

## Physician

# BURNOUT

(And how some hospitals are helping with it)

*If you're feeling emotionally exhausted, detached or dissatisfied, you may be experiencing burnout. But the prognosis is good — hospitals and medical schools are finding many new ways to tackle the problem.*

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**“P**RACTICING MEDICINE IS MY TRUE CALLING. I enjoy it immensely,” says Crystal Moore, M.D., Ph.D., a successful anatomic and clinical pathologist at Hampton Veterans Affairs Medical Center in Hampton, Virginia. “It’s not just what I do; it’s who I am.”

But Moore admits things weren’t always easy. When completing her residency at Duke University, she became irritable, had difficulty sleeping and lost her joy. Difficulties at home added to the drain: Her mother and sister were terminally ill, and she was raising two young sons while dealing with a failing marriage.

“I did what many doctors do: grit my teeth and bear it. Keep moving, no matter how worn out you are by life or work,” Moore recalls. Once she successfully completed her residency, she acknowledged the problem.

“I had nothing left in the tank. I didn’t look for full-time employment. I was emotionally, physically and psychologically spent.”

A visit to her doctor helped—she was able to begin the process of sorting through the issues weighing her down. Looking back, she admits it was “ridiculous” to have gone so long without seeking help.

“Being a physician is hard work on many levels. Add life and stir, and you may have a recipe for the perfect storm,” she reflects. “What I know most of all is *Physician, heal thyself.*”

In any profession, it’s normal to feel stressed, tired, even completely fed up at times. But when bad days become the norm and good days are few, it’s time to take action. Career burnout is a real problem—one particularly prevalent among health care workers. In



Physicians facing burnout should seek intervention early. Says Crystal Moore, M.D., Ph.D.: “What I know most of all is Physician, heal thyself.” · Photo by Fowler Studios

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addition to mental and physical suffering, studies show that physician burnout can negatively affect the care you give your patients, causing increased medical errors, riskier prescribing patterns and lower patient adherence to disease management plans.

But burnout doesn't have to be a career-ender. There are ways to prevent—and recover from—the negative feelings of burnout.

## PART 1: THE BACKGROUND

The term “burnout” was the brainchild of psychologist Herbert Freudenberger, who popularized it in the 1970s as a way to collectively describe the consequences that can arise in people employed in high-stress careers with set ideals. He noted that burnout was particularly prevalent among workers in

helping professions, such as health care.

In the 1980s, researchers Christina Maslach and Susan E. Jackson, with the University of California, Berkeley, extensively studied burnout in the service industry and devised the Maslach Burnout Inventory, a measurement tool used to assess symptoms. The team defined the syndrome around three constructs:

- **Emotional exhaustion:** feeling emotionally drained and exhausted.
- **Depersonalization:** negative or detached feelings toward your recipients of care (patients, in physicians' case).
- **Reduced personal accomplishment:** negatively evaluating yourself and feeling unsatisfied with job performance and achievements.

Not all three must be equally prevalent to

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classify the overall problem as burnout. Some research suggests intensity of symptoms varies by gender: Men tend to experience more depersonalization, while women tend to suffer more from emotional exhaustion.

Today the problem is not only common among medical practitioners but also on the rise. According to the 2015 Medscape Physician Lifestyle Report, 46 percent of all physician respondents reported burnout, an increase of more than 16 percent from the 2013 survey. Critical care showed the highest rates at 53 percent, while emergency medicine was second at 52 percent. Both internists and family physicians also showed a significant rise, from 43 percent in 2013 to 50 percent in 2015.

**Ingredients may vary.** Demanding hours, challenging cases, pressure from clients or colleagues—the factors that lead to burnout are many, and vary greatly with each individual. Aside from professional stressors, personal problems like marital or relationship conflicts, child care difficulties or financial concerns further stir up the waters. Everyone processes problems differently, so it's impossible to point to specific conditions leading to the outcome of burnout.

For physicians, the changing landscape of health care can be a trigger. With more physicians today opting to work for a hospital or health care system—75 percent in 2011 as compared to 25 percent in 2002—management difficulties are more common. According to a study by Jackson Healthcare, a significant gap exists between what executives perceive, and what physicians report, as

their level of engagement and alignment. Although most physicians responded they were “proud” to be associated with their employers, they also cited negatives: lack of trust in leadership, lack of involvement in decision-making and lack of recognition for their expertise.

**What to do.** If you've noticed your job satisfaction waning, a good first step is to visit your own doctor. Underlying medical conditions, a nutritional imbalance or health issues may be exacerbating your negative feelings. Counseling is also beneficial to learn some coping strategies and recognize possible adjustments to make in your lifestyle. Resources may be available through your employer or health insurance company. (You'll find further tips in the sidebar “Stop! Don't leave your current job just yet.”)

## PART 2: WHAT HOSPITALS ARE DOING TO HELP

Increasingly, hospitals and practice groups are taking steps to address burnout, recognizing that the alternative—losing skilled employees—is costly. Many have implemented preemptive initiatives to foster unity, address common problems and teach prevention and coping skills. Medical schools are also developing curriculums to teach students ways to manage stress throughout their careers.

