



Journal of Intercultural Management and Ethics

JIME

ISSN 2601 - 5749, ISSN-L 2601 - 5749

published by

Center for Socio-Economic Studies and Multiculturalism
Iasi, Romania
www.csesm.warter.ro

Special Editors

Drs. Huib Wursten,
Author and Consultant, Netherlands
E-mail: huibwursten@gmail.com

Beatrice Gabriela Ioan
"Grigore T Popa" University of Medicine and Pharmacy, Iași, Romania
Dept. of Forensic Medicine
E-mail: ioanbml@yahoo.com

TABLE OF CONTENT

Editorial	5
Huib Wursten, Beatrice Gabriela Ioan	
A Global Pandemic in India	7
Divya Susan Varkey	
The Fight against Corona from a Danish Cultural Perspective	23
Pernilla Rorso	
Corona Revisited	33
Huib Wursten, Christi Degen	
Pandemics & Culture: Could Historical Pathogenic Prevalence Reinforce Collectivism?.....	41
Paulo Finuras	
Forgiveness, Unforgiveness and Health	51
Adina Karner-Huțuleac	
How Can Plato Be Relevant for Contemporary Medicine?	59
Tudor-Ștefan Rotaru	
Confidentiality of the Medical Act - Between Patient Preferences and the Collective Risk .	67
Andreea-Luiza Palamaru, Ioana-Florina Mihai, Elena Toader	
Burnout Syndrome in Palliative Care	71
Ana-Roxana Gănceanu-Rusu, Elena Rezuș, Nicoleta Dima, Codruța Bădescu, Daniela Tănase, Anca Ouatu, Andreea Clim, Ana-Maria Pop, Minela Aida Mărânducă, Ciprian Rezuș	
Burnout Syndrome in Forensic Pathology - Current Stage of Knowledge, Approach Proposals	79
Silviu Morar, Lilioara-Alexandra Muja	
Managing the Migration of the Doctors in a Multicultural Context	85
Elena Toader	

A Century Old Dream That May Turn Into a Nightmare 91
Mircea Gelu Buta

Infertility and In Vitro Fertilization. Arguments to Support Proper Counseling 99
Mihail Adeodatus Ungureanu, Beatrice Gabriela Ioan

General Principles Regarding Ethical Evaluation of Projects Involving Laboratory Animals in
Scientific Research 105
Serban Morosan, Cristin Coman

The Utility of Respecting the Ethical Code in Student-Teacher University Relations 113
Elena Gologan, Oana Timofte

BURNOUT SYNDROME IN FORENSIC PATHOLOGY - CURRENT STAGE OF KNOWLEDGE, APPROACH PROPOSALS

Silviu Morar, PhD *

Professor, "Lucian Blaga" University of Sibiu - Faculty of Medicine
Chief medical examiner - Sibiu Emergency County Clinical Hospital - Forensic Department
of Sibiu County, Romania
E-mail: silviu.morar@ulbsibiu.ro; silviumorar@yahoo.com

Lilioara-Alexandra Muja

PhD Student, "Lucian Blaga" University of Sibiu
Resident physician in Forensic Pathology - Sibiu Emergency County Clinical Hospital -
Forensic Department of Sibiu County, Romania
E-mail: alexandramuja@yahoo.com

*Corresponding author

Abstract

Occupational stress can influence both professional activity and the health of people from different branches of activity. The reaction to stress is subjective, depending on each person's coping skills. When the individual adjustment mechanisms are overcome, burnout syndrome - a state of physical, mental and emotional exhaustion caused by prolonged stress at work - can occur.

At the European level, there are numerous studies on the occurrence of burnout in medical personnel, especially in the emergency and trauma physicians, but the phenomenon is insufficiently studied in the forensic staff. Our paper aims to identify the recent information on this phenomenon, as the basis for further studies.

Based on these data, we propose an interdisciplinary approach to the phenomenon: from the perspective of the concepts that define work ethic (burnout as an indicator of altering professional satisfaction), based on its psychological coordinates (identifying possible coping mechanisms), as well as by extrapolating a model taken from public health, based on the idea of risk assessment.

