

Professional Bounderies and Burnout

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Professor of Medicine

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Member of the Board of Directors, West Moreton Hospital and Health Service, Queensland, Australia



What are the specific challenges and solutions for the management of complex patients with DGBI?

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Disclosures

Medtronic, Falk, Bayer:

Bayer, Schwabe, Servatus:

Falk, Pfizer, Bayer, Boston

Bayer AG:

Unrestricted educational support

Advisory panel

Support for specific research projects
unrelated to this topic

Shareholder

Talk outline

- 1. What are professional boundaries and what are my strategies?**
- 2. How to manage, prevent burnout for clinicians dealing with the difficult DGBI patient**

Communication with the patient is essential for the successful management of patients with DGBI



Review

➤ [Home Care Provid.](#) 1998 Dec;3(6):314-8.

Maintaining healthy boundaries in professional relationships: a balancing act

[E Peterson](#)¹, [D Solomon](#)

Professional boundaries

- **Professional boundaries are where a health practitioner creates a clear separation between their duties to a patient to meet their health needs and the professional's own personal views, experiences, feelings and relationships.**
- **Creating this defined separation protects the space between the professional's power and the patient's vulnerability. They are the borders that mark the edges between a professional, therapeutic relationship and a non-professional or personal relationship between a health professional and a person in their care.**

Violation of boundaries

- Engaging in a romantic or sexual relationship with a patient or former patient;
- Breaches of patient confidentiality or privacy;
- Following a patient or engaging with a patient on social media or through personal telephone communication;
- Accepting gifts or benefits from patients or their families;
- Lending money to or borrowing money from a patient;
- Excessive personal disclosure to a patient;
- Sexual harassment; and flirtatious communication, employing sexual innuendo, off-colour jokes or offensive language.

Health care providers are
committed to improving
patient outcomes



Helper syndrome and super-helper syndrome

The helper syndrome is characterised by a pathological effort to help. This is not based on the moral principle of selfless service to one's neighbour (altruism) but on the need to heal.



The helper syndrome can be hidden behind expressions of solidarity, altruism, empathy, etc



Super-helper syndrome refers to the compulsive need to help others, even if doing so means neglecting one's own needs.

Management of patients with complex DGBI

What are the patients' expectations?

Have we created realistic expectations/managed expectations?

Have we conveyed that we have understood the patient's needs and concerns?

Queensland Government
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Structured Assessment of Gastrointestinal Symptoms (SAGIS)

URN: _____
Family Name: _____
Given Names: _____
Date of Birth: _____ Sex: ☐ M ☐ F

(Affix patient identification label here)

Clinical diagnosis (to be completed by Clinician):

Dear Patient,
To effectively address your symptoms, we would appreciate if you could
Please tell us about the severity of your symptoms during the last 4 weeks
to best describe the severity. If there are any other symptoms, please mention them.
Thank You!

Your Gastroenterologist

Items judged point Lik (only one per item)

1. Belching
☐ No Problem

2. Dysphagia
☐ No Problem

3. Fullness (feeling of fullness)
☐ No Problem

4. Early satiety (stopping eating, so that food is not digested)
☐ No Problem

5. Postprandial pain or discomfort
☐ No Problem

6. Epigastric pain / upper abdominal pain (noticeable in the upper abdomen)
☐ No Problem

7. Retrosternal discomfort (upper chest, painful or drawing)
☐ No Problem

8. Pain or discomfort prior to bowel movement
☐ No Problem

9. Difficulty with emptying the bowel
☐ No Problem

10. Constipation
☐ No Problem

11. Diarrhoea
☐ No Problem

12. Abdominal bloating
☐ No Problem

13. Abdominal pain
☐ No Problem

14. Abdominal discomfort
☐ No Problem

15. Abdominal fullness
☐ No Problem

16. Abdominal distension
☐ No Problem

17. Abdominal tenderness
☐ No Problem

18. Abdominal cramping
☐ No Problem

19. Abdominal rumbling
☐ No Problem

20. Abdominal gurgling
☐ No Problem

21. Abdominal flatulence
☐ No Problem

22. Excessive belching
☐ No Problem

23. In your own words, what is your most important health concern or problem?

24. In your own words, what is your second most important health concern or problem?

25. Do you suffer from?

Headache ☐ Y ☐ N Back pain ☐ Y ☐ N Sleep disturbances ☐ Y ☐ N
Chronic fatigue ☐ Y ☐ N Depression ☐ Y ☐ N Anxiety disorder ☐ Y ☐ N