The following are some examples of such programs across the country.

### Stop! Don't leave your current job just yet.

In the throes of burnout, changing jobs may seem like a tempting solution. But like going on a fast to lose weight, a quick fix seldom yields a lasting solution. A better approach is to invest time addressing your feelings and arriving at a better state of mind before making any major changes.

So before handing in your resignation, explore these steps:

- **Get a physical.** Underlying, treatable issues may be fueling the problem.
- **Explore available resources.** Your workplace or insurance carrier may have access to counseling, seminars or enrichment classes.
- **Seek counseling.** Talking to a professional can help you see things in a different light.
- **Increase your physical activity.** Routine walking, joining a pickup team, meditation or yoga can be excellent stress relievers.
- **Make time for a hobby.** Reconnect with music, learn a language, go antiquing—find a way to shift gears and cultivate your own interests.
- **Speak up.** See if your hospital or practice group has a committee dedicated to wellness or speak to someone about initiating one.
- **Unload.** Tell a trusted friend, family member or colleague how you've been feeling.
- **Take a vacation.** While getting away is a valuable way to recharge, don't expect a vacation to solve everything—research shows that the negative feelings typically resurface post-return.

**California Pacific Medical Center: balanced scheduling.** Historically, physicians are known for working long hours spanning consecutive days. But a work-focused lifestyle has been waning in popularity as awareness of the need for balance has become more universal. At California Pacific Medical Center in San Francisco, a group of about 30 hospitalists came together to adopt a scheduling system that would support a more balanced lifestyle.

“We implemented this system about 10 years ago, realizing that the current system wouldn’t be sustainable. Many physicians had young families, and working frequent, entire weekends interferes with that,” says medical director Rob Taylor, M.D.

The group advocated for and implemented a system that schedules higher numbers of physicians during the week and in return requires physicians to work fewer weekends. “We wanted to assign greater value to off-hour shifts as well as weekends. The weekends we do work are busier as a result,” Taylor adds.

Taylor says he and the group as a whole have enjoyed this approach to scheduling. “It eliminates stress. And if a physician needs to take time off, knowing that we have coverage makes it that much easier,” he adds.

Aravind Mani, M.D., a hospitalist in the group, agrees that the balanced clinical schedule helps keep stress at bay. “I have the opportunity to make requests that accommodate my personal time, vacations and other needs.”

**Cleveland Clinic: coming together for enrichment and learning.** At the Cleveland Clinic, a mandatory training program not only strengthens providers’ ability to communicate with patients but also instills a sense of unity.

The eight-hour program, called “R.E.D.E. to Communicate: Foundations of Healthcare Communication” (pronounced “ready”), teaches practical, realistic communication skills, giving participants valuable tips on how to manage their clinical encounters.

“It’s something that many providers struggle with silently,”

says Kathleen Neuendorf, M.D., medical director of the Center for Excellence in Healthcare Communication at the Cleveland Clinic, which runs the program. “A common reaction we’ll hear from the attendees is relief—knowing they’re not the only one having difficulty with a certain type of patient encounter or conversation.”

By enhancing basic communication skills, physicians minimize stress and save time. For example, one tactic covered is sharing an agenda early in patient encounters. “You go into an encounter knowing what you’re going to do: talk, do an exam, discuss labs. Making your patient aware of this agenda in the first few minutes of the visit benefits both the patient and the provider,” explains Neuendorf.

Other skills include making empathetic statements and dealing with patient emotions. In addition to the mandatory basic class, which covers situations common to all providers, there are also optional, half-day classes that focus on

## What other physicians are doing

Specialties may vary, but one common denominator among all physicians is stress. Here’s a look at what other physicians do to maintain balance.

Primary care physician Dana Corriel, M.D., discovered that writing regularly helped to sort through problems and relieve tension. “[What] started out as a Facebook page where I wrote about medicine and medical breakthroughs ... evolved into a website/blog after an incident I wrote about got picked up on a syndicated column. Writing was a great escape from the stress I had in my life,” says Corriel, of Bergen Medical Alliance in Englewood, New Jersey.

South Florida cardiologist Adam Splaver, M.D., of NanoHealth Associates enjoys CrossFit, practices yoga and attends periodic

enrichment programs, such as a recent weeklong program to help men find balance in their marriages, businesses and lives. He also practices what he preaches, including “healthy eating, taking specific vitamins and [following] a host of traditional as well as non-traditional lifestyle recommendations.”

Dermatologist Dina D. Strachan, M.D., director of Aglow Dermatology in New York City, took to decluttering and applying the principles of feng shui to promote a more peaceful environment at both work and home. “I feel happy and relaxed coming to work, as does my staff. The patients also notice the energy. I feel supported by my environment. When I go home, I love it there, too.”

Consider what outlets you can add to help balance out your life.