

The following article entitled "Physician burnout: Part 1 - Cause and condition" first appeared in the November 2001 issue of the Ontario Medical Review and is reproduced below with the permission of the Ontario Medical Association.

Physician Health

Physician burnout: part I

cause and condition

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Recently, the head of a surgical department in a large community hospital contacted the Physician Health Program and asked if I would address medical staff on the topic of physician stress and burnout. It seems several members of the department were feeling so stressed that they were seriously considering resigning their hospital privileges.

A study of the mental health and job satisfaction among rural physicians in British Columbia revealed a self-reported burnout rate of 55 per cent, a rate that rose to a stunning 80 per cent when emotional exhaustion was measured objectively using the Maslach Burnout Inventory.¹

The Canadian Medical Association's 1998 physician survey revealed that Canadian doctors feel stressed, overworked, and exhausted.² These physicians are at risk of depression, burnout, substance abuse, and are among those most likely to leave their communities, or even their careers. They are part of a profession that is losing its spirit.

Following are the words of an Ontario family physician whose personal experience with stress and burnout mirrors that of several of his medical colleagues.

"It has been an insidious journey. I have to search my memory to really remember when it may have started.

About four years ago, I began to ask myself questions like "Where am

I?" and "Who am I?" My days were filled with fatigue. I was too afraid to consider where I was going. To get up in the morning, fearful and shaking inside, and try my best to get through the day seemed like all I could handle. Of course, I continued to do a fabulous job at work, without anyone really knowing what was going on inside me.

So I began to look outside of myself for the answers. I left a secure hospital-based position and took over a busy community family practice. This may not have been the wisest choice. I had worked with a wonderful team of clinicians at the hospital but wound up in a chaotic, boundary-less and demanding situation. But you know the saying: 'a change is as good as a rest.'

Well, initially I did feel better. I had more energy and felt more positive. It was only six months until I felt my path lead quickly downhill. Looking back, I feel I had no sense of direction and certainly no dreams; there was no spiritual self. Once again, I became tired.

When I was on-call it was all I could do to retain a positive attitude toward my patients. My family felt that it was better for me to stay at work on those days and nights because I became irritable and angry and took it out on them.

I lived in fear that I wouldn't be able to handle the problems I was faced with. My confidence and self-esteem plummeted. I felt overwhelmed, unsatisfied, resentful, angry, and again on a path of spiritual destruction.

I tried to set boundaries, but I didn't know what healthy boundaries were. In the attempt I became inflexible. I became increasingly angry with my patients. Why were they doing this to me? I began to have great difficulty waking up in the morning and finding anything to look forward to. I was not excited by work. In fact, I often cried on my way to the office, and there were days when I had to fight my way through the door. I wanted to phone in and say I was sick, but my sense of responsibility to my patients took over.

I began to withdraw from my partners and only talked to my office staff when I had to. I felt sad, depressed and afraid. I was so disappointed.”

Burnout

Burnout has been described by Pearson as a career-adversity syndrome.³ Its components include exhaustion, depersonalization, and a decreased sense of personal effectiveness or accomplishment. It is usually seen in professions that combine prolonged stress with high personal expectations. We might consider doctors — professionals with a highly developed sense of dedication to their patients and their profession — to be particularly susceptible.

Over time, burnout results in the total depletion of the sufferer: physical, emotional, mental, spiritual. The somatic problems can include headache, gastrointestinal upsets and many others.

The emotional manifestations range from cynicism, resentment and other negative attitudes to withdrawal and feelings of hopelessness, entrapment and disillusionment.

The mental and spiritual manifestations include depression, anxiety disorders, substance use disorders and a loss of personal direction and purpose. These inevitably lead to some degree of isolation from family, friends and colleagues, leaving little fulfilment or pleasure from life.

Exhausted by prolonged stress, the physician experiencing burnout feels like he or she has nothing left to give. Depleted, service becomes an intolerable demand. At the same time, relaxation and recuperation seem hard to come by.

In the final stages, the isolated doctor feels more and more alone and ineffective. Tapping into the inner sense of inadequacy that some are prone to feel, the “imposter syndrome” is activated. The burned-out doctor lacks confidence in his or her ability to carry out essential responsibilities, feels overwhelmed and, eventually, no longer capable of living up to the image of a competent health professional.

Sometimes, burnout is confused with depression. Depression is a clinical disorder characterized by persisting low mood and other cognitive, vegetative and motor signs and symptoms such as poor sleep, declining appetites, decreased motivation, suicidal ideation, agitation, or motor retardation and other symptoms.

Clinical depression may result from the continuing stress of burnout in those susceptible, and should be diagnosed and treated by a qualified clinician (not the suffering doctor) when it occurs.

There are many reasons why physicians experience burnout. Medicine is practised today in a constantly changing environment. Conservative by nature, many doctors find difficulty adapting to the new political, social and economic realities facing the profession.

Hospitals are merging, colleagues and allied health professionals are experiencing low morale and work environments that feel increasingly toxic, primary care is under enormous strain, and there just aren't enough doctors where they are needed. In addition, patient demands are increasing each year as our population ages and becomes more sophisticated, while resources of all kinds fail to keep pace.

As physicians, we may feel our autonomy to be in decline, and that we are no longer able to control the circumstances of our professional lives. Sensing a loss of status and respect from society, it is easy to feel unrewarded and unappreciated.

Pressured by these environmental stresses, some may not have sufficient personal coping skills to prevent burnout. Quality self-care requires an understanding of healthy lifestyle practices, and the permission to adopt them afforded by appropriate personal boundaries. In short, individuals who lack the ability to respond to life and career challenges creatively and with resilience are those most likely to experience lack of fulfilment and burnout.

Future “Physician Health” columns will examine the components of life

and career resiliency, and review healthy personal practices to prevent and treat the burnout syndrome. OMR

References

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