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Dig Dis Sci (2017) 62:1913–1922
DOI 10.1007/s10620-017-4599-6

ORIGINAL ARTICLE

The Validity of a New Structured Assessment of Gastrointestinal Symptoms Scale (SAGIS) for Evaluating Symptoms in the Clinical Setting

N. A. Koloski^{1,2,3} · M. Jones⁴ · J. Hammer^{1,2} · M. von Wulffen^{1,2} ·
A. Shah^{1,2} · H. Hoelz¹ · M. Kutyla¹ · D. Burger¹ · N. Martin¹ ·
S. R. Gurusamy¹ · N. J. Talley³ · G. Holtmann^{1,2,5}

Received: 8 December 2016 / Accepted: 29 April 2017 / Published online: 27 May 2017
© Springer Science+Business Media New York 2017

al Symptoms (SAGIS)

The patient's source of information

Social media and DGBI

REVIEW ARTICLE

Role of social media in the presentation of disorders of gut–brain interaction: Review and recommendations

Michael R Salzberg,^{*}  Hannah Kim,[†] Chamara Basnayake,[‡]  Darcy Holt[§] and Michael A Kamm[¶] 

^{*}Department of Psychiatry, Royal Melbourne Hospital, University of Melbourne, [†]Medical Stream Lead, Eating Disorders, Orygen Specialist Program, [‡]St Vincent's Hospital Melbourne, University of Melbourne, [§]Clinical Nutrition and Metabolism Unit and Department of Gastroenterology and Hepatology, Monash Health, Monash University, [¶]St Vincent's Hospital and University of Melbourne, Melbourne, Victoria, Australia

‘...The social media/mental health literature displays the reverse sin of largely neglecting functional disorders and somatisation, including DGBIs....’



Involving consumer into decision making:
There is a need to invest into reliable
information sources to enable consumers
to make informed decisions

