BACKGROUND AND AIMS: While the percentage of women entering nephrology has increased over the years, women representation and sex disparities in the authorship of major nephrology Clinical practice guidelines (CPG) has not been developed with the aim to improve and maintain self-management behaviours, the development process was guided by the self-management programme called ‘My Kidneys and Me’ (MK&M) to ensure that it can be implemented in clinical practice. The development process was guided by the Intervention mapping (IM) framework. IM was used to guide the development of a digital evidence- and theory-based online self-management programme provides ongoing empirical evidence, and practical perspectives in the development of MK&M. Our key programme goals: 1) increase patient activation; 2) reduce health risks; 3) manage symptoms; and 4) increase physical function.

METHOD: Intervention mapping (IM) was used to guide the development of a digital programme for evaluation and implementation. The last two steps programme content and describe the iterative process of refining the content and maintain a focus on the strategies adopted; (3) generate the programme components according to the programme goals; (2) identify objectives and determinants at early design stages to include to improve knowledge, promote self-care skill, increase self-efficacy, improve disease researches on clinicians.

CONCLUSION: Doctors are exposed to high levels of stress in their profession and are particularly susceptible to experiencing burnout. Rare disease researches are enlightening, with more workload to clinicians, especially during the Covid-19 pandemic. We aim to explore the mental influence of participating in rare disease researches on clinicians.
METHOD: Doctors received electronic questionnaires regarding job-burnout in October 2020. The modified Maslach Burnout Inventory-General Survey (MBI-GS) was used to evaluate job burnout state. The MBI-GS consisting of three dimensions, emotional exhaustion (five questions), cynicism (five questions), and reduced personal accomplishment (six questions). The 7-grade Likert scale is adopted in each question, from 0 point (never) to 6 points (very frequently). Job burnout was considered if the average score of any dimension is no less than three.

RESULTS: Questionnaires from all 203 doctors were analysed in this study, with females (70.0%, n=140). Age ranging from 25 to 39, 40 to 54, and above 55 were 41.4%, 50.7%, 7.9%, respectively. Nearly half of the subjects (50.2%, n=102) fulfil the definition of job-burnout, which was fewer than that in the residency program (50.2% vs. 62.9%, p=0.02). An inappropriate evaluation system (36.0%) and lack of private time (35.5%) were the leading cause of job-burnout. The pressure of scientific researches (79.3%) and career promotion (58.1%) was the major source of mental pressure.

Doctors who participated in rare disease researches (46.8%, n=95) did not show significant differences in burnout rate than individuals who did not (44.2% vs 55.6%, p=0.123), nor as in three dimensions (27.3% vs 36.1%, p=0.183 for emotional exhaustion, 21.1% vs 20.4%, p=0.905 for cynicism, 21.1% vs 27.8%, p=0.267 for reduced personal accomplishment). Logistic analysis revealed that high requirement from superior (22.5% vs 6.9%, p= 0.001), pressure from family (33.3% vs 17.8%, p=0.010), inappropriate job allocation (47.1% vs 29.7%, p= 0.019) as well as delayed off-work time (p=0.013) were independent risk factors of job-burnout. Physicians who participate in rare disease research had better job allocation (75.8% vs. 49.1%, p<0.001), but not in the other three risk factors.

CONCLUSION: More workload did not increase the job-burnout of physicians participating in the rare disease research, which might be contributed by the appropriate job allocation.