

Burnout - The Second Pandemic

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WJMER

World Journal of Medical Education and Research

An Official Publication of the Education and Research Division of Doctors Academy

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ISSN 2052-1715



Letter to the Editor Burnout - The Second Pandemic

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**WJMER, Vol 28: Issue 1,
2022**

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To whom it may concern,

I read with interest the article from Bandara *et al.* in Volume 26 of WJMER.¹ It was notable that issues with burnout, especially in the wake of the COVID-19 pandemic, are also evident in healthcare systems across the globe. This review was written in Canada and cited sources from Pakistan. A recent UK parliamentary report suggested that burnout in the National Health Service (NHS) is 'unacceptably high', with 44% of the workforce suffering from workplace-related stress, a rising figure compared with previous years.² The potential benefits of self-care are outlined well in the article, in addition to possible methods of implementation at medical school level. The author hopes this 'normalisation' of self care will allow future healthcare workers to better engage with services and establish self-care routines in their future careers. It does, however, remain to be seen how self-care strategies would be implemented in the current working population already suffering from burnout, especially within the financial and time constraints currently affecting the NHS. As alluded to in Bandara's article, a major method of addressing burnout is likely to be in addressing underlying causes, rather than in simply teaching healthcare workers to better deal with such stressors. It is my belief that ultimately this will have the most profound effect in reducing burnout. Despite the latest Omicron wave of COVID-19 not translating to ICU admissions or deaths as the Delta variant did,³ the strain on the health service in the UK, and therefore its staff, remains high.^{4,5} In addition to this, waiting lists at an all time high,^{6,7} coupled with staff depletion, mean that the current work environment is likely to remain highly stressful for the foreseeable future. In my opinion, this would be best tackled with solutions aimed at better staff recruitment and retention.

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