

# Physician burnout: part II

*personal factors in burnout prevention  
and health maintenance*

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**T**he November 2001 “Physician Health” column described some of the causes and conditions of physician burnout, along with one Ontario family physician’s first-hand account of professional and personal decline. This month, we examine the basic components of burnout prevention

and health maintenance. Included is a personal account of the same family physician’s encouraging experience of recovery and renewal.

## Introduction: burnout prevention and health maintenance

The honeymoon is over. The practice of medicine isn’t fun anymore. The rewards once enjoyed are gone. Compassion fatigue has set in and patients have joined everyone else on the “other side.” The years of toiling under conditions of great and constant stress are taking their toll.

Burnout, an insidious process that can take years to develop fully, is well under way. Exhausted, the doctor drinks cups of coffee or uses other, stronger stimulants to find energy. Irritated, the doctor may turn to alcohol, sedatives, compulsive shopping, gambling, or even indiscriminate sex to feel soothed. Working harder doesn’t work anymore, and productivity declines. Relationships with family, friends and colleagues deteriorate. Now, finally, most everyone knows something is wrong.

Unchecked, the burnout syndrome matures into disabling physical, mental, social and even spiritual illness. Some seek relief by looking for

“greener pastures” — new places to work that won’t be so stressful. Some, who can’t bear the idea of continuing any kind of medical practice, seek new careers in other professions. Some just quit. These are the “lucky” ones. Sometimes, advanced burnout results in morbid depression, substance dependence, or even suicide.

It’s likely true that even the most developed self-care practices will not protect one from the deleterious effects of a relentlessly toxic work environment. Still, excellent self-care will go a long way to preventing a career-adversity syndrome such as burnout. Even if new work environments are sought, quality personal care and balance remain essential in order to cope, even thrive, in the inevitably stressful medical workplace.

The following is a personal account of one Ontario family physician’s successful experience managing stress and burnout, accompanied by a guide to the basics of burnout prevention and health maintenance.

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“I have come far along the path of healing.

At this moment, I am sitting, writing in my journal and glancing outside every so often to watch the birds

pecking at their food through the snow.

I am thinking how beautiful my garden looks in the winter — the colours of the grass and the red bark of the dogwood are incredible. These are things I would never take the time to notice not so long ago.

I am grateful today for so much, but especially the feeling of complete peace, happiness and freedom. Having the chance to share my journey with others is such a gift. To have hope that things can be different is most important. To feel hopeful at the beginning seemed impossible.

It’s difficult to say when the healing began. I think for me it was with the questions I started to ask myself: ‘Who am I? What are my dreams and goals? What is really important to me? What is balance? What are boundaries?’

As I sought to find the answers to these questions, I believe I stopped looking outside and started looking inside of myself. I soon began to realize that healing would happen from the inside — spiritual growth — not from continuing to focus outside of myself by blaming the system, the workplace, or other people for how I was feeling.

I also know I could not find the answers alone. I started to share my thoughts and feelings with others — my family, my friends, and other physicians.

Sharing with other physicians was the scariest of all because until I did, I thought I was the only one, and that to actually talk and share would expose me as the imposter I really was.

But as I shared, I received understanding, support and guidance. I realized I was not alone. And after sharing at the first 'Doctors Anonymous' meeting in Ottawa last year (see "Chicken Soup for the Doctor's Soul: Unique Day in Physician Health a Resounding Success," February 2001 *Ontario Medical Review*, p. 29), and hearing from other doctors that had actually made some changes that helped them heal, I started to have hope that perhaps things could be different for me.

There was one particular day when the feelings I was experiencing were so intense, I was unable to go to work. I spoke with my family, a close friend and colleague, and went to see my family doctor.

She listened so patiently and kindly, and instead of diagnosing me with depression, giving me medication and sending me on my way, she referred me to a psychologist, who also took the time to listen.

For the next year and a half, the psychologist helped me find the answers to my questions. She helped me see that it was okay to set boundaries and share them with others; that it was okay to say no and not feel guilty.

Something else that helped me immensely was the '12 Steps for Medical Professionals Who Seek Re-humanizing' (the "12 Steps" appear in the October 1999-April 2000 issues of the *Ontario Medical Review*. The Steps are also posted on the OMA Web site at [www.oma.org/php/12steps.htm](http://www.oma.org/php/12steps.htm), and on the new Physician Health Web site at [www.phpoma.org/articles.html](http://www.phpoma.org/articles.html)).

