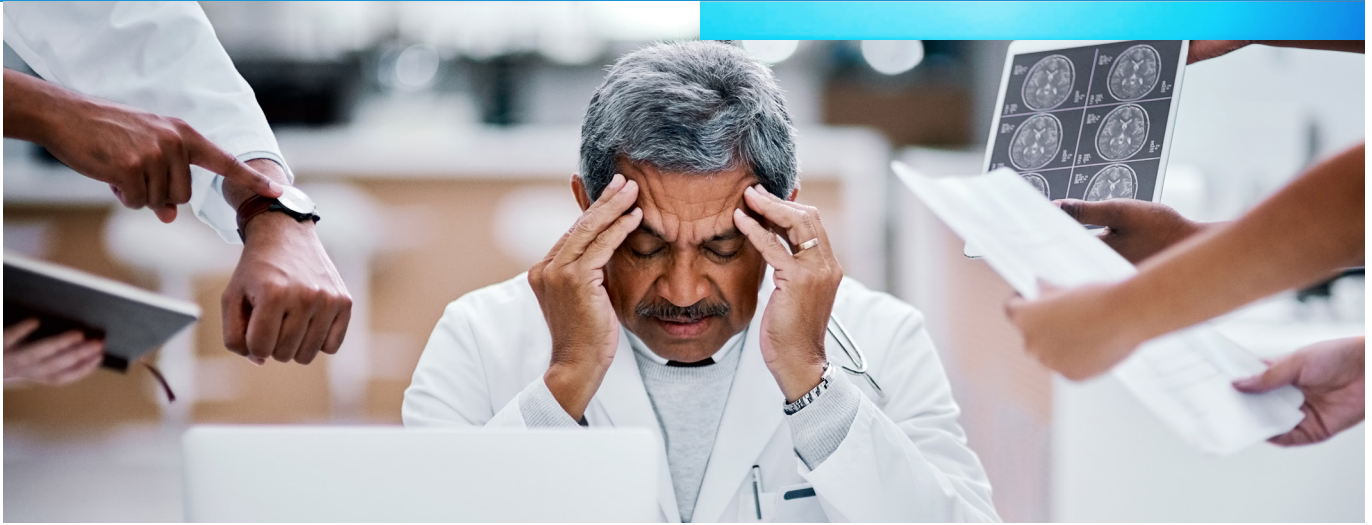


Physician Burnout and Surviving Medicine

By A/Prof Siva Bala, Consultant Psychiatrist



Burnout can be described as “an experience of physical, emotional and mental exhaustion caused by long-term involvement in situations that are emotionally demanding”. It can become a consequence of chronic exposure to work-related stressors. There are said to be three dimensions to burnout:

First dimension – emotional exhaustion

- Tiredness
- Somatic symptoms
- Decreased emotional resources
- Feeling that one has nothing left to give to others
- Feeling of wearing out, loss of energy, depletion, debilitation, fatigue

Second dimension – negative shift in response to others, a loss of feeling and concern

- Depersonalization – interpersonal distancing, callous, detached
- Cynical attitudes and impersonal feelings towards their patients, treating them as objects
- Negative or inappropriate attitudes toward patients
- Irritability
- Loss of idealism
- Withdrawal

Third dimension – negative response towards oneself and one’s personal accomplishments

- Lack of feelings of personal accomplishment (feelings of incompetence, inefficiency and inadequacy).
- Also described as depression (sadness, loss)
- Low self-esteem
- Low morale
- Reduced capability and productivity

- Inability to cope

Why are doctors at risk of burnout?

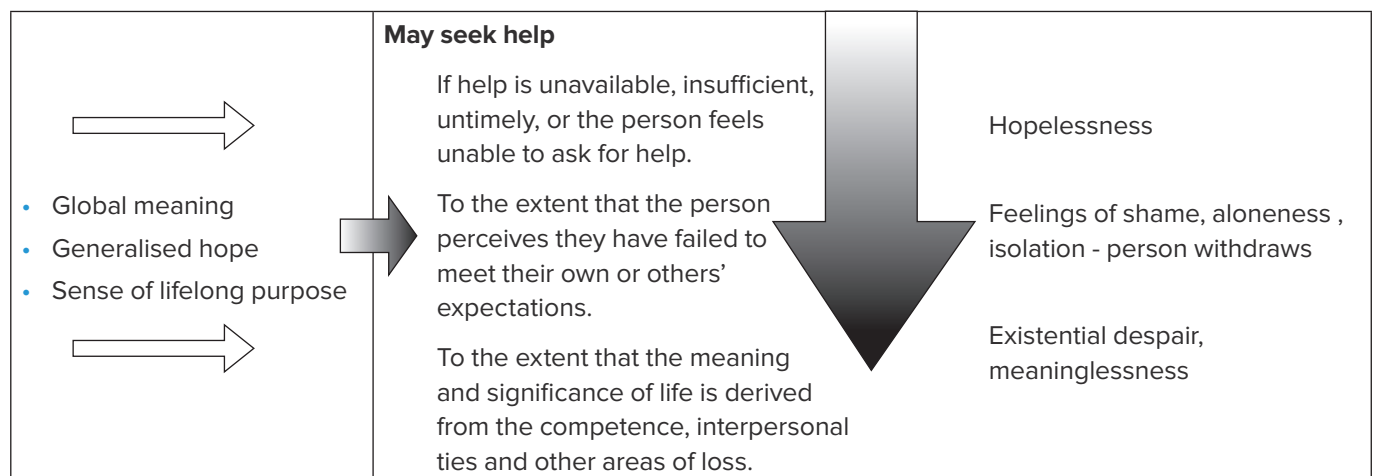
- Doctors have a stressful life in general – rigors of training, on-call, exams, private practice.
- They use themselves as “tools” in their profession and experience a range of powerful emotions in their clinical work.
- The doctor-patient relationship in itself evokes emotions such as the need to rescue the patient, a sense of failure and frustration when the patient’s illness progresses or does not respond to treatment.
- Rural and remote locations.
- Feelings of powerlessness against illness and its associated losses, grief, fear of becoming ill oneself, or a desire to separate from and avoid patients to escape these feelings.
- Exposure to external stressors, due to the rapidly changing ways of service delivery, the widening gap between the way doctors are trained and the way they practice, and the increasingly complex administrative and legal frameworks. Culture of blame – litigation, AHPRA.