Our approach aims to identify and quantify the risk factors, but also the protective factors involved in the etiopathology of burnout. Based on these factors, targeted prophylactic and therapeutic programs can be developed and implemented, adapted to the variables involved in the emergence of the phenomenon. This type of approach rests on the idea that burnout is a sequential and cumulative process, which starts with initially low-intensity signs and symptoms; their early identification and addressing have a real chance of preventing an unfavorable evolution.

Key words: burnout syndrome, forensic pathology, job satisfaction

Introduction

Burnout syndrome is a state of physical, mental and emotional exhaustion produced by prolonged stress, generally at work, being a consequence of the imbalance between requirements, resources and the degree of professional satisfaction. The term "burnout" was introduced in 1974 by the American psychologist Herbert Freudenberger, who defined it as

"the disappearance of motivation or stimulus, especially if devotion to a cause or relationship fails to produce the desired results" (Freudenberger, 1974). Later, in 1981, Maslach and Jackson defined burnout syndrome as "a result of chronic stress (from work), which the person did not successfully cope with; it manifests itself through exhaustion and depersonalization (negativism/cynicism)" (Maslach & Leiter, 2016). Also during this period, Maslach developed the tool for assessing the level of burnout, called Maslach Burnout Inventory (MBI), widely used even nowadays.

Burnout syndrome has been identified as the most notable problem of people in the health system. It was described either as the inability to cope with emotional stress at work or as the excessive use of energy and resources, ultimately leading to a feeling of failure and exhaustion. The current professional life is subjecting the medical staff to multiple specific or non-specific socio-professional pressures, which activate, consciously or not, their personal adaptation resources. Although stress is perceived as a current, almost unavoidable problem that the individual faces daily in his or her work or extra-professional environment, it can also be an essential experience for the change, development and performance of the individual: the consequences of the stress response can be destructive (distress) or beneficial (eustress). Occupational stress (generated by socio-professional life and work environment) can influence, when it exceeds a specific limit for each individual person, both the professional activity and the health of the people from different branches of activity. The reaction to stress is subjective, depending on individual coping abilities. When the person's adaptive mechanisms are out of place, there is the possibility that an individual may develop the symptoms of burnout syndrome.

Particularities of burnout syndrome in forensic pathology

Forensic pathology is "a medical specialty which, using the medico-biological knowledge and methods to find out and prove a material truth, is put in the service of justice by means of scientific evidence necessary to carry out the judicial process" or, otherwise formulated, it is "a medical discipline that puts its knowledge in the service of justice whenever the need for clarification of a judicial cause requires certain clarifications of medical-biological character" (Morar, 2006); underlying these definitions is the constant effort of the medical personnel involved in maintaining the social order and finding the truth. Mainly, forensic activity involves the expertise on corpses, the expertise on the living person, including forensic psychiatric expertise. Given the broad scope of forensic pathology concerns, those involved in this kind of activity are intellectually, physically and, not least, psychically (emotionally) challenged. The medical personnel directly involved in working with traumatized people and also with the deceased and their caregivers are forensic pathologists (seniors, specialists and residents), nurses, autopsy technicians, drivers, etc. They do not represent all the medical personnel involved in forensic activity, but they are the most exposed to stress. It is worth mentioning that the medical forensic staff is also involved in the expertise of abused minors - an additional factor that can develop various manifestations of distress, leading even to burnout.

The current state of knowledge

Given the fact that employees in the medical sector are more frequently exposed to occupational exhaustion syndrome, this is a fairly studied one worldwide, but little explored in Romania. Recent studies show that stress has become the second cause of absenteeism in the European Union and that burnout syndrome affects about 12% of European employees. Therefore, it is absolutely necessary to identify the occurrence of demotivation and stress as elements of affecting staff in medical organizations, so that preventive measures can be taken and early intervention in stressful situations can be ensured, in order to improve the

performance of the affected work teams and the reduction of the huge costs caused by the onset of this syndrome. In this regard, the latest estimates made by the European Agency for Safety and Health at Work note that between 50% and 60% of the medical leave granted in the European Union are due to the stress related to the work activity, causing expenses of over 20 billion euros (European Agency for Safety and Health at Work, 2009).

