

9. Annexes

Tableau 1 : Revue de Littérature

Colonne1	Colonne2	Colonne3	Colonne4	Colonne5	Colonne6	Colonne7	Colonne8
Base de Donnée	Auteurs	Etudes-Titre	Référence	Année	Pays d'origine	Sujet/But de l'étude	Résultats/conclusions
Embase	Milenović M., Matejić B	High rate of burnout among anaesthesiologists in Belgrade teaching hospitals	20160106951	2016	Serbie	To evaluate the prevalence of burnout among anaesthesiologists in Belgrade public teaching hospitals.	The prevalence of total burnout among anaesthesiologists in Belgrade teaching hospitals was 6.34%. Measured level of burnout as assessed by high emotional exhaustion, high depersonalisation and low personal accomplishment was 52.7, 12.2 and 28.8%, respectively. We detected that sex, additional academic education, marital status and working conditions were risk factors for emotional exhaustion and depersonalisation.
PubMed	Gashmard R1, Bagherzadeh R	Demographic Factors among the Medical Staff working in Hospitals associated	26602580	2015	Iran	evaluate the association between 3 dimensions of burnout and demographic factors among	more than half (52.5%), high levels of a diminished sense of accomplishment. Burnout

		with Bushehr University of Medical Sciences				the medical staff working in all of the hospitals associated with Bushehr University of Medical Sciences, Iran.	was shown to be statistically significantly associated with gender, place of residence, the condition of that residence, educational level, and being or not being local
PubMed	Du H1, Qin L	Relationship between job burnout and cognitive function and influencing factors of job burn out among medical staff	26832703	2015	Chine	explore the relationship between job burnout and cognitive function and the influencing factors of job burnout among medical staff.	Job burnout was positively correlated with level of education ($r=0.234$, $P<0.05$) as well as exercise frequency ($r=0.320$, $P<0.001$), and emotional exhaustion was correlated with overtime work ($r=0.135$, $P<0.05$); Level of job burnout stayed higher among doctors and nurses, compared with administration staff in hospitals
PubMed	Pirincci E, Vicdanli SS.	BURNOUT LEVELS OF ASSISTANT PHYSICIANS WORKING AT A TURKISH UNIVERSITY HOSPITAL	26513936	2015	Turquie	to determine their current levels of burnout and to identify the factors associated with burnout syndrome among assistant physicians who are undergoing further training in medical specialties	While there were no significant discrepancies among the respondents in terms of their mean scores in EE, D and PA depending on their gender, age groups and marital status, those who considered their monthly income levels as "poor" differed

							significantly from those who regarded their monthly income levels as "good" in terms of their mean scores in EE, D, and PA. In addition, there was a significant difference in terms of the mean scores in EE, D, and PA between the participants who were appreciated by their superiors and those who were not.
PubMed	O'Kelly F1, Manecksh a RP1	Rates of self-reported 'burnout' and causative factors amongst urologists in Ireland and the UK: a comparative cross-sectional study	26178315	2015	Irlande	determine the incidence of 'burnout' among UK and Irish urological consultants and non-consultant hospital doctors	The mean personal achievement (PA) score was 17.1, representing high levels of PA. In all, 86 respondents (15%) reported self-medication with non-prescription drugs or alcohol to combat signs and symptoms of burnout, while 46 (8%) sought professional help for symptoms of burnout. In all, 460 respondents (80%) felt that burnout should be evaluated amongst members of the ISU/BAUS, and 345 (60%) would avail of

							counselling if provided.
PubMed	Gunasingam N1, Burns K1	Reducing stress and burnout in junior doctors: the impact of debriefing sessions	25755266	2015	Australie	This study aimed to examine the prevalence of burnout in a cohort of junior doctors and whether debriefing sessions reduced levels of burnout.	At baseline, 21/31 (68%) participants displayed evidence of burnout in at least one domain as measured by the Maslach Burnout Inventory. Burnout was significantly higher in women. There was no significant difference in burnout scores with debriefing.
Embase	Guèye M., Moreira P.M.,	Burn-out syndrome among students in training at Dakar teaching hospital in Senegal	2015344294	2015	France	To assess the burn-out syndrome among doctors in training at Dakar teaching hospital in Senegal.	The young age (< 30. years) and celibacy were risk factors of burn-out. Emotional exhaustion was more common among students without dependent children than among parents. Students practicing a hobby seemed to be protected against burn-out. Medical specialties exhibit to burn-out syndrome. Students in Obstetrics and Gynecology had lowest scores of emotional

							exhaustion and depersonalization. Conclusion: The burnout syndrome is a reality in our hospitals with a propensity for students in medical specialization.
PubMed	Vukojević M, Brzica J	The frequency of burnout syndrome in physicians in Mostar University Hospital	24988741	2014	Croatie	classified into three specialty groups. The first consisted of doctors in the Department of Internal Medicine and Department of Pediatrics, the second group of doctors in the Department of Surgery and Department of Gynecology and Obstetrics, while the third group (CL-specialization) were doctors of the Clinic of Dermatology and Venereal Diseases, Department of Otorhinolaryngology and Department of Ophthalmology.	The majority of respondents did not have symptoms of burnout syndrome, and those who had them were in the moderate stage of burnout. No statistically significant differences in the incidence of burnout syndrome between the groups of specialties were found.
PubMed	Garcia TT1, Garcia PC	Prevalence of burnout in pediatric intensivists: an observational comparison with general pediatricians.	25068250	2014	Bresil	To study the prevalence of burnout in general pediatricians and pediatric intensivists and to evaluate factors that may be associated	RESULTS: The PICU and general pediatrician groups were similar demographically, and each had 35 recruits. Burnout was present in 50% of the study

						with this syndrome.	recruits and was more frequent among pediatric intensivists than general pediatricians (71% vs 29%, respectively, $p < 0.01$).
PubMed	Kotb AA1, Mohamed KA1,	Comparison of burnout pattern between hospital physicians and family physicians working in Suez Canal University Hospitals.	25422682	2014	Egypte	This descriptive study examined 171 physicians for the presence of burnout and its related risk factors. The evaluation of burnout was through Maslach Burnout Inventory (MBI). The participant was considered to meet the study criteria for burnout if he or she got a "high" score on at least 2 of the three dimensions of MBI.	the prevalence of burnout in hospital physicians (53.9%) was significantly higher than family physicians (41.94%) with ($p=0.001$). Participants who work in the internal medicine department scored the highest prevalence (69.64%) followed by Surgeons (56.50%) and Emergency doctors (39.39%). On the other hand, Pediatricians got the lowest prevalence (18.75%). Working in the teaching hospital and being married are strong predictors for occurrence of burnout.
PubMed	Garcia TT1, Garcia PC	Prevalence of burnout in pediatric intensivists: an observational comparison	25068250	2014	Bresil	To study the prevalence of burnout in general pediatricians and pediatric intensivists	Burnout was present in 50% of the study recruits and was more frequent among

		with general pediatricians .				and to evaluate factors that may be associated with this syndrome.	pediatric intensivists than general pediatricians (71% vs 29%, respectively, $p < 0.01$).
PubMed	Ogundipe OA1, Olagunju AT2	Burnout among doctors in residency training in a tertiary hospital	25042948	2014	Lagos	This study was done to determine the pattern and correlates of burnout among 204 doctors undergoing residency training.	Burnout is highly prevalent among resident doctors. Evolvement of comprehensive mental health services, training supports, conflict de-escalation/resolution mechanisms, and periodic assessment are indicated to mitigate work related distress with burn out among resident doctors, while improving their productivity.
PubMed	Roberts DL1, Shanafelt TD	A national comparison of burnout and work-life balance among internal medicine hospitalists and outpatient general internists.	24435981	2014	Etat-Unis	We extracted and compared data for these variables for the 130 internal medicine hospitalists and 448 outpatient general internists who participated. Analyses were adjusted for age, sex, hours worked, and practice setting.	Burnout was common among both hospitalists and outpatient general internists, although hospitalists were more satisfied with work-life balance.