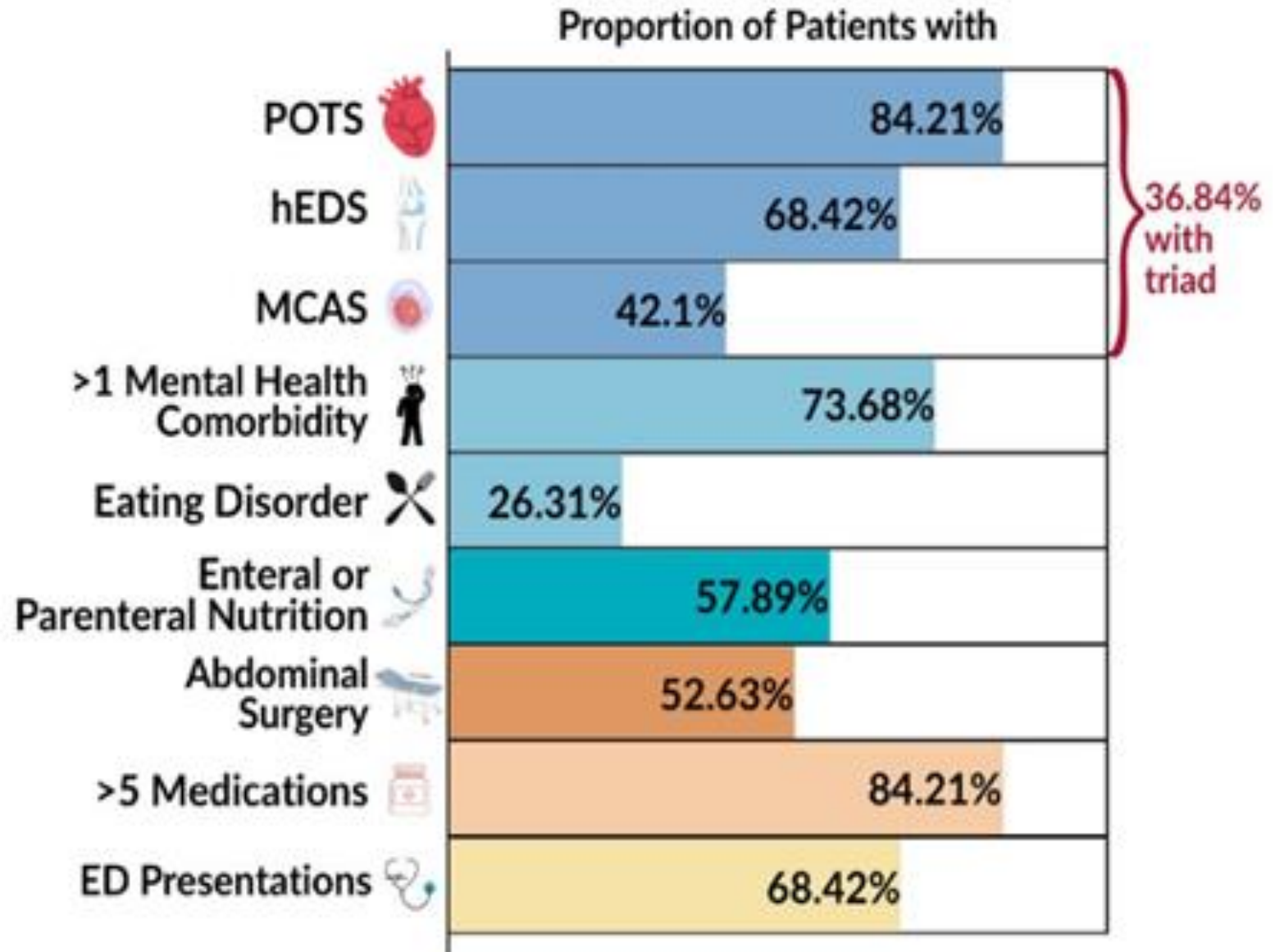


Patients with DGBI are very
experienced customers...

A thick, hand-drawn style orange line underlining the text.

Pilot Study: Results

- 19 females with DGBI with altered food intake behaviour were included.
- They had higher GI symptom score compared to age and gender matched controls: 52.5 [15.8] vs 38.4 [15.54], $p = 0.025$.
- On average they had seen 17.7 different healthcare providers.



Risks for the health care provider



APPLICANT	James Ian Spark
RESPONDENT	Medical Board of Australia
NEUTRAL CITATION	<i>Spark v Medical Board of Australia</i> [2022] SACAT 105
TRIBUNAL	Senior Member Rainford Member Dr Byrne Member Ms J McMahon OAM
DATE	19 December 2022
HEARING DATE(S)	On the papers
PLACE	Adelaide
SACAT FILE NO.	2022/SHP000021
ON REVIEW FROM	Medical Board of Australia
DECISION	The applicant sought a review of the decision of the respondent

Arcuate Ligament Syndrome (**MALS**) and Nutcracker Syndrome (**NS**) and decided to conduct major surgery involving Superior Mesenteric Artery (**SMA**) implantation. Unfortunately following that surgical procedure, complications occurred, and the patient's condition deteriorated ultimately resulting in her death. A notification was made to Ahpra about the applicant's clinical performance in the assessment, treatment and management of the patient. Expert medical opinions formed part of the investigation which raised doubt on the diagnosis and decision to perform SMA surgery which was deemed to carry with it, a significant risk of morbidity and mortality.²



The safe approach



The essentials when you manage complex patients

1

**Use a
standardised
approach**

2

**Document
reliably
symptoms and
patient needs**

3

**Try to create
realistic
expectations and
check that the
patients
understand them**

4

**Be mindful of
manipulative
behaviours**

5

**Do not manage
patients on your
own (team
approach, MDT)**

Burnout of the clinician as a
complication of patient care

A thick, hand-drawn style orange line underlining the text.

In 2019, the World Health Organization (WHO) recognized burn-out as an “occupational phenomenon” in the 11th revision of the International Classification of Disease (ICD).

Signs of burnout

A diagram illustrating the signs of burnout. On the left, the text 'Signs of burnout' is written in a large, black, sans-serif font. To its right, a vertical orange line acts as a bracket, grouping five horizontal orange bars. Each bar contains a sign of burnout in white text. To the right of each orange bar is a white rectangular box with an orange border, which is currently empty.