At the European level, numerous studies have been carried out regarding the appearance of burnout in the medical staff, especially in the emergency and trauma physicians, but the study of this phenomenon in the forensic personnel is deficient.

A study conducted in 2002 in the Netherlands (Van der Ploeg, Dorresteijn, & Kleber, 2003), which investigated 132 forensic pathologists, showed that over 76.3% reported that they had experienced at least one traumatic event at work in the last year, and about 14% of the participants presented symptoms of distress. The incriminated psycho-traumatic events were autopsies performed on children, on suicide victims or decomposed bodies, or the examination of very aggressive patients. About a quarter of the physicians who participated in the study underwent a psychological/psychiatric consultation or even psychotherapy because of the stress encountered in the workplace. Regarding burnout, applying of the MBI questionnaire highlighted that 25% of physicians had a high degree of emotional exhaustion, 40.5% of them manifested signs of depersonalization, and 20.2% were registered with low levels of personal accomplishment.

A recent study in Turkey, published in *The American Journal of Forensic Medicine and Pathology* (2017), looked at 142 people involved in the forensic autopsy activity: forensic medicine specialists (n=40, 28.2%), forensic medicineresidents(n=54, 38.0%), autopsy technicians (n=24, 16.9%) and other forensic staff members (n=24, 16.9%) (Kömür et al., 2017). By applying standardized questionnaires (Maslach Burnout Inventory, Posttraumatic Symptom Screening Scale), it was concluded that those investigated are at risk of developing burnout or posttraumatic stress as a result of exposure to work-related stressors. It has been noted that autopsy technicians seemed to have more emotional exhaustion and posttraumatic stress disorder symptoms, whereas resident doctors had a lower sense of personal accomplishment.

Regarding the study of burnout syndrome in Romania, a team of physicians and psychologists from the Institute of Legal Medicine in Iași conducted a study on 37 Romanian forensic pathologists from 11 different institutions in the country. Among the psycho-traumatizing factors encountered in the workplace were: examining physically or emotionally abused children, physically abused women, aggressive detainees or autopsy performed on decaying corpses. The results of the study were similar to those of the above-mentioned study conducted in the Netherlands. About one-third of those involved in the study had changes in the nictemeral rhythm, and 16.2% of them have suffered or were suffering from depression. A vast majority (73%) admitted that work changed their lives in one way or another. As for coping mechanisms, forensic interviewees reported that they prefer to spend time listening to music or staying with their family, walking, fishing, reading or even cooking (Iorga, Soponaru, Hanganu, & Ioan, 2016).

Approach proposals

Starting from the finding that this phenomenon is insufficiently studied both in Romania and worldwide, we consider that its investigation is a necessity, but also a challenge. The hypothesis from which we start is that burnout syndrome is a cumulative process, starting with small warning signals that, if ignored, can even generate an intense fear of going to work. If the early signs and symptoms (headache, fatigue, low feelings of accomplishment, low resilience, dispositional-affective lability, and interpersonal conflicts) are not recognized and subsequently treated, the professional exhaustion syndrome gradually

progresses to an advanced stage, characterized by the appearance of somatic symptoms, social withdrawal, depersonalization, cynicism, exhaustion, irritability, asthenia, feelings of under-appreciation and overstress.

But burnout is not a permanent condition. Changing certain work-related factors, supportive work environment or developing certain adaptive skills can determine a "dispersal" of exhaustion. It is important to remember that burnout syndrome develops sequentially, and its staging allows us to recognize the symptoms more quickly and to take urgent measures to prevent it.

We propose an interdisciplinary approach to the phenomenon: from the perspective of the concepts that define work ethic (burnout as an indicator of the alteration of professional satisfaction), based on its psychological coordinates (identification of possible coping mechanisms), as well as by extrapolating a model taken from public health, based on the idea of risk assessment.

a. Burnout - work ethic correlation

The moral principles that characterize work ethic, used systematically, can induce desirable behavior and mental attitudes that result in high-quality work; they also constantly feed personal needs and goals. This, in turn, increases the self-esteem of the individual and, indirectly, the sense of satisfaction and professional fulfillment (Morar, 2019).