PubMed	Wang Z1, Xie Z	Physician burnout and its associated factors: a cross-sectional study in Shanghai	24430838	2014	Chine	The aim of this study was to determine the rate of burnout and the contributing factors behind it among physicians in Shanghai	Regression analyses showed higher levels of burnout among physicians of younger age, less work experience, longer working hours, on shift duty, or from highergrade hospitals.
PubMed	Saijo Y1, Chiba S	Job stress and burnout among urban and rural hospital physicians in Japan.	24033524	2014	Japon	differences in job stress and burnout status of Japanese hospital physicians between large cities, small cities, and towns and villages.	Urban hospital physicians had more job demand, less job control and exhaustion caused by burnout, and rural hospital physicians had less social support.
Embase	Urbano J., Kollmann Camaiora A.,	Burnout syndrome in anesthesia trainees, our experience in a tertiary university hospital		2014	Espagne	to evaluate the prevalence of BOS in AT and to determine its relationship with depression, scientific activity and other social factors	Tobacco consumption and drinking 5 or more alcoholic drinks per week were not risk factors for developing BOS. first year residents could be protected from BOS due to the relative short time they have work in the hospital environment. Foreigner residents seem to be protected from the development of BOS, this might be related to different socio-cultural and family situations and the motivation they might

							have during their training.
Embase	Asha S., Arora M.,	Burnout prevalence and factors associated with burnout among Australian emergency medicine staff: A two-center cross-sectional study		2014	Australie	The aim of this study was to assess burnout prevalence among health staff in two emergency departments, and the factors associated with it	The overall burnout prevalence was 56.6% among responding emergency staff. Burnout prevalence is high among emergency medicine staff, despite high career satisfaction. Consultants in our emergency department setting had lower, and nurses higher, burnout prevalence when compared with their global colleagues.
Embase	Zhang Y.Z., Yang M.H.,	A study on job burnout and mental health among clinical interns in China		2014	Chine		The results showed that (1) In contrast to the normal levels of medical practitioners, job burnout scores of personal accomplishment in MBI-HSS evaluation are significantly higher.
Embase	Kwah J., Fallar R.,	The impact of job burnout on measures of professionalism in first-year internal medicine residents at a large urban academic		2014	Etat-Unis	We hypothesize that first-year IM residents with burnout are more likely to demonstrate decreased levels of professionalis	Our study found that job burnout did not correlate with certain measures of professional behavior in a single group of first-year IM residents.

		medical center				m as compared with their burnout-free counterparts	Furthermore, residents maintained high levels of professionalism, by our measurement, despite burnout being quite common in their cohort.
PubMed	Nason GJ1, Liddy S	A cross-sectional observation of burnout in a sample of Irish junior doctors.	23463034	2013	Irlande	written self-assessment of burnout levels was distributed to interns in two teaching hospitals.	The mean PA score was 18.9 (range 12-29), representing high levels of PA. There were no significant differences noted between levels of EE, DP or PA among male or female interns, medical or surgical interns or those who worked in a peripheral or university hospital. CONCLUSION: Burnout is reported among interns in our pilot study.
PubMed	Løvseth LT1, Fridner A	Associations between confidentiality requirements, support seeking and burnout among university hospital physicians in Norway, Sweden, Iceland and Italy	23297188	2013	Norvège	This study investigates if experiencing limitations in seeking social support due to confidentiality concerns are associated with burnout.	These results are the first to demonstrate that patient confidentiality is associated with burnout in the process of stress management among physicians.

PubMed	Aldrees TM1, Aleissa S,	Physician well-being: prevalence of burnout and associated risk factors in a tertiary hospital, Riyadh, Saudi Arabia.	24188938	2013	Arabie Saoudite	This study is to determine level and factors associated with burnout among physicians in a tertiary hospital in Saudi Arabia.	In this study, the prevalence of burnout was found to be higher than estimates documented in most other studies. Reported risk factors should be addressed to decrease the prevalence and consequences of burnout
PubMed	Roberts DL1, Cannon KJ	Burnout in inpatient-based versus outpatient-based physicians: a systematic review and meta-analysis.	24167011	2013	Etat-Unis	Two investigators independently reviewed each article. Included studies provided a measure of burnout in inpatient and/or outpatient nontrainee physicians	The existing literature does not support the widely held belief that burnout is more frequent in hospitalists than outpatient physicians. Better comparative studies of hospitalist burnout are needed.
PubMed	Li m a R A 1 , d e S o u z a A I	This study identified factors associated with burnout among physicians at a public hospital in Recife, Brazil	23670382	2013	Bresil	This study identified factors associated with burnout among physicians at a public hospital in Recife, Brazil	Female physicians were predominant in the sample (83.5%) especially those for longer than ten years in the profession (81.6%)
PubMed	Le Gall JR1, Azoulay E	Burn out syndrome among critical care workers	22096877	2011	France	Because intensive care units (ICUs) are characterized by a high level of work-related stress,	

						we reviewed the available literature on BOS among ICU-healthcare workers.	
PubMed	Selmanovic S1, Ramic E	Stress at work and burnout syndrome in hospital doctors	21950228	2011	Bosnie	The goals of this study were: to identify the specific stressors of high intensity in the hospital physicians work environment, to discover whether and how certain stressors can affect the appearance of burnout syndrome at work in a hospital physician, to determine whether certain individual factors influence the occurrence of burnout syndrome at work	Continuous exposure to stressors at the workplace, such as work at shifts, excessive workload, poor communication with superiors, and lack of continuous education of hospital physicians can lead to mental and physical exhaustion, professional burnout.
PubMed	Merlani P1, Verdon M	Burnout in ICU caregivers: a multicenter study of factors associated to centers.	21852543	2011	Suisse	To investigate the factors associated with burnout on a national level in order to determine potential important factors.	The caregiver-related factors associated with a high risk of burnout were being a nurse-assistant, being a male, having no children and being under 40 years old.
PubMed	Heinke W1, Dunkel P,	Burnout in anesthesiology and intensive care : is there a problem in	22071874	2011	Allemagne	this study examined whether the risk for anesthetists in Germany suffering from	The proportion of study participants with a high risk of burnout was 40.1%. Differences

		Germany?				burnout really is greater than in other occupations.	were found to exist between genders (male 37.2% versus female 46%), qualifications (senior consultant 28.9%, senior physician 38%, specialist 41.5%, junior doctor 46.7%) and working in a hospital (41.3%) compared to a GP surgery (33.2%).
PubMed	Doppia MA1, Estry-Béhar M	Burnout in French doctors: a comparative study among anaesthesiologists and other specialists in French hospitals (SESMAT study)	21981850	2011	France	to study the frequency of burnout among salaried physicians and pharmacists and to compare anesthesiologists and intensivists (AI) with other practitioners (OP). The secondary end points were to analyze risk factors of burnout in each group.	Female gender, young age and dissatisfaction with pay have significant influence but different in the two groups.
PubMed	Siegrist J1, Shackelton R	Work stress of primary care physicians in the US, UK and German health care systems.	20494505	2010	USA	study analyses levels of work stress among primary care physicians (PCPs) in three different health care systems, the United States, the United Kingdom and Germany.	Results demonstrate country-specific differences in work stress with the highest level in Germany, intermediate level in the US and lowest level among UK physicians. A negative correlation between

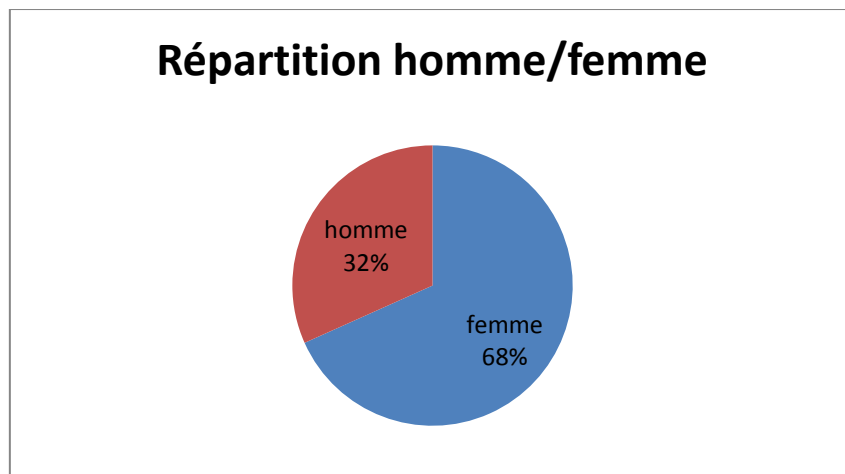
							professional autonomy and work stress is observed in all three countries
PubMed	Demirci S1, Yildirim YK,	Evaluation of burnout syndrome in oncology employees.	19784801	2010	Turquie	We aimed to assess the burnout levels among oncology employees and to evaluate the sociodemographic and occupational factors contributing to burnout levels	Sociodemographic and occupational factors associated with higher levels of burnout included age of less than 35, being unmarried, being childless, >40 work hours per week, working on night shifts, and <10 years experience in the medicine/oncology field. Within all oncology clinics, medical oncology employees had the highest levels of burnout.
PubMed	Ripp J1, Fallar R	Prevalence of resident burnout at the start of training.	20563935	2010	Etat-Unis	We aim to further characterize burnout prevalence at the start of residency.	burnout prevalence was 34%. Our study found higher levels of burnout among beginning medical interns than reported in the literature.
Embase	Eelen S., Baillon C.,	A study of burnout among oncology professionals : Oncologists are at risk of burnout		2010	Belgique		Univariate analysis confirmed a significant elevated level of emotional exhaustion and depersonalization in doctors compared to other health care workers.