Struggling to think clearly

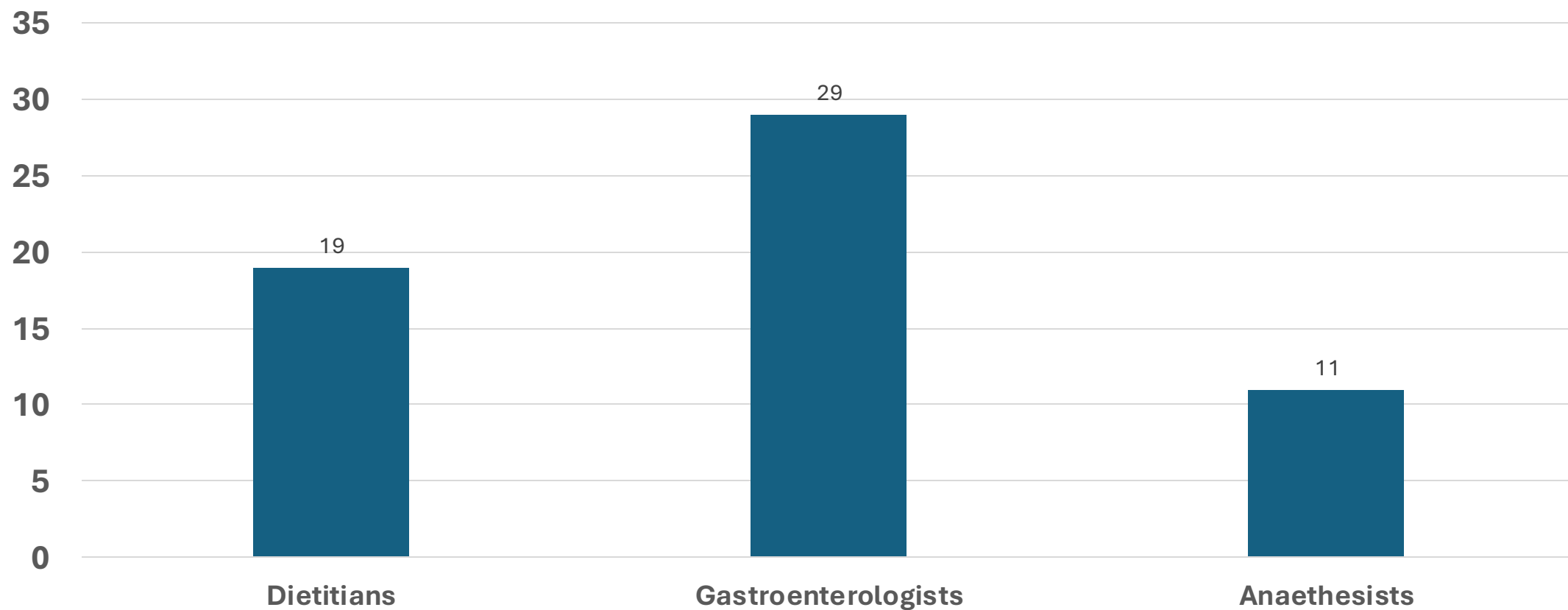
Loss of passion

More negative emotions

Physical symptoms

Irritability

Publications with keyword burnout syndrome



RESEARCH ARTICLE

Physical, psychological and occupational consequences of job burnout: A systematic review of prospective studies

Denise Albieri Jodas Salvagioni¹, Francine Nesello Melanda², Arthur Eumann Mesas³, Alberto Durán González³, Flávia Lopes Gabani⁴, Selma Maffei de Andrade^{3*}

1 Department of Nursing, Instituto Federal do Paraná, Londrina, Paraná, Brazil, **2** Department of Pathological Sciences, Universidade Estadual de Londrina, Paraná, Brazil, **3** Department of Public Health, Universidade Estadual de Londrina, Paraná, Brazil, **4** Department of Nursing, Universidade Estadual de Londrina, Paraná, Brazil

✉ Current address: Department of Public Health, Universidade Estadual de Londrina, Londrina, Paraná, Brazil

* selmaffei@gmail.com



Physical consequences of burnout

- **‘...significant predictor for hypercholesterolemia, type 2 diabetes, coronary heart disease, hospitalization due to cardiovascular disorder, musculoskeletal pain, changes in pain experiences, prolonged fatigue, headaches, gastrointestinal issues, respiratory problems, severe injuries and mortality below the age of 45 years...’**

Psychological consequences of burnout

- **‘... insomnia, depressive symptoms, use of psychotropic and antidepressant medications, hospitalisation for mental disorders and psychological ill-health...’**