I had been reading the '12 Steps' for some time, but when I made a conscious decision to work through them, I really began to make some

headway in my ability to make changes. I needed to begin to make them part of my life.

I started to find more time for myself. When my family doctor first suggested this, I thought it sounded ridiculous, impossible.

What started out as a reluctant commitment to take five minutes a day for myself is now at least an hour every morning. During this time, I work on my spiritual healing by reading the serenity prayer and applying it to my life today. I also meditate, write in my journal (especially about what I am grateful for today), and watch the birds.

I also started to have more time to re-start some hobbies that I had given up over the years, like listening to music, playing the guitar, and water-colour painting.

Having more time with my family, and being more present for them, is one of the greatest gifts of all. We are trying to spend more time outdoors and exercise by hiking, canoeing, bike riding and swimming.

We are also trying to eat healthier. I now make an effort to eat three meals a day. I actually take my lunch to work and take the time to eat it and go for a walk afterwards. This past September, my family and I had breakfast together during the week for the first time ever.

I still have many changes to make, and my journey is far from complete. I need to be in touch with my feelings, and remain open to help, guidance and love I receive from others who care about me every day.

Today, I am grateful for my family and friends who walk with me along my journey, never judging, only caring. I am grateful to my higher power who helped me find the courage to heal and find my true path. I am grateful to all individuals who enter my life and share their lives with me and allow me to walk with them."

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**Burnout prevention and health maintenance: taking care of the BASICS**  
Reverend Edward Reading of the New Jersey Medical Association Physician Health Program describes five

domains of spiritual health as physical, emotional, social, intellectual and cosmological.<sup>1</sup> This paradigm has been adapted and applied below to the notion of burnout prevention and health maintenance using the mnemonic acronym BASIC.

### **B is for Body**

Our body is the vehicle that takes us on the journey. It demands our care and attention or it won't function properly. This is true even for doctors.

Though medical training might imply otherwise, doctors must heed the fundamentals of physical health like everyone else.

The first fundamental is nutrition. A healthy diet is a conscious, deliberate thing. Balanced food choices taken in the right amounts, and at the right times, energize and heal.

So often doctors skip meals and liquids while attempting to fuel the body with coffee, muffins and pastries. Malnourished and poorly hy-

drated, how can one expect to feel truly well, let alone withstand the onslaught of the day's tensions?

The related, but opposite consideration is toxin intake. Ingestion of caffeine, nicotine, alcohol to excess, and other drugs of abuse, must be minimized.

The human body requires exercise. The practice of medicine, no matter how needed or noble, doesn't change this fact or fulfil this need. Any fundamentally sedentary job that leaves no time for exercise is unhealthy. Anyone spending so many hours at work that they are unable to exercise even three times, 30 minutes each, per week is working too much. It can't be stated more clearly.

The human body also needs rest — some more than others, granted, but the need is universal. Medical training leads doctors to believe that a full night's sleep is a luxury, a joyous thing to be had only upon occasion. Instead, physicians learn to go without sleep, or sleep lightly while

waiting to be called into action or for advice. Once again, valiant practice doesn't replace a fundamental need of the organism.

If sleep is rest for the body, the mind and spirit also need refreshment. Here I refer to recreation, hobbies and holidays — things too often sacrificed upon the altar of insufficient time or importance. Regular breaks from the work to which we are dedicated permit continued attention to it.

Good medical care is another component of physical health. Sometimes the body needs medical attention, either for routine maintenance or in the event of illness. In the experience of the Physician Health Program, many physicians don't have family doctors, or don't use them properly. Consider the paradox: doctors don't receive good health care because they don't go to doctors!

B also stands for boundaries and balance. Without the first, the second

can't be achieved. Doctors must learn to say "no" once in a while, especially to their work. Eventually, saying no will feel good, and the guilt, worn like a heavy winter coat, will be shed.

### A is for Affect

Affect refers to mood, here meaning also attitudinal and emotional health.

Medicine exposes its practitioners to the most marvelous and extraordinary circumstances. The vast range of human experience, from exaltation to calamity, presents to the doctor from the very beginning of medical training. The well-trained physician has the knowledge and skill to cope with these things. But often, the emotional intelligence necessary to do so can be lacking.

The concept of emotional intelligence as a component of total intelligence and personal coping is well described by Daniel Goleman.<sup>2</sup> Important components of emotional intelligence include self-awareness, ability to manage one's feelings in a positive way, empathy, and delayed gratification, among others.