PubMed	Prins JT1, Hoekstra-Weebers JE	Burnout among Dutch medical residents	18062054	2007	Hollande	We examined levels of burnout and relationships between burnout, gender, age, years in training, and medical specialty in 158 medical residents working at the University Medical Center Groningen, the Netherlands	Obstetrics & Gynecology residents reported significantly more personal accomplishment than residents in Psychiatry, Internal Medicine, Pediatrics, and Anesthesiology. Residents in Psychiatry had significantly lower scores on personal accomplishment than residents in Internal Medicine. Our findings show that burnout is present in a small but significant number of medical residents.
PubMed	Lourel M1, Gueguen N	A meta-analysis of job burnout using the MBI scale	18789787	2007	France	The aim of this study was to investigate the theoretical dimensionality of burnout measurement (MBI).-->meta analyse	The study revealed two points: (1) the homogeneity of the studies included concerning the fact that assessment of emotional exhaustion and cynicism (depersonalization) are always correlated positively; (2) the heterogeneity of the studies included concerning the fact that personal achievement is correlated

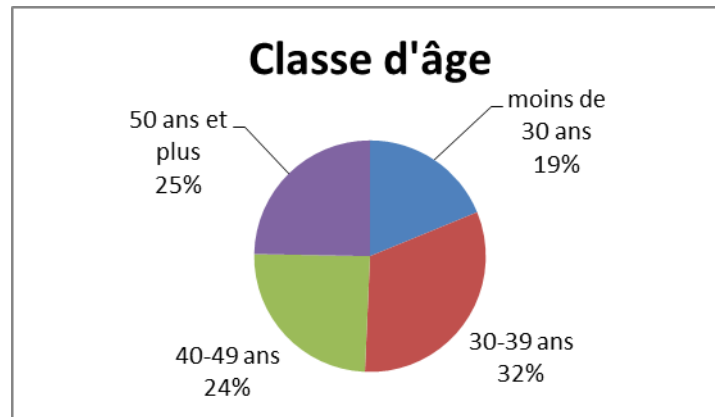
							with the other subscales of burnout (MBI).
PubMed	Fernández Torres B1, Roldán Pérez LM	Prevalence of burnout among anesthesiologists at Hospital Universitario Virgen Macarena de Sevilla	16910143	2006	Espagne	We surveyed members of the department of anesthesiology and postoperative care in our hospital	We detected high levels of emotional exhaustion in 19.5% of the anesthesiologists and of depersonalization in 31.7%. Scores reflecting low levels of sense of personal accomplishment were recorded for 41.4%. Scores for concern on at least 1 subscale were noted for 58.3% of the anesthesiologists, on 2 subscales for 21.8%, and on 3 subscales for 12.1%. No significant differences were detected in relation to gender, age, stage in professional life, or employment status. Burnout levels in our department are similar to those reported for anesthesiologists in other countries and detectably lower than those of other specialties in Spain.

PubMed	Biaggi P1, Peter S	Stressors, emotional exhaustion and aversion to patients in residents and chief residents - what can be done?	1292368 5	2003	Suisse	QUESTIONS UNDER STUDY: The goal of the study was to identify (1) specific stressors in the work of residents and chief residents (R and CR) and their consequences, and (2) possibilities for improvement.	The significant correlations between stressors and strains point to the main areas for improvement: reduction in work intensity and workload, change in style of leadership and management, development of new work models.
PubMed		Job Burnout		2001		Our goal in this chapter has been to look at both the past and the future of burnout research.	
PubMed	Grunfeld E1, Whelan TJ	Cancer care workers in Ontario: prevalence of burnout, job stress and job satisfaction.	1093497 8	2000	Canada	Oncology	The overall response rate was 70.9% (681 of 961 eligible subjects): by group it was 63.3% (131/207) for physicians, 80.9% (314/388) for allied health professionals and 64.5% (236/366) for support staff.
PubMed	Dudley HA.	Stress in women doctors	2390585	1990	Angleterre	Stress in women doctors	Women should not be judged by different rules. They have proved their intelligence, competence, and commitment. Those who have reached the top are justifiably proud of their

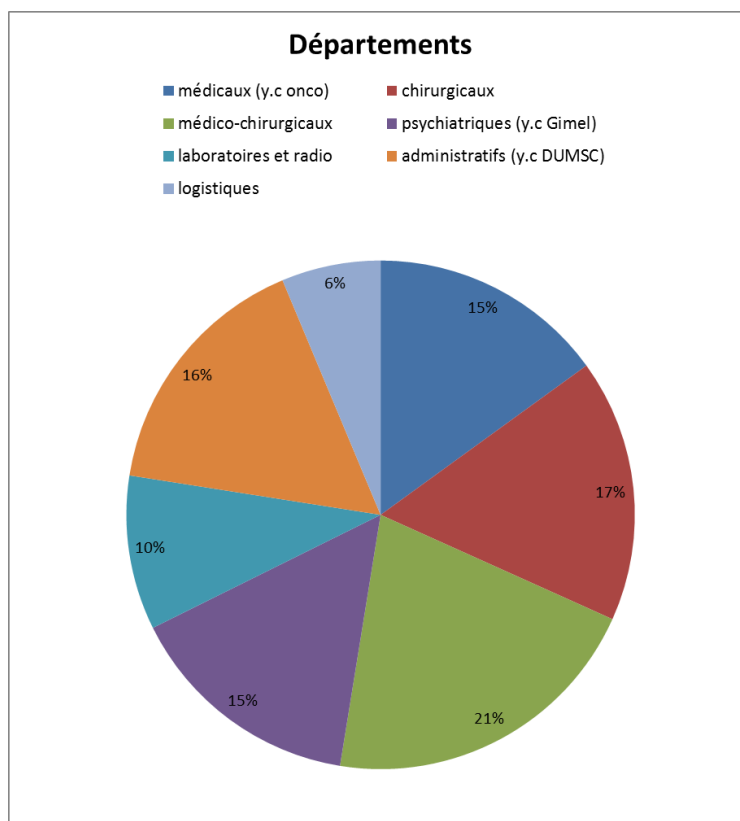
							success in "a man's world." But more should be done to remove the additional barriers to women in medicine-and to make it as easy, or as difficult, as it is for men.
PubMed	Dudley HA	Stress in junior doctors. 1-- Stress and support.	2390585	1990	Angleterre	Stress in junior doctor	

Tableaux 2 : Répartition de l'échantillon selon le sexe

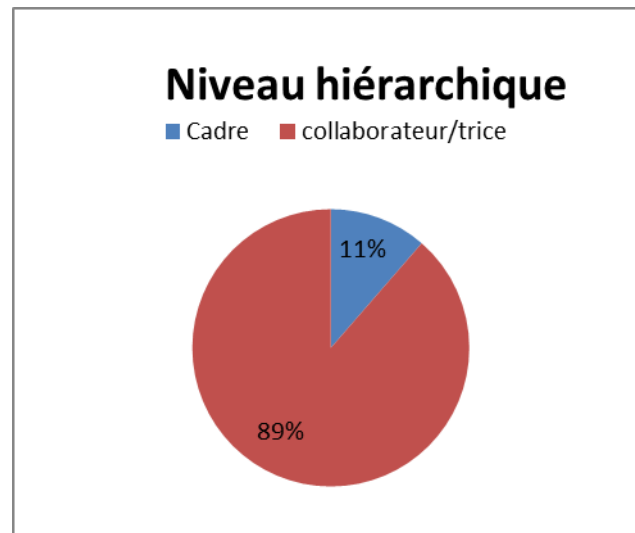
Sexe					
		Fréquence	Pourcentage	Pourcentage valide	Pourcentage cumulé
Valide	femme	3263	68.0	68.3	68.3
	homme	1517	31.6	31.7	100.0
	Total	4780	99.6	100.0	
Manquant	Système	18	.4		
Total		4798	100.0		

Tableaux 3 : Répartition de l'échantillon selon la classe d'âge

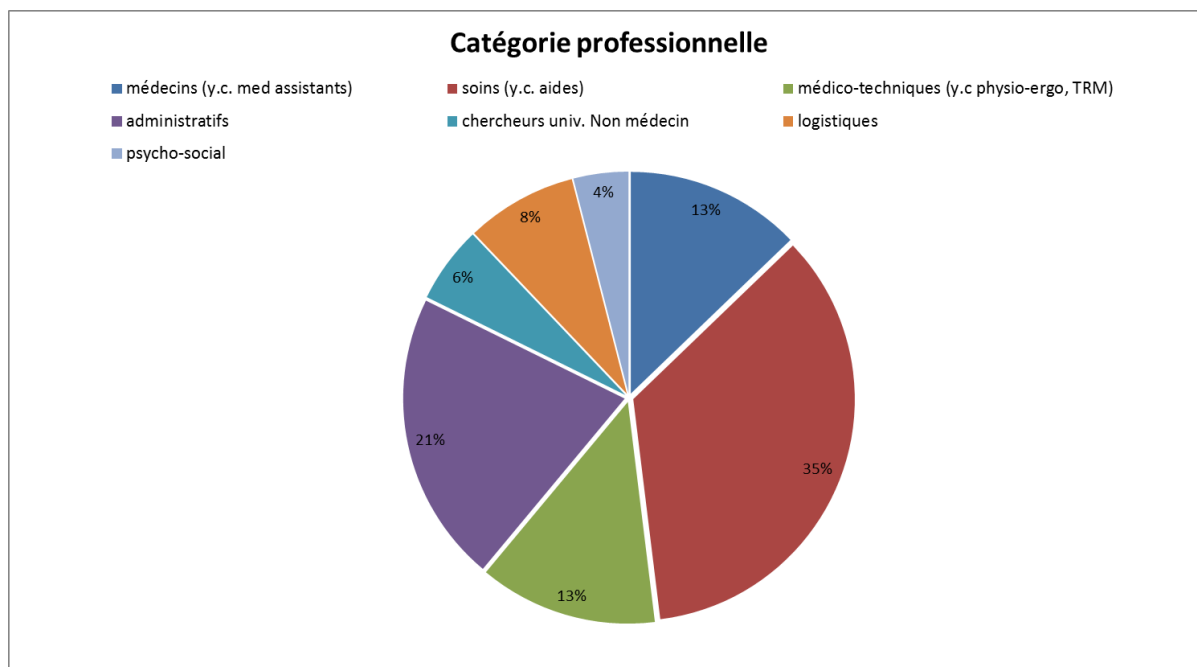
		Classe d'âge			
		Fréquence	Pourcentage	Pourcentage valide	Pourcentage cumulé
Valide	moins de 30 ans	898	18.7	18.8	18.8
	30-39 ans	1526	31.8	31.9	50.7
	40-49 ans	1176	24.5	24.6	75.3
	50 ans et plus	1179	24.6	24.7	100.0
	Total	4779	99.6	100.0	
Manquant	Système	19	.4		
Total		4798	100.0		