Professional
outcomes

**‘... Job dissatisfaction,
absenteeism, new disability
pension, job demands, job
resources and presenteeism..’**

RESEARCH

Open Access

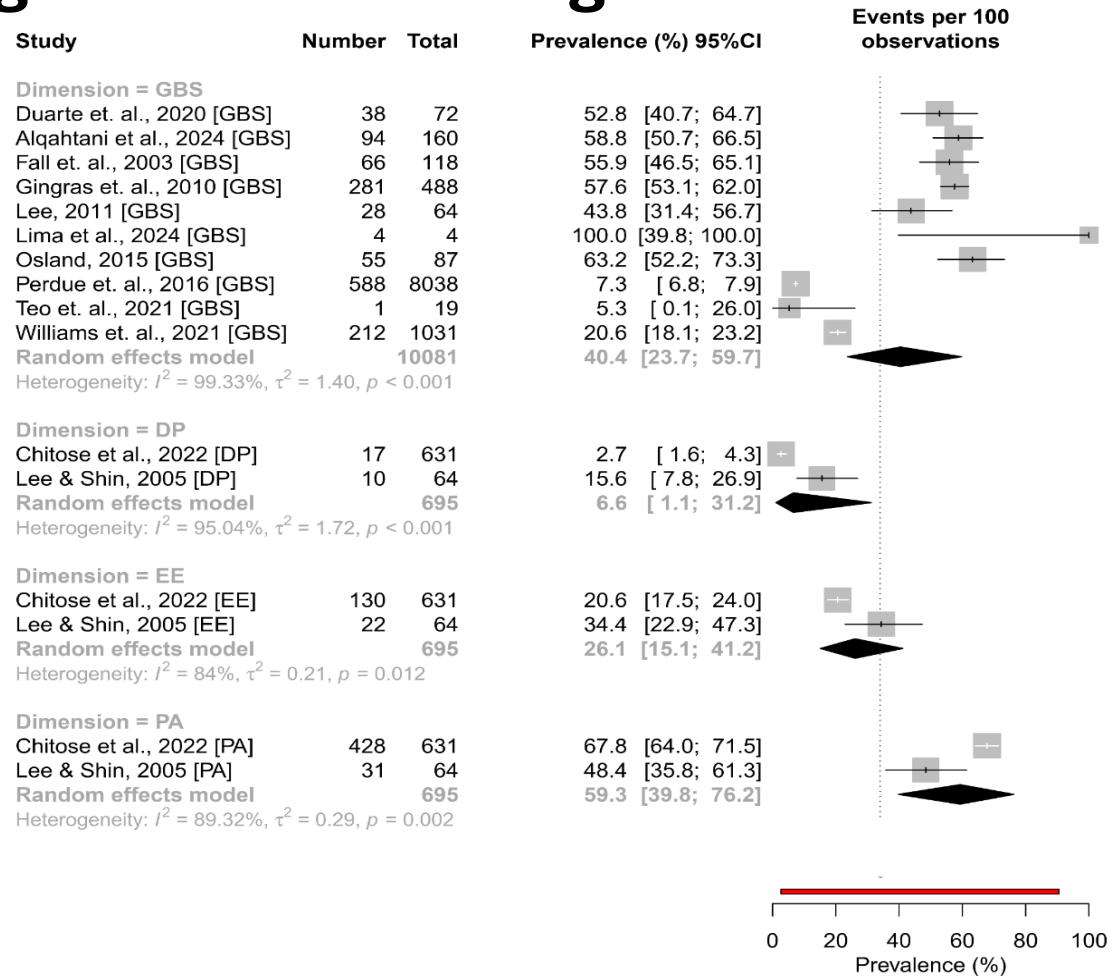
Prevalence of emotional burnout among dietitians and nutritionists: a systematic review, meta-analysis, meta-regression, and a call for action



Omar A. Alhaj¹, Nour A. Elsayhori¹, Feten Fekih-Romdhane^{2,3}, Manar Wishah¹, Dima H. Sweidan¹,
Waqar Husain⁴, Ammar Achraf^{5,6}, Khaled Trabelsi^{7,8,14}, James R. Hebert^{9,10,11} and Haitham Jahrami^{12,13*}