Anger, resentment, frustration, fear, disappointment, doubt, despair, contentment, sympathy, joy, euphoria and many more emotions all swirl and intermingle in the psyche like paint on the artist's palette. We all have them. Can we name them and deal with them in a healthy way? Do they balance and blend harmoniously, or clash chaotically?

Avoiding burnout demands attention to emotional intelligence.

### S is for Social

Dr. Michael Myers is a psychiatrist in Vancouver who treats doctors and their families exclusively. When asked for essential components of burnout prevention, he replied in a personal communication: "Pay attention to your loved ones — whether family of origin, family of choice, or close friends. They deserve love and connection, and must never be taken for granted. They keep us sane."

M. Scott Peck, author of *The Road Less Traveled*, makes a stronger statement. The opening words of his

book, *The Different Drum — Community Making and Peace*, are, “In and through community lies the salvation of the world.”<sup>3</sup>

Doctors, like other human beings, are social creatures. We thrive in healthy interdependence. We suffer in isolation. Honesty, empathy and respect characterize healthy relationships, the building blocks of healthy communities. In healthy social groups there is willingness to trust and risk, willingness to give and receive feedback, willingness to support one another even while working through negative feelings, willingness to experience love and intimacy.

Physicians are challenged as well to seek support from one another. The task is to transcend the “pseudo-community” of medical staff associations in order to find physician community groupings where real personal sharing, intimacy and support are possible. Who other than a doctor better understands medical stresses and personalities?

### I is for Intellect

Maintaining some components of intellectual health may come more easily for doctors, and remains an important component of personal stimulation and burnout prevention.

It is as important to make time for hobbies, current events and reading fiction and non-fiction (according to one’s interests) as it is to attend to continuing medical education and medical journals. Striving to learn is essential for humans to thrive, a truth the stressed doctor can forget.

The doctor’s intellect is challenged to a greater degree in other realms. Rev. Reading draws our attention to rational and reality-based thought. He invites us to be in touch with the practical realities of the changing world around us, and to define short-term and long-term goals consistent with that reality. This requires regular examination and re-evaluation of one’s worldview, belief systems, ethical and moral standards, ideals, values and expectations.

Entitlement is a component of intellectual reality testing that re-

quires special attention. Sometimes, a physician’s worldview results in feelings of entitlement to wealth, social status or reverence not always earned or appropriate to modern reality. The feelings of frustration that inevitably result when these expectations aren’t met contribute significantly to burnout. Most notably, the consequences of poor financial planning resulting from an unrealistic expectation of wealth can drive doctors to work harder and harder, making attention to self-care very difficult.

A thoughtful and maturing individual will, through reflection, integrate his or her experiences into a dynamic philosophy of life, and the proper place of medical practice within that life.

### C is for Cosmos

In Rev. Reading’s paradigm, this domain refers to cosmological and environmental health. I like to consider one’s personal sense of meaning and essential spiritual health in this category.

Pressured by the rigours of daily medical practice, the doctor can lose perspective. In an essay entitled “Recapturing the soul of medicine,” Dr. Rachel Remen reminds us that the original meaning of our work is service.<sup>4</sup>

She goes on to say: “Service is not a relationship between an expert and a problem; it is a human relationship, a work of the heart and the soul.” Dr. Remen has challenged doctors to find meaning in their work by seeing it differently, as through the eyes of a poet or writer. Then, physicians can experience the wonder, surprise, inspiration, and even invigoration, available to them through their privileged human interactions.

Spirituality also requires pondering larger questions of meaning, such as where we fit in relation to the society of man, the world ecology, and the universe.

Also included, of course, is the “Question of God.” Is there a Higher Power, a Supreme Being or a guiding force that defines and powers the universe and mankind on a personal

or collective level?

It is the practice of prayer — talking to our Higher Power as we understand one, and meditation — listening and contemplating, that are so easily abandoned when we are stressed, and yet are so necessary to our spiritual health.

Rev. Reading also reminds us that cosmological health includes the experience of awe, a form of understanding that encompasses everything in the universe from micro to macro and that transcends daily experience.

### Conclusion

Dr. Mamta Gautam is an Ontario psychiatrist whose practice, like that of Dr. Myers, is composed mainly of physicians.

In a personal communication, Dr. Gautam summarizes these ideas simply by saying: “Take care of yourself.” It’s tempting to lament that there isn’t time to do so, but this notion is an illusion. It’s a matter of priority. If a doctor is to take care of anyone else in an effective and sustained way, he or she must attend to the BASICS of personal care as well. To do otherwise is folly, an act of peril risking burnout and illness. OMR

### References

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