Tableaux 4 : Répartition de l'échantillon selon le type de département

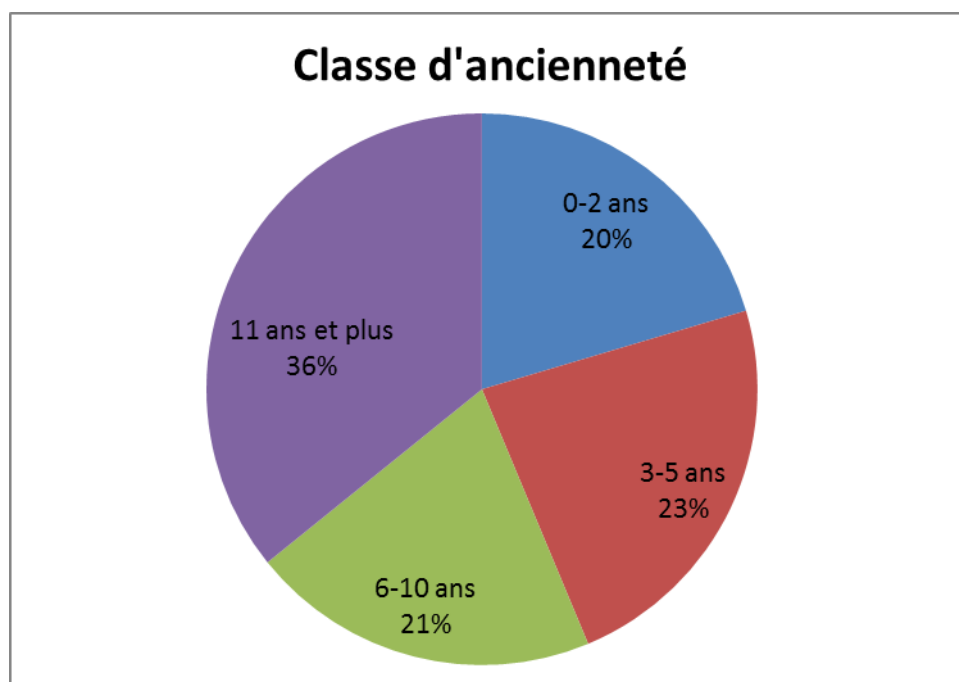
Type de département		Fréquence	Pourcentage	Pourcentage valide	Pourcentage cumulé
Valide	médicaux (y.c onco)	673	14.0	15.0	15.0
	chirurgicaux	751	15.7	16.7	31.6
	médico-chirurgicaux	938	19.5	20.8	52.5
	psychiatriques (y.c Gimel)	681	14.2	15.1	67.6
	laboratoires et radio	442	9.2	9.8	77.4
	administratifs (y.c DUMSC)	731	15.2	16.2	93.7
	logistiques	285	5.9	6.3	100.0
	Total	4501	93.8	100.0	
Manquant	Système	297	6.2		
Total		4798	100.0		

Tableaux 5 : Répartition de l'échantillon selon le niveau hiérarchique

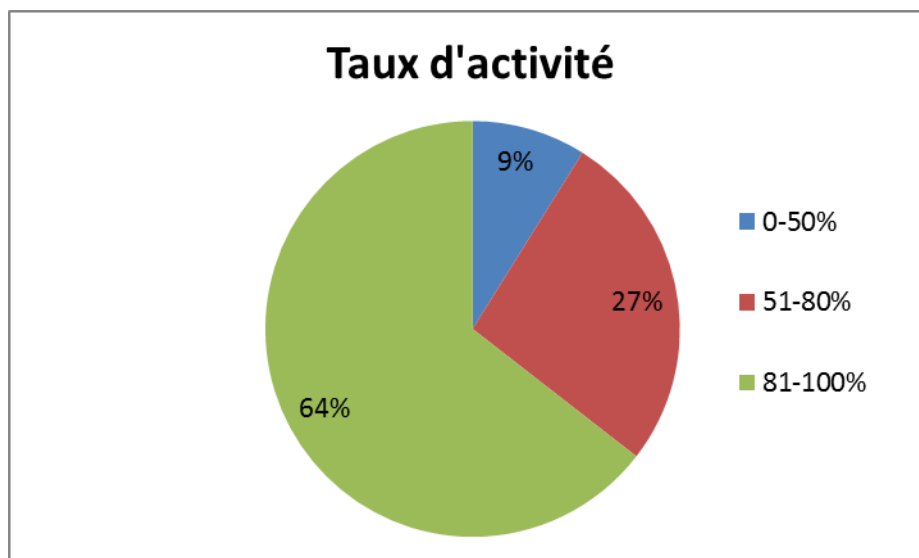
Niveau hierarchique		Fréquence	Pourcentage	Pourcentage valide	Pourcentage cumulé
Valide	Cadre	545	11.4	11.4	11.4
	collaborateur/trice	4252	88.6	88.6	100.0
	Total	4797	100.0	100.0	
Manquant	Système	1	.0		
	Total	4798	100.0		

Tableaux 6 : Répartition de l'échantillon selon la catégorie professionnelle

		Catégorie professionnelle		Pourcentage valide	Pourcentage cumulé
		Fréquence	Pourcentage		
Valide	médecins (y.c. med assistants)	615	12.8	12.8	12.8
	soins (y.c. aides)	1690	35.2	35.2	48.0
	médico-techniques (y.c. physio-ergo, TRM)	624	13.0	13.0	61.0
	administratifs	1016	21.2	21.2	82.2
	chercheurs univ. Non médecin	271	5.6	5.6	87.9
	logistiques	388	8.1	8.1	96.0
	psycho-social	194	4.0	4.0	100.0
	Total	4798	100.0	100.0	

Tableaux 7 : Répartition de l'échantillon selon la classe d'ancienneté

Classes d'ancienneté					
		Fréquence	Pourcentage	Pourcentage valide	Pourcentage cumulé
Valide	0-2 ans	976	20.3	20.4	20.4
	3-5 ans	1112	23.2	23.3	43.7
	6-10 ans	978	20.4	20.5	64.2
	11 ans et plus	1710	35.6	35.8	100.0
	Total	4776	99.5	100.0	
Manquant	Système	22	.5		
Total		4798	100.0		

Tableaux 8 : Répartition de l'échantillon selon le taux d'activité

Classes pour taux d'activité					
		Fréquence	Pourcentage	Pourcentage valide	Pourcentage cumulé
Valide	0-50%	425	8.9	8.9	8.9
	51-80%	1273	26.5	26.6	35.5
	81-100%	3079	64.2	64.5	100.0
	Total	4777	99.6	100.0	
Manquant	Système	21	.4		
Total		4798	100.0		

Tableaux 9 : Satisfaction générale et niveau d'épuisement professionnel sur l'entier de l'échantillon

