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**Purpose**

To examine the self-reported quality of life of ophthalmologists attending a glaucoma ophthalmology meeting.

**Methods**

A quality of life survey based on that described by Cruz et al 1 was placed in the ‘welcome pack’ given to each attendee of the 9th Congress of the European Glaucoma Society (EGS) held in Madrid in 2010. The survey asked questions on general demographics and then led to 3 quality of life areas: (1) ‘satisfaction with life’, a 7 item questionnaire asking respondents to rate their agreement with a series of statements pertaining to their overall satisfaction with life on a scale ranging from 1 (‘strongly disagree’) to 7 (‘strongly agree’); (2) ‘burnout’ using an 18-item modified Maslach Burnout Inventory (MBI) Human Services Survey questionnaire 2 evaluating ‘emotional exhaustion’, ‘depersonalisation’ and ‘personal achievement’, which required respondents to rate how often they experienced a feeling relating to their job, ranging from 0 (‘never’) to 6 (‘every day’); and (3) ‘family support’, consisting of 6 questions evaluating spouse/partner and family support asking the respondent to rate the frequency of positive and negative interactions on a scale from 1 (‘never’) to 5 (‘frequently’).

Attendees were encouraged to complete the questionnaire and return to the Congress Secretariat at the end of the meeting.

**Results**

A total of 172 questionnaires were returned, with 164 being fully completed. The average age [standard deviation] of the group was 45.7 [9.0] years, and 53% were male. Respondents had been on average [SD] 10.7 [7.8] years in their present job. The average [SD] working week was 47 [17.3] hours. The vast majority of respondents were either married or in long term civil partnership (n = 130; 79%). One hundred and thirty six respondents were clinical ophthalmologists, comprising of 14 (9%) residents in training/registrars, 75 (46%) specialists/fellows, 35 (21%) consultant chairs/consultants and 12 (7%) departmental heads/clinical professors.

Overall, the life satisfaction for the group was high (score 42.8 [14.1] out of a possible 49). Family support and interactions scored moderately, with the average score [SD] 10.5 [3.1] (maximum score 15) for frequency of positive family support and 7.6 [2.5] (maximum score 15) for frequency negative interactions with close family members.

Table 1 shows the scores for each MBI subscale, which have been related to original MBI scores through proportional scoring. The data suggests that overall the group displayed moderate levels of emotional exhaustion, low levels of depersonalisation and moderate to high levels of personal achievement, with males and residents-in-training/registrars exhibiting the highest levels of emotional exhaustion and depersonalisation.

**Conclusion**

The results of this survey suggest that the ophthalmologists completing the survey were satisfied with their lives and experienced lower levels of ‘burnout’ compared with medicine as a whole and chairs of ophthalmology. However, it would be useful to assess whether these results would be reproduced should the survey be undertaken at the respondents’ place of work rather than an ophthalmology meeting.