Alhaj et al.
BMC
Psychol.
2024 Dec
23;12(1):775

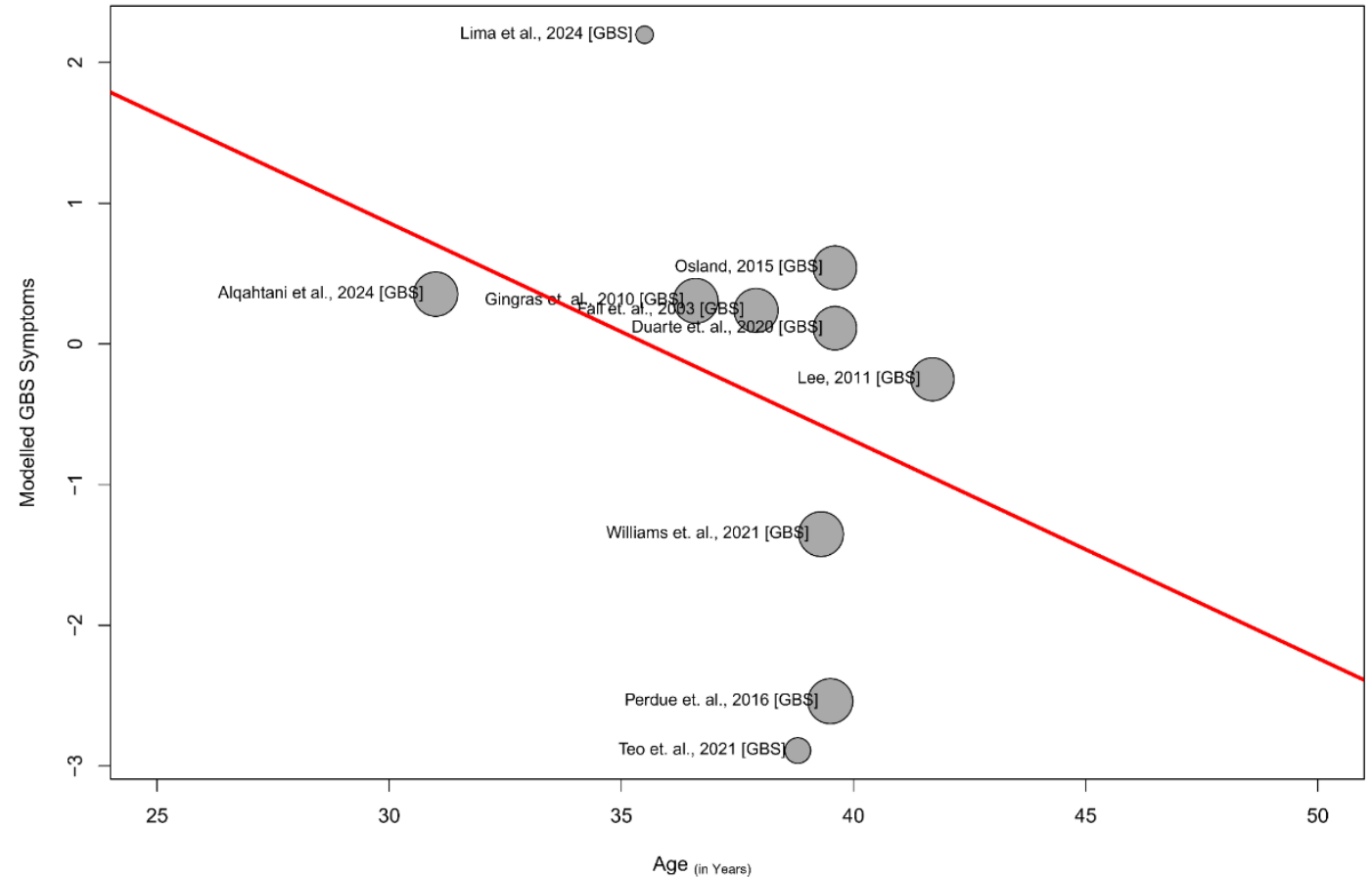
Prevalence of emotional burnout among dietitians and age



Burnout in dietitians and nutritionists (56%) is similar to the one found among emergency department healthcare workers (43%)

Alhaj et al.
BMC
Psychol.
2024 Dec
23;12(1):775

Prevalence of emotional burnout among dietitians and age



Burnout among gastroenterologists

META ANALYSIS AND SYSTEMATIC REVIEW

The prevalence of burnout, risk factors, and job-related stressors in gastroenterologists: A systematic review