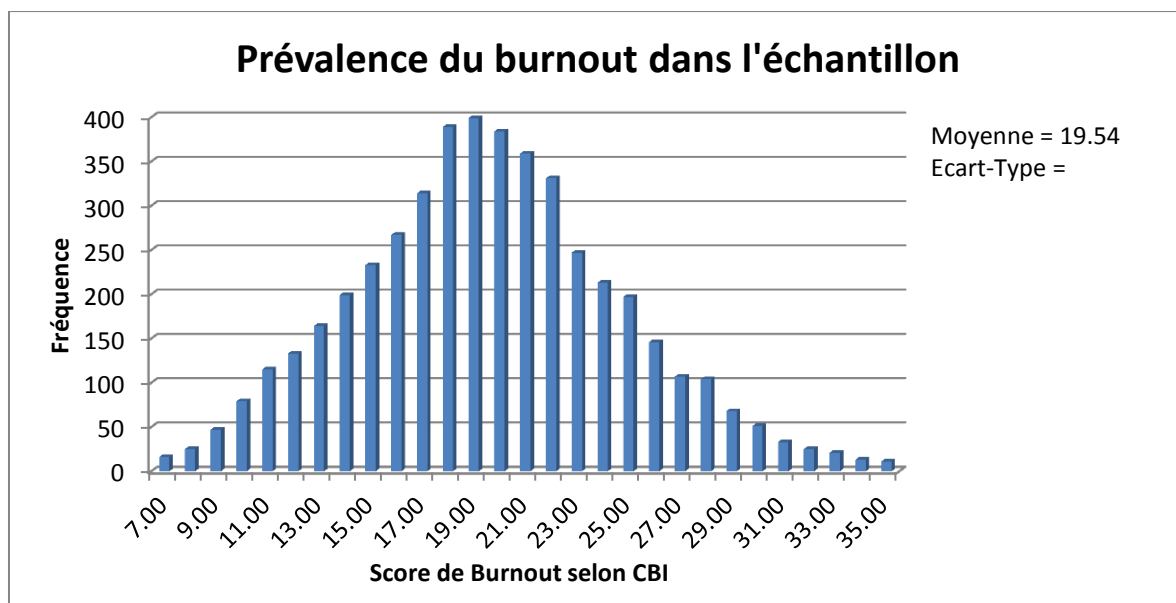
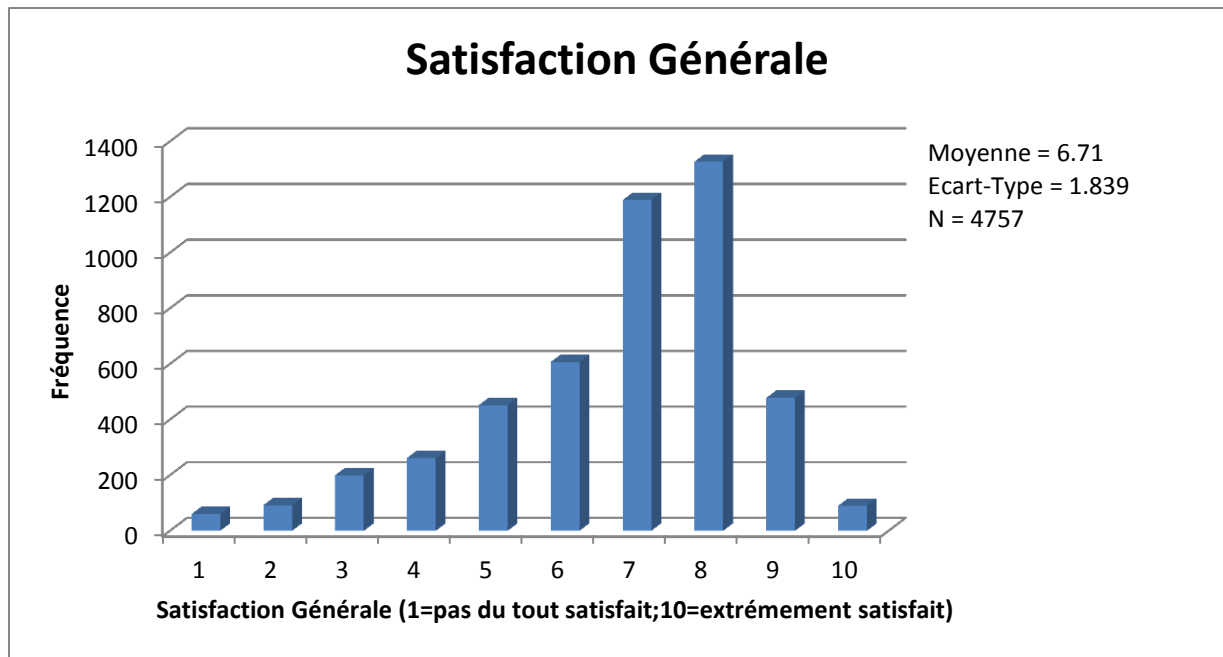


Tableau 11 : Niveau d'épuisement professionnel en fonction du sexe sur l'entier de l'échantillon

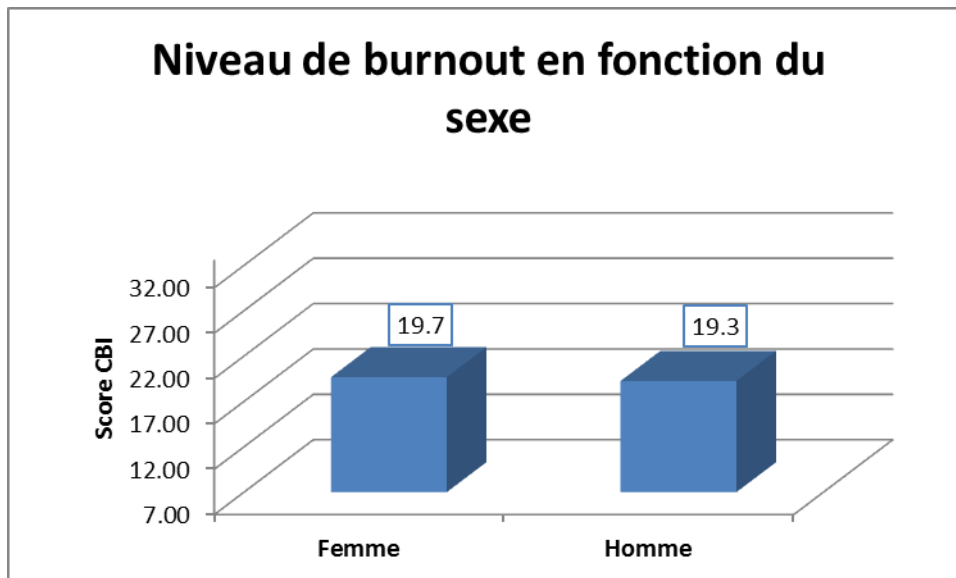


Tableau 12 : Niveau d'épuisement professionnel en fonction de la classe d'âge sur l'entier de l'échantillon

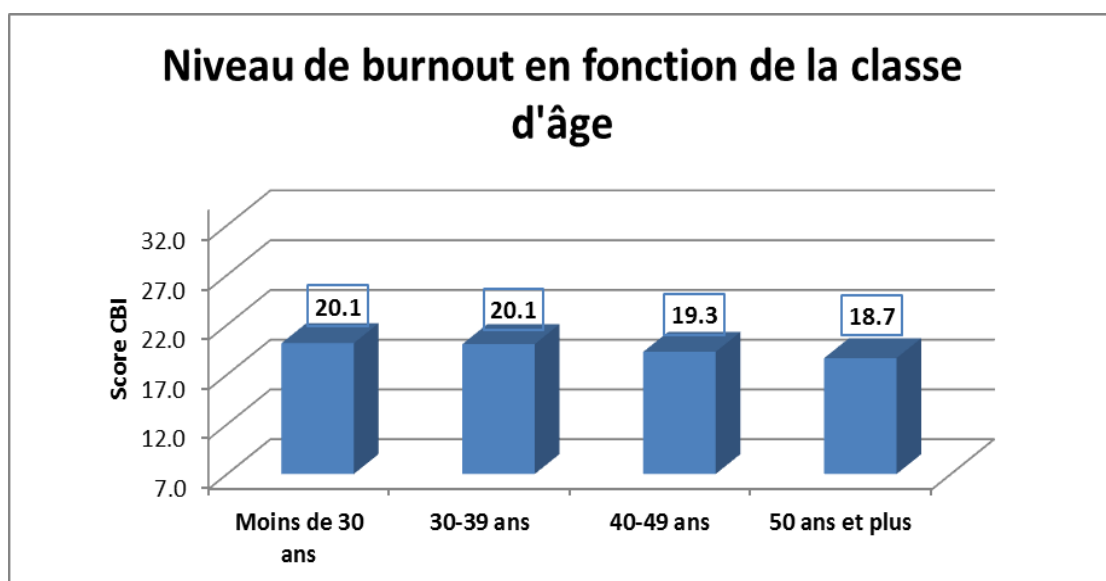


Tableau 13 : Niveau d'épuisement professionnel en fonction du niveau hiérarchique sur l'entier de l'échantillon

