Such results were consistent with the French and German physicians.

Hence in consideration of these results it is dire need to take prompt actions to reduce burnout on the above mentioned fronts to prevent otherwise inevitable severe consequences.

1. Results of survey in Saxony Germany
2. Burnout during residency training
3. Evaluate the prevalence of burnout and physicians' satisfaction with work-life balance in 2014 compared to a similar sample of physicians in 2011.

CONCLUSION:

Young postgraduates experience high levels of professional burnout due to intense and stressful working conditions this explains the reason behind high burnout in medicine and surgery and low burnout in pathology.

Young male doctors due to long working hours and the pressure of supporting their families are more to developing high degree of burnout.

Immediate attention needs to be paid to the above mentioned contributory factors in order to improve the mental, physical and emotional status of the doctors so that they can provide their patients with better care without compromising their health and quality of life.

Recommendations

- In order to reduce the development of burnout the working conditions in the hospital setting should be improved.
- The number of working hours per day must not be more than 10 and if the duty hours are more, then there must be sufficient breaks in between.

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QUESTIONNAIRE

Name: Age: Gender: Time served as post graduate:
Number of working hours per day: Specialty:

Questions	**Never**	**A few times per year**	**Once a month**	**A few times per month**	**Once a week**	**A few times per week**	**Every day**
SECTION A	**0**	**1**	**2**	**3**	**4**	**5**	**6**
I feel emotionally drained by my work.							
Working with people all day long requires a great deal of effort.							
I feel like my work is breaking me down.							
I feel frustrated by my work.							
I feel I work too hard at my job.							
It stresses me too much to work in direct contact with people.							
I feel like I'm at the end of my rope.							
Total score – SECTION A							

Questions	**Never**	**A few times per year**	**Once a month**	**A few times per month**	**Once a week**	**A few times per week**	**Every day**
SECTION B	**0**	**1**	**2**	**3**	**4**	**5**	**6**
I feel I look after certain patients/clients impersonally, as if they are objects.							
I feel tired when I get up in the morning and have to face another day at work.							
I have the impression that my patients/clients make me responsible for some of their problems.							
I am at the end of my patience at the end of my work day.							
I really don't care about what happens to some of my patients/clients.							
I have become more insensitive to people since I've been working.							
I'm afraid that this job is making me uncaring.							
Total score – SECTION B							

Questions	**Never**	**A few times per year**	**Once a month**	**A few times per month**	**Once a week**	**A few times per week**	**Every day**
SECTION C	**0**	**1**	**2**	**3**	**4**	**5**	**6**
I accomplish many worthwhile things in this job.							
I feel full of energy.							
I am easily able to understand what my patients/clients feel.							
I look after my patients'/clients' problems very effectively.							
In my work, I handle emotional problems very calmly.							
Through my work, I feel that I have a positive influence on people.							
I am easily able to create a relaxed atmosphere with my patients/clients.							
I feel refreshed when I have been close to my patients/clients at work.							
Total score – SECTION C							