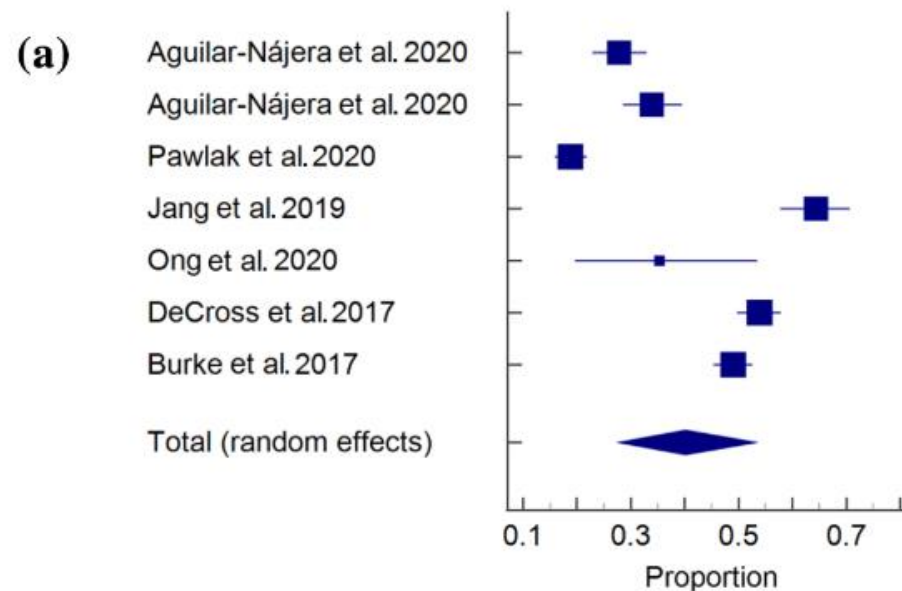
John Ong,^{*,†}  Carla Swift,[‡]  Michael Bath,[§]  Sharon Ong,^{¶,***}  Wanyen Lim,[¶]  Yasseen Al-Naeeb,^{††} 
Arun Shankar[‡] and Yock Young Dan[†]

^{*}Department of Engineering, University of Cambridge, Cambridge, [†]Department of Gastroenterology, Norfolk and Norwich University Hospital NHS Trust, Norwich, [§]Department of Surgery, Whipps Cross University Hospital, Barts Health NHS Trust, London, ^{††}Department of Gastroenterology and Hepatology, Bedford Hospital NHS Trust, Bedford, UK; [‡]Department of Medicine, National University of Singapore, [¶]Division of Anaesthesiology and Perioperative Sciences, Singapore General Hospital, and ^{***}Division of Anaesthesiology and Surgical Intensive Care, Sengkang General Hospital, Singapore, Singapore

The prevalence of burnout among gastroenterologists ranged from 18.3% to 64.4%.

Ong et al J Gastroenterol
Hepatol. 2021
Sep;36(9):2338-2348.

Meta-analyses of burnout prevalence in gastroenterologists



Cochrane $Q = 305.1$, $df = 6$, $P < 0.0001$

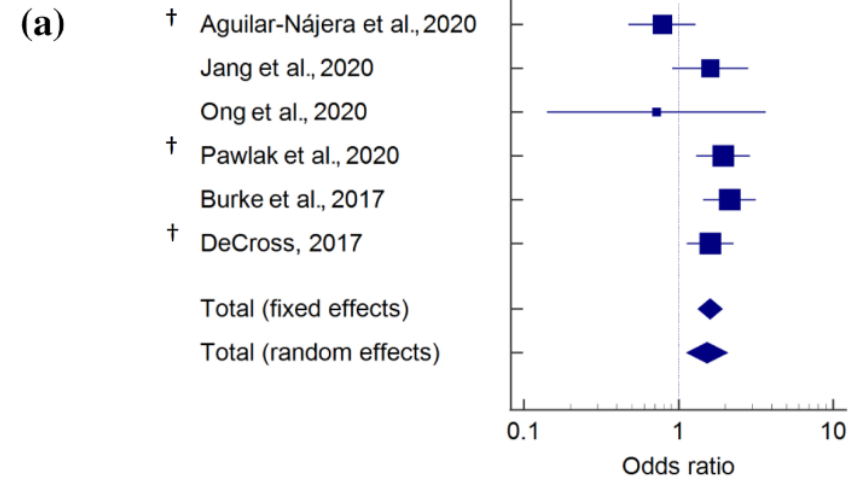
$I^2 = 98.0\%$ (95% CI: 97.2% to 98.6%)

Pooled prevalence = 40.1% (95% CI: 27.4% to 53.6%)

Egger's test: $P = 0.88$, Begg's test: $P = 0.65$

Ong et al J Gastroenterol
Hepatol. 2021
Sep;36(9):2338-2348.