The factors that characterize a high-quality work ethic, generating professional satisfaction, are professionalism, high productivity, teamwork, motivation for success and quality of work (Morar, 2019; Kimberlee, 2018).

In the forensic activity, all these factors must be found at a high level, which puts pressure on those involved in this activity, possibly generating stress at work and diminishing professional satisfaction. Of all the factors that characterize a strong work ethic, productivity is perhaps the only one that should not be a key element of the medical approach. Naturally, due to the specificity of this activity, the main concern must be quality (obtaining a significant positive result of the medical intervention) and not quantity (the number of patients "solved" in a certain time interval). In forensic pathology, as in other medical fields, the effectiveness of the medical act cannot be appropriate if it is being burdened by factors such as the overload of the medical staff (too many cases/physician or assistant) or sacrificing family life to the benefit of the professional one, in the pursuit of "professional achievement". These factors can lead to a more frequent reporting of burnout syndrome in the forensic field (Morar, 2019).

Regarding the quality of work, the purpose of the general medical approach is to prevent the disease, to heal the patient or at least to improve his/her health. In the forensic field, however, this criterion covers particular aspects: the purpose is not to cure the patient but to ensure that all his/her juridical rights are capitalized. There is also the need to obtain all the relevant data for the proper administration of justice, which adds additional stress, intimately linked to the modern concept of social responsibility of the physician (World Medical Association, 2006; Morar, 2007).

b. Psychological coordinates of burnout syndrome

The psychological approach is essential for investigating the phenomenon of burnout. By applying standardized questionnaires, such as the Maslach Burnout Inventory (MBI), all three components that characterize it (exhaustion, depersonalization and personal achievement) can be explored. In this way, one can identify the incidence of this unwanted phenomenon and also quantify the intensity with which it manifests.

The investigation can be completed with the Brief Resilience Scale (BRS, 2008) test - a tool for identifying the degree of individual resilience, or similar ones. Thus we can obtain

additional information on coping mechanisms, but especially on potential protective factors, which prevent the emergence of burnout at certain people exposed to risk factors.

Last but not least, after identifying the cases that present very high levels of risk for the development of burnout, respectively those cases where this kind of risk is very low, these can be further investigated, using a qualitative psychological interview, which has the potential to more precisely outline the risk and protective factors, as well as to identify more precisely the most effective coping mechanisms.

c. Burnout as a public health issue

By its long-term consequences (including the lowering of the quality of professional life), burnout syndrome can be regarded as a public health problem, even if it affects (in the case of forensic pathology) a very small socio-professional category.

From this point of view, we consider that the phenomenon of burnout can be addressed by extrapolating an approach proposed by Mercy and O'Carroll (1998) in the field of juvenile delinquency. They specified the four steps needed to make decisions within this model of public health, based on the idea of risk assessment: 1. monitoring the health problems of the population (involving the collection, analysis and dissemination of relevant data); 2. identification of the population groups at risk (by identifying the individuals who present the highest risk, but also the circumstances that are associated with the increase of the risk); 3. exploration of risk factors (analytical evaluation of potential causal risk factors); 4. designing, implementing and evaluating prophylactic programs (preventive measures based on identifying at-risk populations and community risk factors).

By collecting data on the incidence and extent of the burnout phenomenon - using inclusively ProQoL (Professional Quality of Life)-type questionnaires (Stamm, 2010) - the information on the quality of professional life can be correlated with those resulting from the psychological investigation. After specifying the magnitude of the phenomenon and identifying the population groups at risk, it will be possible to proceed to the next stage: the exploration of the risk factors (and of the possible protective factors) involved in the etiopathogeny of burnout syndrome.

The final stage, which will require the most pragmatic approach, is the exploitation of all these data for the development of prophylactic programs, meant to block the emergence of the phenomenon, doubled by therapeutic programs (psychotherapeutic or even psychiatric interventions, if necessary), which will address burnout manifestations in an appropriate manner (preferably in the early stages, that more susceptible to therapeutic resolution).