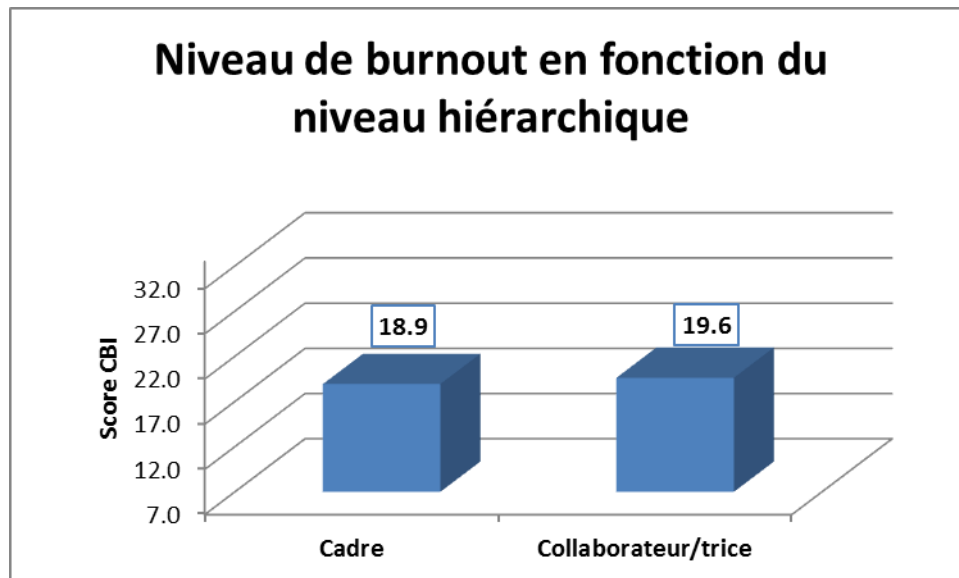


Tableau 14 : Niveau d'épuisement professionnel en fonction de la catégorie professionnelle sur l'entier de l'échantillon

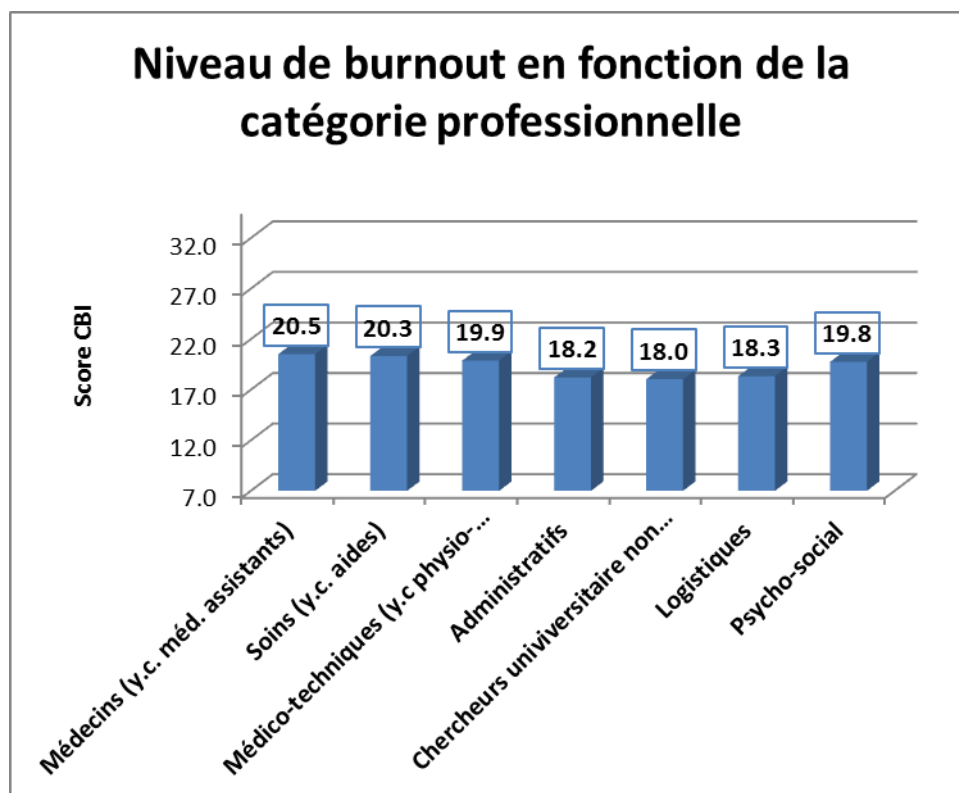


Tableau 15 : Niveau d'épuisement professionnel en fonction de l'ancienneté sur l'entier de l'échantillon

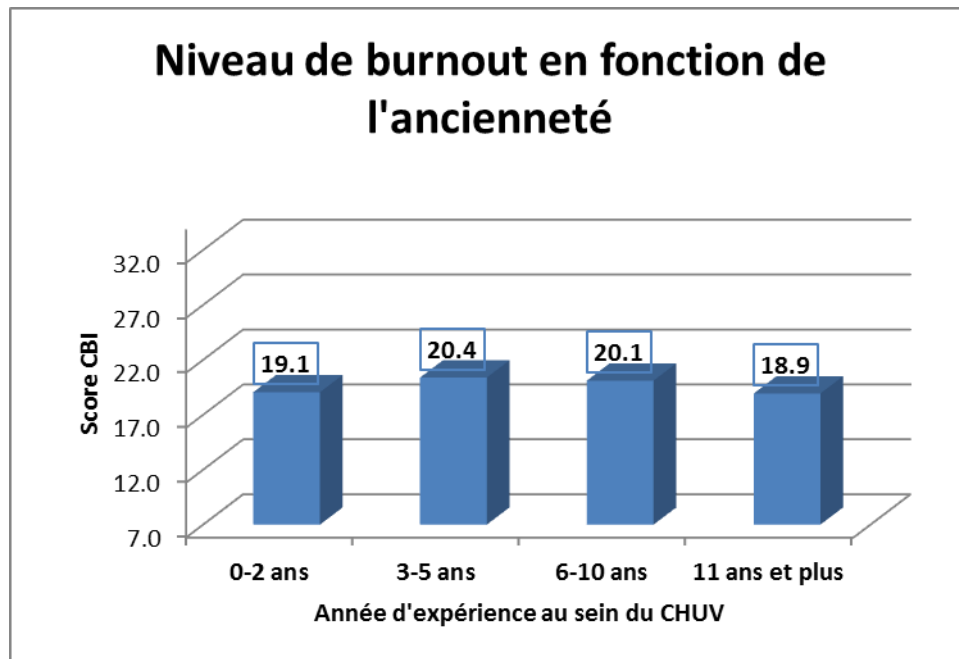
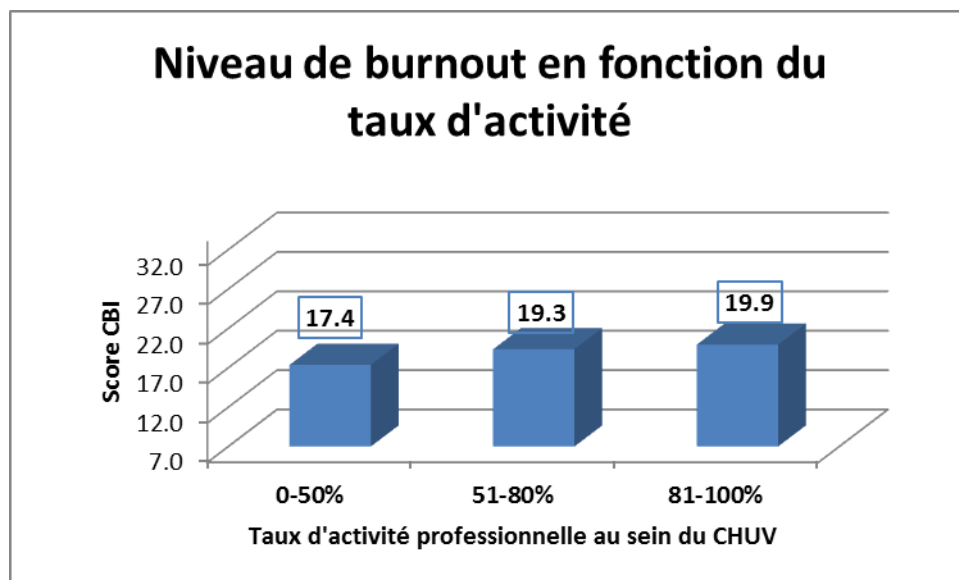


Tableau 16 : Niveau d'épuisement professionnel en fonction du taux d'activité sur l'entier de l'échantillon



Tableaux 10 : Satisfaction générale et niveau d'épuisement professionnel chez les médecins