Meta-analyses of the prevalence of burnout in female gastroenterologists (Odds Ratio)



Cochrane $Q = 11.9$, $df = 5$, $P = 0.04$

$I^2 = 57.8\%$ (95% CI: 0% to 82.9%)

Pooled Odds Ratio (random effect) = 1.5 (95% CI: 1.1 to 2.1), $P < 0.01$

Egger's test: $P = 0.36$, Begg's test: $P = 0.35$



Ong et al J Gastroenterol
Hepatol. 2021
Sep;36(9):2338-2348.

Work volume, age, and female gender were the three most frequently reported risk factors for increased levels of stress and burnout.

Female gastroenterologists may be at higher risk of burnout compared with their male counterparts: OR = 1.5 (95% CI: 1.1–2.1),

Other risk factor for burn out

- **Workload:** Caseloads, leading to longer hours and increased stress.
- **Emotional Strain:** The need to manage/meet patient expectations
- **Lack of Control:** The feeling of little control over workloads or the work environment is risk factor
- **Administrative Burdens:** Extensive paperwork, and iEMR or failing IT systems
- **Insufficient Support:** Lack of support from team and isolated practice
- **Poor Work-Life Balance :**
- **Job Resources:** Limited access to resources, including professional development opportunities



Burnout can compromise care for DGBI patients due to inappropriate service models

Managing complex patients with DGBI can present an emotional challenge

Insufficiently studied

Strategies to manage the emotional burden and prevent burnout is are critical to improve patient outcomes

Summary

- Management of patients with complex DGBI can be demanding
- HCPs are at risk of experiencing adverse outcomes
- Successful management requires knowledge and system/resources
- It is highly likely that the successful interaction of the HCP with the patient with DGBI is critical for patient outcomes and implication for society



Centre of Research Excellence
in Digestive Health



Approach to Patients with Disorders of Gut-Brain Interaction-Induced Altered Food Intake

What the clinician needs to know.

There has been a rise in the number of adolescents and young adults presenting with gastrointestinal (GI) symptoms resembling irritable bowel syndrome and other Disorders of Gut-Brain Interaction (DGBI) in the Australian healthcare system, and 'severe meal-related symptoms. These symptoms can lead to altered food intake and subsequent weight loss, or even nutritional deficiencies. For this syndrome, the term DGBI-induced Altered Food Intake (DGBI-AFI) has now been coined.

Join us for an informative educational event focused on this condition. This event is intended to provide clinicians with critical insights into these challenging conditions. Don't miss this opportunity to deepen your expertise and improve patient care!

**11th Dec
2025**

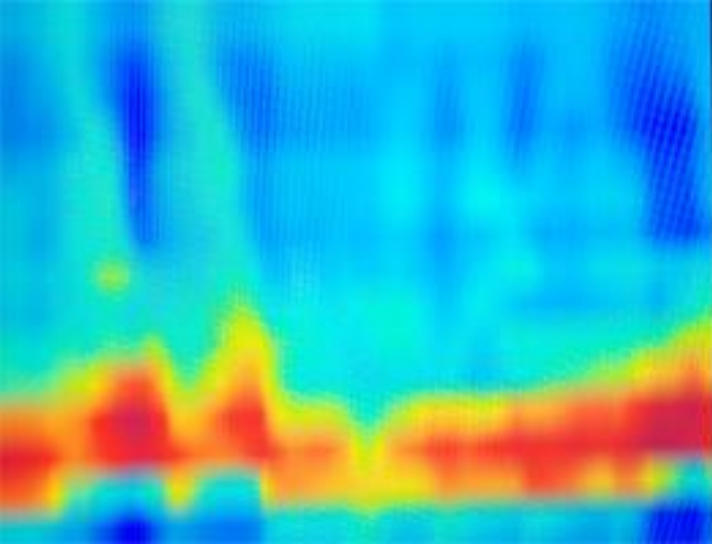
17:30 - 19:30 TRI

**ROOM 2004 or
Via TEAMS**

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SECURE YOUR SPOT**



Save the date!



2026 Australasian Neurogastroenterology and Motility Masterclass



Translational Research Institute
Brisbane, Queensland, Australia



Friday 13 - Saturday 14
MARCH 2026

