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Dike
Dike Drummond MD
CEO, TheHappyMD.com

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Physician Burnout – Why it’s Not a Fair Fight

By Dike Drummond MD, CEO TheHappyMD.com

Why does having a sense of satisfaction and fulfillment as a modern doctor seem like such a struggle at times? There is an invisible battle going on, day-by-day between our search for a Fulfilling Career in Medicine and the hidden forces of Professional Burnout.

What is Burnout?

We each know what it feels like to be fried, toasted and spent after a long weekend of call or a tough night in the hospital. If you are able to recover your drive and energy before you return to work, great job. I hope your resilience continues.

Burnout begins when you are NOT able to recharge your batteries between call nights or days in the office. You begin a downward spiral with three distinct components.

- **Emotional Exhaustion:**
  - You are emotionally drained, depleted and worn out and not able to recover in your time off
- **Depersonalization:**
  - You develop a negative, callous and cynical attitude toward patients and their concerns (“my patients are so #%* &!”)
- **Reduced Sense of Personal Accomplishment:**
  - You see your work poor quality, without value or meaningless (“what's the use?”) and see yourself as incompetent.

The standard scale for measuring burnout is called the Maslach Burnout Inventory (MBI). The originators of the MBI describe burnout as:

“… an erosion of the soul caused by a deterioration of one's values, dignity, spirit and will.”

How Common is Burnout?

Numerous global studies involving nearly every medical and surgical specialty indicate that approximately 1 in 3 physicians is experiencing burnout at any given time. Recent studies show the burnout rate in American physicians is over 50%. Ouch!

(Email Clinic Proc, 2015 December 90:12, 1600–1613)

What is the Impact of Burnout?

Physician burnout is directly linked to
• Decreased patient satisfaction and quality of care
• Increased medical errors and malpractice rates
• Increased physician and staff turnover
• Increased rates of physician substance abuse and even suicide

The Burnout - Engagement Continuum

Burnout can be thought of as one extreme of a continuum with Engagement on its other end.

Burnout < --------------------------> Engagement

Engagement leads to feelings of fulfillment and satisfaction. You feel your work makes a positive difference in people's lives and your career has true meaning. Engagement is the emotional gold standard for career success.

It's a Battle Out There - and it's Not a Fair Fight

In the day-to-day practice of medicine, the forces of burnout and engagement are in constant conflict with each other. This is not a fair fight because much of the battle lies outside of our normal awareness. While we focus on our patients and their issues, our practice environment is filled with invisible stresses that feed burnout and block us from engagement.

Here is a partial list of daily stresses working on burnout’s team. Note that they all exist above and beyond everything you do to keep up to date in your clinical skills!

Being a Doctor is Stressful ... Period
The "most stressful" professions are characterized as having a high level of responsibility and little control over the outcome. We are not selling widgets here. This is a tough job that saps our energy every single day.

We work with sick people all day long (duh!)
Our days are filled with intense encounters with sick, scared or hurting people ... with all the emotional needs that come with an illness. In the absence of training on creating boundaries, our energy can be severely tapped by these emotional needs alone.

Balance, What Balance?
Medicine has a powerful tendency to become the “career that ate my brain”, pushing all other life priorities to the side. As we get older, with more family responsibilities, the tension between work and our larger life is a major stressor for many. Training on healthy boundaries would help here too and is rarely available.

A Leadership Role You are Not Trained For
You graduate into the position as leader of a healthcare delivery team without receiving any formal leadership skills training. By default we learn a dysfunctional "Top Down" leadership style. Feeling like we must have all the answers and ordering our patients and staff around only adds additional stress.

The Doctor as the Bottleneck
The team can only go as fast as we can - and we are often behind schedule. Pressure mounts to perform at full steam all day long. We frequently end up being the person who slows everyone else down.

**Who's Paying for This?**
The financial incentives are confusing at best. The patient is often not the one paying for our services and many of them receive their care with no personal investment on their part. You may have to deal with over a dozen health plans with different formularies and referral and authorization procedures ... of which the patient is blissfully unaware.

**A Lawsuit Waiting to Happen**
The hostile legal environment causes many of us to see each patient as a potential lawsuit. This fear factor adds to the stress of all the points above.

**Politics and "Reform"**
Political debate drives uncertainty about what your career will look and feel like in the future. All the pundits share the same complete lack of understanding about our day to day experience as providers in the trenches of patient care. There is no track record of common sense. We simply don’t know what to expect. (burnout LOVES that !)

**Things Eventually Get Stale**
The ten year threshold when your practice suddenly seems to become much more of a "mindless routine", losing its ability to stimulate your creative juices each week. All of a sudden it seems as if medicine is “no fun any more”.

That's an impressive list (and I am just getting started). Which begs the question ...

**Wait a Minute ... Who's on Your Team?**

What skills and strengths are we bringing to this fight?

- We are extremely intelligent, quick learning, hard working with a drive to do our best. Once we know the tactics to defeat burnout, no one will work harder at putting them into action.
- Our connection to "WHY" we are a doctor - to our Purpose. The quality of this connection varies day-by-day, however it is a source of immense power and endurance when the connection is clear
- We have invested over a decade of our lives in our medical training and are not going to give up easily
- We get paid well enough to be in “the 1%”
- We are a respected member of the community
- Our families love and support us. We can draw strength from them
- It is possible for us to build and maintain a life outside medicine where we can recharge and recuperate. You might think of this as "resting between rounds"

**Most Importantly:**
Just like Rocky Balboa, we can take a huge amount of punishment - take a lickin' and keep on tickin'. Our ability to simply “take it on the chin” and just keep comin’ is our tactic of last resort. (read on and I will show you some more skillful ways to put the hurt on burnout)
How can you tip the odds in your favor and Beat Burnout?
Recent research shows the efficacy of specific burnout prevention and treatment measures on both the personal and organizational level.

**Personal Burnout Prevention Measures**
- Self awareness and mindfulness training. Remaining connected to your emotions and energy moment by moment, actively staying present during the work day
- Appreciative Inquiry - doing more of what is working rather than focusing on what is not working
- Narrative Medicine - journaling or peer group processing of your work experience
- Work Life Balance: Creating and maintaining and healthy boundaries between work and non-work life areas
- Lowering stress by
  - Learning effective leadership skills
  - Exerting control where possible over your work hours (women physicians are leading the way here)
  - Creating focus where possible on work activities that provide the most meaning

**Organizational Prevention Measures**
There is a natural place for burnout prevention at the organizational level. Any decrease in burnout should produce measurable increases in profits for the provider organization.
Recent research shows us a number of effective interventions.

- State an organizational intention to value, track and support Physician Wellbeing
- Institute regular monitoring for burnout amongst providers (MBI)
- Create CME programs teaching the Personal Burnout Measures above
- Provide time and funding for physician support meetings
- Provide practical leadership skills training
- Support job sharing and flexibility in work hours
- Create specific programs to support physicians suffering from symptomatic burnout

Burnout is waging a constant, invisible, soul eroding battle with our healthcare providers. Physicians engage this enemy every single day and research shows one third of us end up among the walking wounded. It is time to share the research proven tools to tip the odds in the favor of Engagement, Fulfillment and Career Satisfaction for our men and women “in the trenches” of modern medical practice.

Dike Drummond MD is a family physician, executive coach, trainer and consultant specializing burnout prevention and treatment services for physicians. Find over 117 separate ways to prevent burnout at his website, [The Happy MD](http://www.thehappy.md)