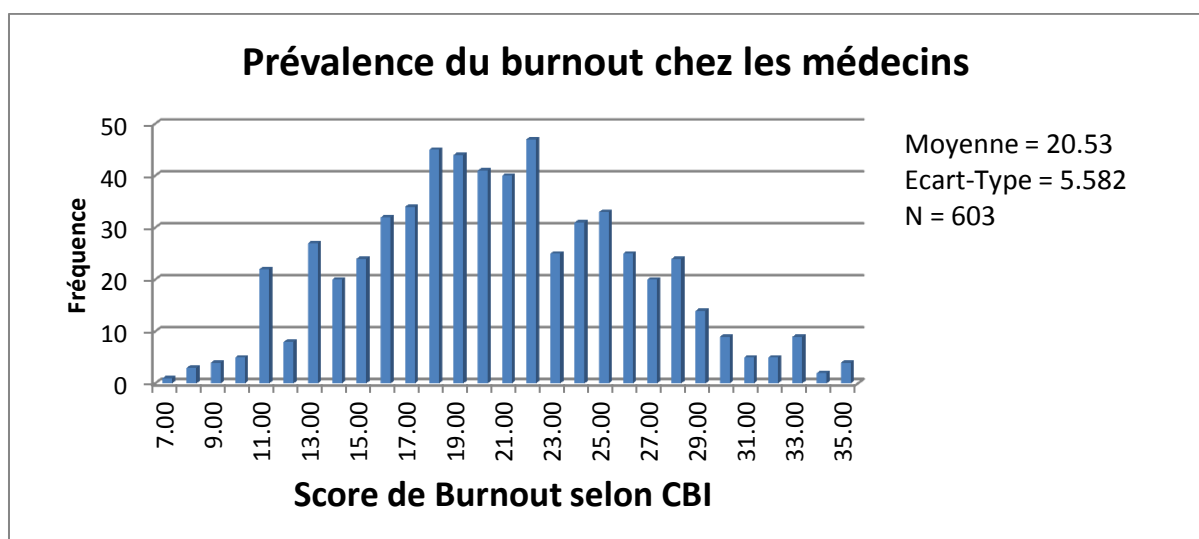
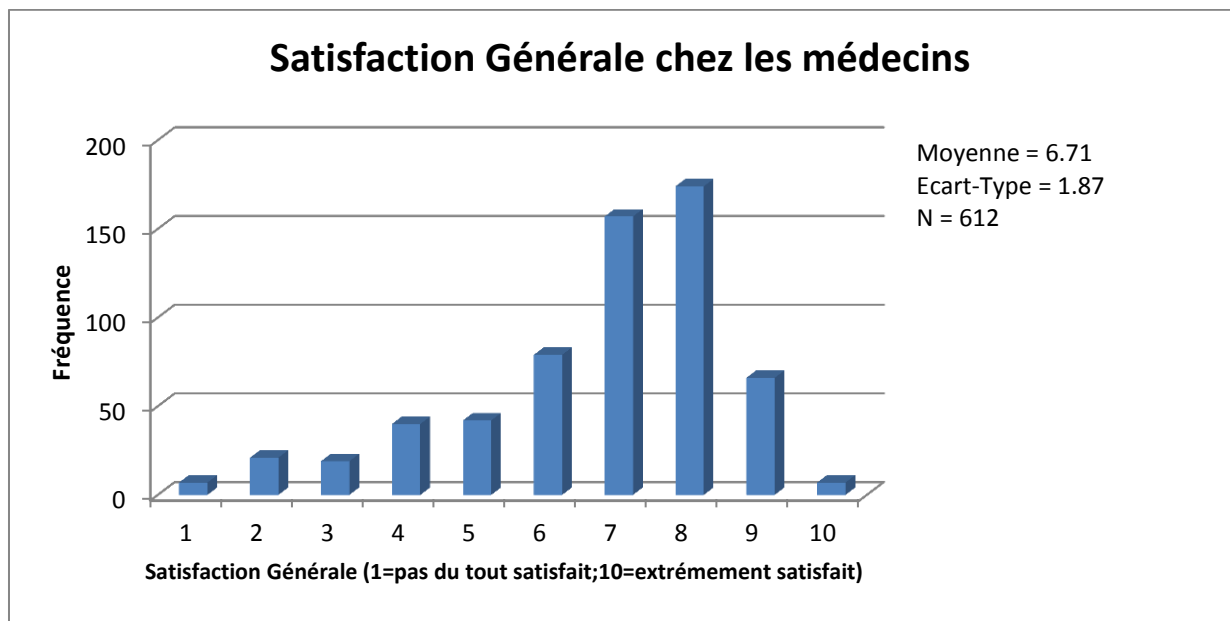


Tableau 17 : Niveau d'épuisement professionnel en fonction du sexe chez les médecins

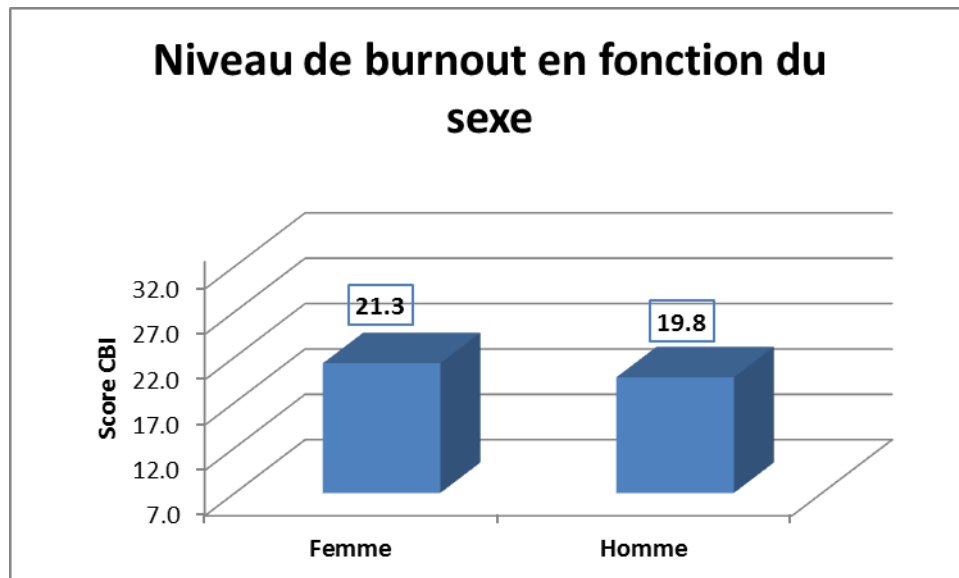


Tableau 18 : Niveau d'épuisement professionnel en fonction de la classe d'âge chez les médecins

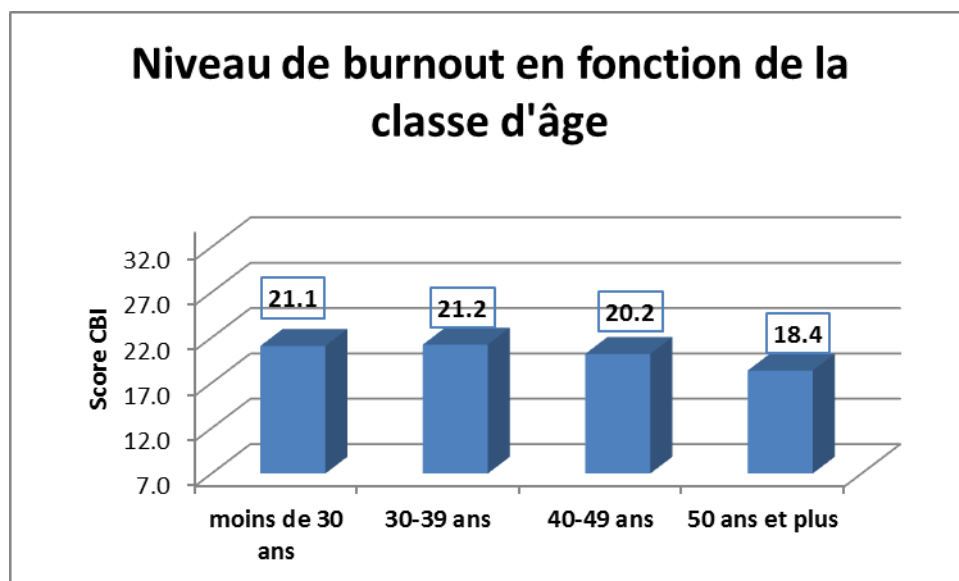


Tableau 19 : Niveau d'épuisement professionnel en fonction du niveau hiérarchique chez les médecins

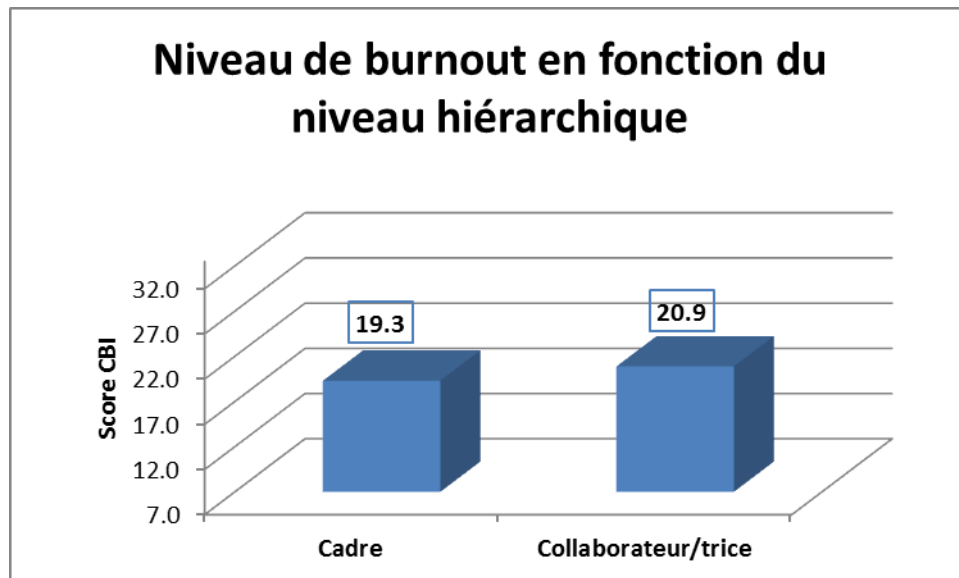


Tableau 20 : Niveau d'épuisement professionnel en fonction de l'ancienneté chez les médecins