Who are more likely to experience burnout?

- Physicians with a greater daily number of patients were more prone to emotional exhaustion but had higher sense of personal accomplishment.
- Older physicians with more years of practice and greater daily numbers of patients were less prone to depersonalization.
- There was no statistically significant gender difference on the total burnout score, but emotional exhaustion was higher in women and lack of personal accomplishment in men.
- Junior doctors are more likely to burn out than consultants.
- Personality traits are considered influential, particularly perfectionist and obsessive traits. An “inability to perform at less than 100%” when the workload is particularly heavy or stressful is thought to perpetuate burnout in those individuals. Perfectionist traits, tendency to be a little obsessive about things”.
- Poor relations between management and clinical staff were considered detrimental to emotional wellbeing. Participants described in particular an environment where employees felt vulnerable to complaints processes without support from management as being particularly stressful. “If people feel that they are under fire, that they are subject to complaint and to critical assessment if they make a mistake, then they begin to find it is harder and harder.”



Figure 1. A model of demoralization. **In truth, our futures are always unknown, which points to the important role of ‘illusions’ in maintaining our sense of control. Clearly also, the particular meaning and significance of the event for the person is critical to the development of demoralization.*



To reduce likelihood of burnout, we need time for recovery!

- Recovery has been defined in this context as “a process of psychophysiological unwinding that is the opposite of the activation of psychophysiological systems during effort expenditure, particularly under stressful conditions”
- Both recovery at work (internal recovery) and recovery outside the workplace (external recovery) are very important.
- Long working days lead to a reduction in the recovery time available, thus increasing the risk of health complaints due to incomplete recovery.
- Burnout is a dynamic state resulting from the relationship of the external stressors outlined above, with mediating factors and stress outcome.
- “The poorly functioning doctor who lacks appropriate coping mechanisms and ends up working in an impoverished service may well experience more occupational stresses than his or her more successful peer working within a well-resourced and professionally rewarding service. Overwhelming personal or professional life events (e.g., a patient homicide), may lead to decompensation of even the most resilient and best supplied professional”

Protective factors:

- Personal interests and hobbies outside of work were described as protective against burnout, as was having time at work allocated for non-clinical duties.
- Experiencing variety in one's profession is protective, by working in two or more roles concurrently or by regularly changing one's job or job description.
- The ability to take regular holidays of reasonable length is also beneficial. "I read a lot of fiction, I garden compulsively; I plant trees . . . those sorts of things help protect me from burnout."
- Professional support, in either a structured or unstructured format, was seen as important.
- A supportive relationship with managers was defined as assistance in addressing concerns raised by clinicians, making efforts to reduce clinicians' workload when unreasonable, recognition of all responsibilities of clinicians, and time allocation for continuing medical education.
- Academic work has been reported to be negatively correlated with depersonalization, emotional exhaustion and overall stress, implying that personality traits of people with academic interests may have a protective effect against burnout.
- Try to minimise your regrets and strive to find the work that has meaning and connection. Consider whether you would still be working in the same way if this was the last year of your life.
- Your career is a long road and it may involve both "sprints and rests". Think strategically and for the long haul. While you cannot do everything at once, you can do many things in a sequence.
- Work on finding a niche that fits your personality. If you find a niche area where you can gain specific knowledge and expertise, this may counter the fact that you will never know everything. This can also pave the way for planned regular study leave and for establishing international connections.
- There is a moderate amount of evidence to suggest that a good sense of humour is positively associated with good general health, and may be negatively associated with certain conditions such as coronary heart disease.
- It is also possible, although far from proven, that having a sense of humour may also be associated with longevity.
- Sense of humour is negatively associated with levels of worry, and related sleep disturbance, and may be positively associated with response to treatment in conditions such as post-traumatic stress disorder.
- For professionals working in a healthcare setting, sense of humour is positively correlated with ratings of empathic concern, and humour is often cited by healthcare workers as important for relaxation and avoiding burnout.

Reference Section

Understanding the burnout experience: recent research and its implications for psychiatry. World Psychiatry. 2016 Jun;15(2):103-11.

Burnout in the medical profession: not a rite of passage. Med J Aust. 2018 Jun 18;208(11):471-472.

Demoralization: its phenomenology and importance. Aust N Z J Psychiatry. 2002 Dec;36(6):733-42.

Demoralisation, deprofessionalisation, denial and detachment in medicine? Aust N Z J Psychiatry. 2013, 47(12) 1104–1107

Things I wish I'd known: desiderata for early career psychiatrists. Australasian Psychiatry 2017, 25(1): 78-81



About Dr Bala

A/Prof Siva Bala is an adult and youth Psychiatrist at The Cairns Clinic with extensive experience in providing treatment and education to diverse groups, including Indigenous people. Siva is published in a number of areas including rural and remote psychiatric training, intellectual disability, neuropsychiatry, risk assessment in general medicine; as well as suicide.

Dr Bala is focussed on providing holistic and patient-centred care, moving beyond diagnosis and medication prescription. He is a keen advocate for collaborating with other practitioners and care providers, including family members.

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