Conclusions

The deepening of the theory regarding the prevalence of burnout is the starting point for further studies, which will bring practical benefits, allowing the intervention in the forensic units and the implementation of identification and therapy programs to optimize the organizational environment and facilitate the individual's adaptation to the situations they are facing. By identifying the factors that underlie emotional exhaustion, one can intervene to adopt effective coping strategies, which will increase the resilience among the forensic pathology staff in Romania.

This type of approach is based on the idea that burnout is a sequential and cumulative process, which starts with initially low-intensity signs and symptoms; their early identification and addressing have a real chance of disrupting an unfavorable evolution.

References

1. European Agency for Safety and Health at Work (2009). Stress at work: facts and figures. Retrieved from https://osha.europa.eu/en/tools-and-publications/publications/reports/TE-81-08-478-EN-C_OSH_in_figures_stress_at_work .
2. Freudenberger, H.J. (1974). Staff burn-out. *Journal of Social Issues*, 30(1), 159-165.
3. Iorga, M., Sopenaru, C., Hanganu, B., & Ioan, B.G. (2016). The burnout syndrome of forensic pathologists. The influences of personality traits, job satisfaction and environmental factors. *Romanian Journal of Legal Medicine*, 24(4), 325-332.
4. Kimberlee, L. (2018). *5 factors that demonstrate a strong work ethic*. Retrieved from <https://smallbusiness.chron.com/5-factors-demonstrate-strong-work-ethic-15976.html>
5. K m r,  ., Ozdemirel, R., Ozver,  ., Bařpinar, B., Demir, M., & G nen, F. et al. (2017). Posttraumatic Stress and Burnout Symptoms in Forensic Doctors and Staff in a Mortuary. *The American Journal Of Forensic Medicine And Pathology*, 38(3), 184-188. doi: 10.1097/paf.0000000000000329.
6. Maslach, C., & Leiter, M.P. (2016). *Burnout*. In: G. Fink (Ed) *Stress: Concepts, Cognition, Emotion, and Behavior* (pp. 351-357). London, UK: Academic Press.
7. Maslach Burnout Inventory. Retrieved from <http://www.uapd.com/wp-content/uploads/Maslach-Burnout-Inventory-MBI.pdf>.
8. Mercy, J.A., & O'Carroll, P.W. (1998). New directions in violence prevention: The public health arena. *Violence and Victims*, 3(4), 285-301.
9. Morar, S. (2006). *Medicin  Legal . Curs*. Sibiu: Editura Universit ţii „Lucian Blaga” din Sibiu.
10. Morar, S. (2007). Aspecte etice ale relaţiei medic-societate (Ethical aspects of the physician-society relationship). *Revista Rom n  de Bioetic *, 5(2), 37-42.
11. Morar, S. (2019). Work Ethics - Particular Aspects in the Medical Field, *Proceedings of the XIIIth National Conference on Bioethics with international participation (Iaşi, Romania, 8th-10th November 2018)* (pp. 349-353). Bologna: Fillodiritto Publisher Bologna.
12. Stamm, B.H. (2010). *The Concise ProQOL Manual, 2nd Ed.*: Pocatello. Retrieved from https://proqol.org/ProQOL_Test_Manuals.html.
13. Van der Ploeg, E., Dorresteijn, S.M., & Kleber, R.J. (2003). Critical incidents and chronic stressors at work: their impact on forensic doctors. *Journal of Occupational Health Psychology*, 8(2), 157-166.
14. The brief resilience scale. Retrieved from <https://ogg.osu.edu/media/documents/MB%20Stream/Brief%20Resilience%20Scale.pdf>,
15. Van der Ploeg, E., Dorresteijn, S.M., & Kleber, R.J. (2003). Critical incidents and chronic stressors at work: their impact on forensic doctors. *Journal of Occupational Health Psychology*, 8(2), 157-166.
16. World Medical Association (2006). International Code of Medical Ethics. Retrieved from <http://www.wma.net/e/policy/c8.htm>.