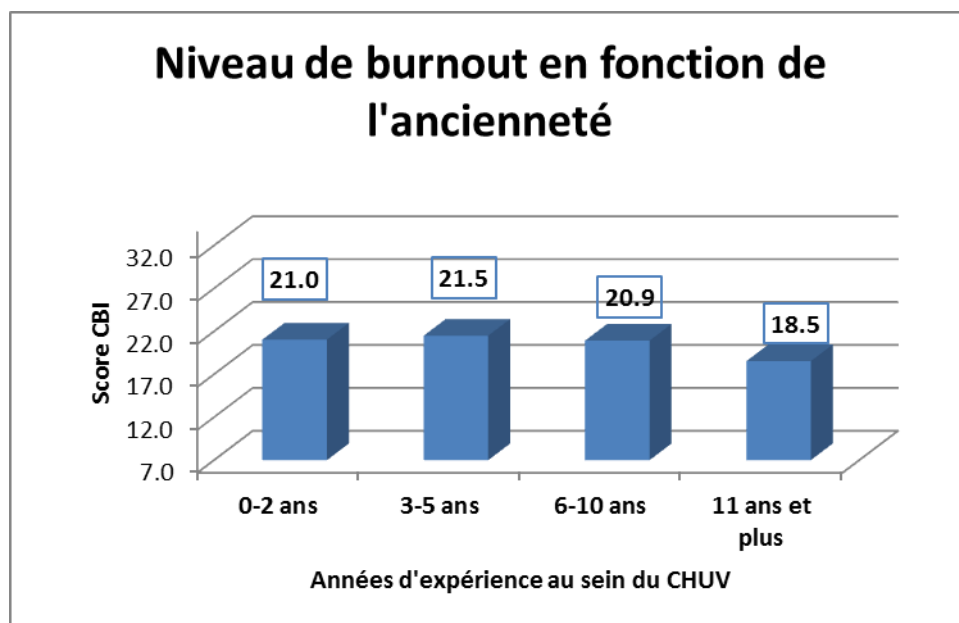


Tableau 21 : Niveau d'épuisement professionnel en fonction du taux d'activité chez les médecins

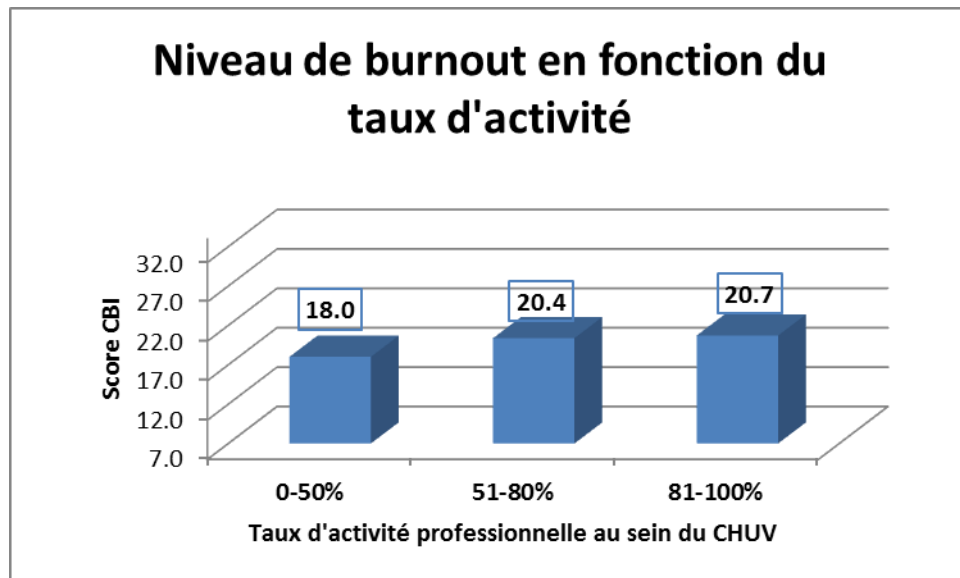


Tableau 22 : complément d'information

D'autres facteurs relevés par la littérature sont les traits de personnalité car ils interviennent au niveau de la perception du stress par l'individu. Comme décrit dans les travaux de Suzanne Kobasa(13) en 1984, la hardiesse (traduit du terme anglais hardiness, qu'on peut entendre comme robustesse) serait un facteur plutôt protecteur dans une situation d'épuisement professionnel. Cette hardiesse est définie selon trois dimensions(5) :

- 1) Le sens de l'engagement
- 2) Le sens de la maîtrise
- 3) Le sens du défi

Plus simplement, nous pouvons résumer cette hardiesse découlant des traits de personnalités comme étant une stratégie de coping, dont nous aborderons la thématique plus loin dans ce travail.

Le schéma qui suit, relatif à l'engagement, explique la dérive insidieuse vers l'épuisement(12) :

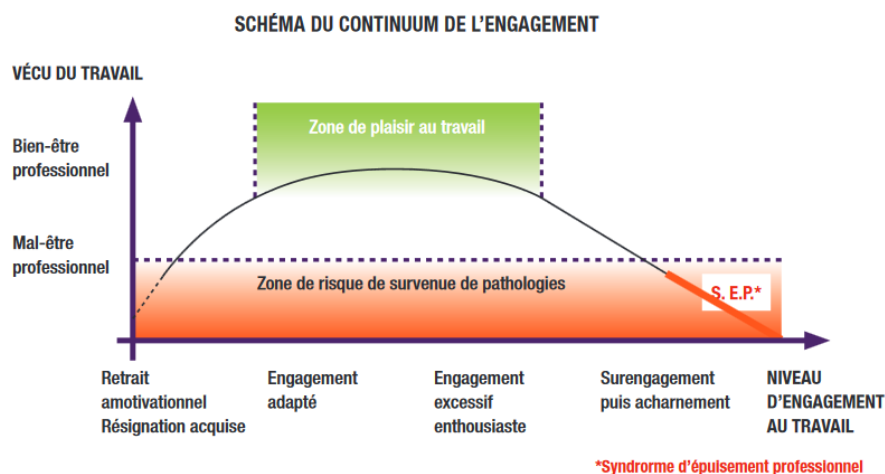


Tableau 28(51) : Complément d'information

Une maladie professionnelle?

Selon l'art. 9 al. 1 LAA⁴, sont réputées maladies professionnelles les maladies dues exclusivement ou de manière prépondérante, dans l'exercice de l'activité professionnelle, à des substances nocives ou à certains travaux⁵. Le burnout ne peut être qualifié de maladie professionnelle au sens de cette disposition légale. Une maladie peut également être reconnue comme maladie professionnelle s'il est prouvé qu'elle a été causée exclusivement ou de manière nettement prépondérante par l'exercice de l'activité professionnelle (art. 9 al. 2 LAA). Il convient dans ce cas de se fonder sur des critères épidémiologiques pour évaluer si l'affection résulte à plus de 75% de l'activité professionnelle⁶.

Vu l'origine multifactorielle du burnout, il ne paraît pas possible d'arriver à prouver que tel soit le cas. Dans ces conditions, le burnout ne saurait être qualifié de maladie professionnelle.⁷ Partant, l'assurance-accident⁸ n'est pas tenue de prendre en charge les frais et la perte de gain liés à cet état. Selon le ministre de la santé, Alain Berset, le burnout ne devrait d'ailleurs pas être intégré à l'avenir dans les maladies professionnelles au sens de la LAA car «l'épuisement professionnel n'est pas très bien défini sur le plan scientifique. Souvent, ce sont des situations présentant de nombreux facteurs, auxquels participent également des facteurs extraprofessionnels»⁹. Il n'est toutefois pas impossible que des changements interviennent car la définition du burnout pourrait évoluer au gré de l'avancement de la science médicale.

La prise en charge des frais médicaux liés au burnout

L'assurance obligatoire de soins (AOS) prend en charge les coûts des prestations qui servent à diagnostiquer ou à traiter une maladie et ses séquelles (art. 25 LAMal¹⁰). Est réputée maladie toute atteinte à la santé physique, mentale ou psychique qui n'est pas due à un accident et qui exige un examen ou un traitement médical ou provoque une incapacité de travail (art. 3 al. 1 LPGa). Cette définition de la maladie au sens des assurances sociales ne fait pas référence à d'éventuelles classifications nosologiques. Le traitement du burnout sera donc à la charge de l'assurance de base dans la mesure où l'une ou l'autre des facettes de cet état d'épuisement a un «caractère de maladie» au sens de l'art. 3 al. 1 LPGa, ce qui est par exemple le cas de la dépression.