

Reclaiming Peace of Mind in Healthcare: Preventing Burnout



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Burnout, first defined in the 1970's, is a phenomenon based on three main factors: emotional exhaustion, depersonalization and a low sense of personal accomplishment. Work, formerly a source of gratification, becomes difficult, burdensome and often meaningless. Depersonalization refers to a state of cynicism and detachment people assume in order to emotionally distance themselves from their work. Lastly, victims of burnout feel ineffective, exhausted and utterly hopeless; experiencing what has been referenced as "erosion of the soul".

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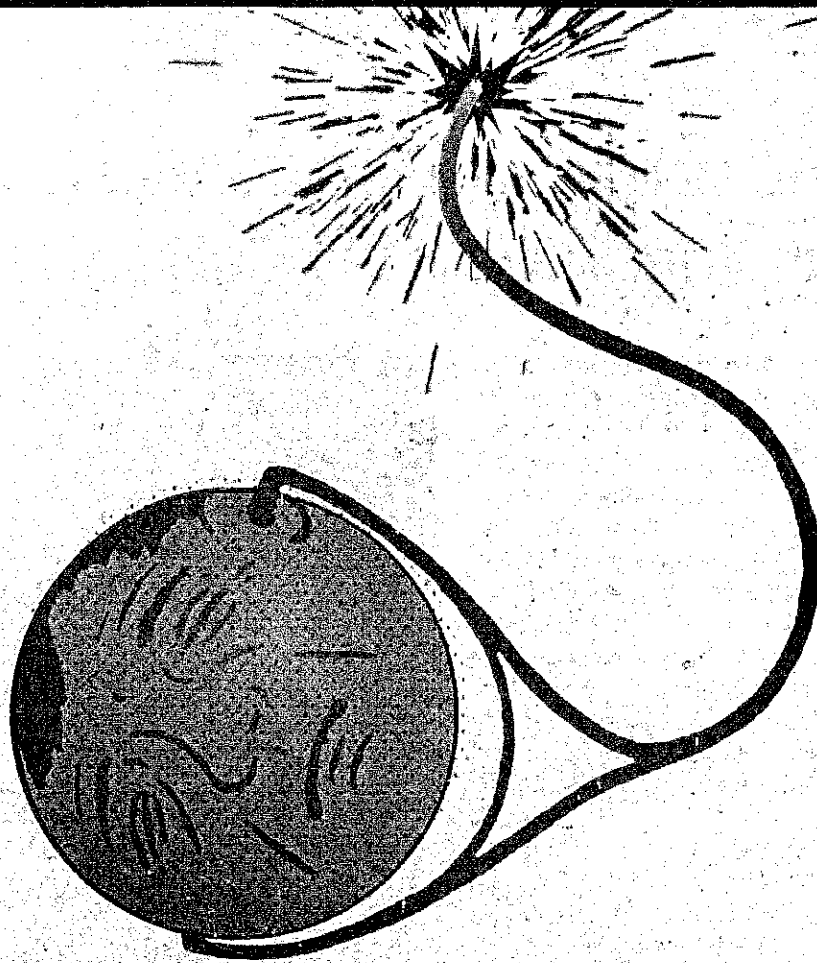
It appears that those at mid-career are more often on call, work longer hours and compared to their other colleagues are less satisfied with their choice of specialty and their work-life balance and have higher burnout rates. A most recent study (Mayo Clinic) shows that close to one out of every two physicians has reported signs of burnout. Practitioners of family medicine, general medicine, and ER medicine are at the highest risk.

Sources of the problem appear to be three-fold: intrinsic, extrinsic, and individual factors. The intrinsic factors refers to the main elements of a physicians' work, this includes elements such as intellectual rigors, the burden of decision-making, stress levels due to uncertainty and emergencies, and being confronted constantly with suffering and death, along with problematic interactions with certain patients. Although the patient-physician relationship is at the heart of the medical profession and is one of its most gratifying aspects, it can also represent, in emotional terms, one of its heaviest burdens.

Extrinsic factors refer not to medical practice itself, but rather to how it is organized: schedules, workload, environment, autonomy etc. These factors often lead physicians to have to choose between addressing the practice requirements and compromising gratification in their personal lives. Many physicians come to believe that they cannot simultaneously be fulfilled personally and professionally, and must therefore put their personal lives on hold until retirement. One study (Langballe) indicated that work-home conflict is the strongest burnout predictor in female physicians, whereas workload is the strongest burnout predictor in male physicians. Another factor is the incongruence of their individual values with the values in their workplace contributes equally and independently to burnout, especially for female physicians.

Individual factors contribute to burnout as well. For example, people who do not worry are immune to burnout. Certain personality traits put people at a higher risk of burnout. Perfectionism, a characteristic that is sought after and valued among physicians, generally goes hand in hand with exceptional levels of dedication and professionalism. However, this characteristic can also present in a dysfunctional and rigid manner, and give rise to an urgent need to control one's environment and over commit to work. Self denial and altruism, so valued by the medical culture, may represent serious risks to physicians' health and stability, and impede their ability to deliver quality care to others. One of the tragic paradoxes of burnout in medicine is that those who are most susceptible also appear to be the most conscientious, responsible, and motivated.

Consequences: Faced with constantly growing demands, physicians naturally seek to absorb their excessive workload by doing even more, regardless of their health and job conditions. The culture of endurance forces them to keep going, despite organizational deficiencies or personal problems. In addition to contributing to family and marital tensions, burnout is associated with an array of somatic symptoms such as heart conditions, perturbed sleep patterns and anxiety, and may lead to depression, substance abuse and even suicide.



The language we hear in our clinic from burned out practitioners is “I can’t stop the pain”, “I can’t think clearly and can’t get control”, “I can’t make decisions and can’t see any way out”, “I can’t make the sadness go away”, “I can’t see a future without pain”, “I can’t see myself as worthwhile”, and “I can’t get anyone’s attention”. What others say about the burned out practitioner is the person appears “more tired”, “Irritable”, “can’t concentrate”, “can’t seem to make decisions” and is “losing weight”. Usually the last person in the room to recognize either the burnout or its severity is the burned out practitioner.

So what can a physician do to deal with the intrinsic, extrinsic and individual factors that contribute to burnout? Start by practicing good stress management practices. Preserve some of your energy pie every day for family and friends. Elicit unconditional support from your spouse/partner. A “sine qua non” is daily exercise. Establish regular sleep habits. Be aware of your nutritional intake. Continue to develop your spiritual life with quiet time, meditation, and mindfulness daily. Don’t forget about your hobbies and reestablish them if you have forgotten them. Practice acceptance over those issues which you have no control. See your own healthcare provider regularly. Avoid the “psychology of postponement”.

Continue to behaviorally support what you say you personally value, even when the pressure is there to compromise. Finally, physicians need to look out for each other.

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A statewide resource that is open to all physicians and allied health practitioners and students is your Physician Health Program who can provide helpful resources. For example, the Physician Health Program has been providing remedial resources to the medical population in Missouri since 1987. To make contact, call 573-632-5562: Heather Johns, Associate Director, Jim Wieberg, Director, or Dr. Russ Carpenter, Medical Director, are available to help you address your needs. ■

Reference books: “How to Survive in Medicine: Personally and Professionally” Jenny Fifth-Cozens
“The Resilient Physician: Effective Emotional Management for Doctors and their medical organizations” Wayne M. Sotile,
“Staying Human During Residency Training” Allen D. Peterkin MD,
“Iron Doc: Practical Stress Management Tools for Physicians” Mamta Gautam.