

## **BURN-OUT AND WHAT TO DO ABOUT IT**

### **I. What is burn-out?**

- A. Elements include emotional exhaustion, depersonalization and emotional distancing, a lowered sense of accomplishment, chronic irritability, negativity, and pessimism**

### **II. Burn-Out is Widespread in Medicine**

- 30-60% of specialists and general practitioners report burn-out**
- 55-67% of physicians in private practice report burn-out**
- Younger physicians have twice the burn-out incidence of older colleagues**
- At any given time, approximately 1 of every 3 physicians is experiencing burnout**

### **III. Professional Consequences of Burn-Out**

- Burnout alters both physician-patient relationship and quality of patient care**
- Burnout is related to suboptimal patient care**
  - Physician expression of empathy and compassion decrease, as does overall professionalism**
  - prescribing habits/referral practices increase (throw medications and other physicians at patients' problems)**
  - and likelihood of making medical errors increases**
- Burnout also related to decreases in**
  - patient adherence to recommended therapy,**
  - degree of trust/confidence patients have in physician,**
  - patients' satisfaction with medical care**

### **IV. Personal Consequences of Burn-Out**

- Depression, anxiety**
- Divorce, broken relationships, and disillusionment**
  - 55% of physicians reported their family and personal life had suffered as a result of their profession**
  - And these were CANADIAN physicians!**
- Substance abuse, intent to leave medical practice, and suicide**

### **V. Warning Signs of Burn-Out**

- A. If you begin to see these signs, you know you are in trouble.**
- B. Especially pay attention to the last one, "Workaholism." This is my favorite response to burn-out – just work harder, sleep less – and believe me, in the end it doesn't work.**

### **VI. Sources of Burn-out**

- A. You know what causes burn-out**

- B. Too much to do, not enough time to do it; no sleep; abrasive relationships with peers; concerns about one's own knowledge base and skills; dealing with difficult patients; dealing with the paperwork, the bureaucracy of medicine (this one should be underlined as the straw that seems to break more than a few residents); and of course, problems on the home front
- C. Basically, it is the life of the intern, so the fact that interns burn out shouldn't be so surprising

## VII. Study of Resident Burn-out

- A. Because we are an academic institution, I wanted to throw some research at you.
- B. A qualitative study of family practice residents done at the Santa Rosa Family Practice residency by Rich Addison came to the following conclusions:
  - C. Survival became the overriding theme of residents' existence
  - D. Residents alternated between covering-over and over-reflection
  - E. There was "decomposition" in each important sphere of life
    1. Work went from caring for patients to getting done so could leave
    2. Education deteriorated from learning family medicine to mastering knowledge and procedures
    3. Outside life devolved from maintaining quality to going through the motions

## VIII. Burn-Out Does Not Improve Simply with the Passage of Time

### IX. Coping with Burn-Out – What Helps

- A. Relationships
  - ☐ Reducing isolation personally and professionally
  - ☐ Be open with family and friends
  - ☐ Share stories with colleagues you enjoy – don't neglect emotional, existential aspects of being a physician
- B. Religious Beliefs/Spiritual Practices/Life Philosophy
  - ☐ Religious observances
  - ☐ Prayer, meditation
  - ☐ Reading inspirational texts
  - ☐ Renewal through nature
  - ☐ Reconnecting with what provides joy and meaning
  - ☐ Focusing on gratitude
  - ☐ Self- and other-forgiveness
  - ☐ Personal reflection
- C. Life Philosophy
  - ☐ Positive outlook
  - ☐ Identify and act on values
  - ☐ Balance between personal/professional
- D. Self-Care Practices
  - ☐ Exercise/ healthy lifestyle

- Cultivate personal interests
- Do something fun!

**E. Positive involvement with everyday practice**

1. Looked at from a different perspective, what's killing you can also heal you
2. Focus on patient, not self
3. Accept patients' gifts (most of us are given more blessings than we receive)
4. Look for things to appreciate on a daily basis in interactions with pts
5. Rediscover medicine as a calling
6. Look for examples of awe and wonder