



Burnout or burn-in?

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Do we exaggerate when it comes to family physician burnout? Asking such a question might appear provocative and incongruous today because this phenomenon seems to be so widespread and universally recognized. Nevertheless, this is the object of the debate covered in the following pages: do we overdramatize the professional exhaustion of family physicians? Kay believes we do (page 730),¹ whereas Trollope-Kumar thinks the opposite (page 731).²

Certainly it is true that many family physicians are burned out. It is undeniable. One simply has to look at the reports on this subject to realize that this phenomenon is commonplace. Two surveys published in 2003 revealed that 45.7% of Canadian physicians and 48.6% to 55.5% of Alberta physicians were in advanced stages of burnout.³ More recently, in 2009, a study conducted with faculty physicians from an American department of internal medicine revealed that 34% suffered from burnout.⁴ In the same year, a survey published in *Canadian Family Physician* showed that 47.9% of family physicians experienced emotional exhaustion and 46.3% experienced depersonalization.⁵

When almost half of the members of a profession consider themselves to be burned out, there is reason to start asking some serious questions. However, most would probably retort that the same situation exists among all workers, regardless of their profession. But this is not the case. Although burnout affects all workers, it is much more prevalent among physicians. In fact, according to Statistics Canada, the proportions of workers reporting occupational or personal stress range from 17% to 32%.⁶ Based on the literature, the average rate is approximately 25%. Bond et al report that 26% of workers suffer from work-related stress⁷; the Canadian Mental Health Association reports that 25% of employees maintain that their work is a meaningful source of stress and anxiety.³ Doctors, especially family physicians, are 2 times more likely to be burned out than other workers!

Don't doctors—family physicians in particular—have good working conditions? They enjoy an enviable amount of freedom and scope in their work: in Canada, most doctors can work when and where they choose. Someone chooses not to deliver babies? No problem. Another would rather work in hospital? Good. This one prefers working in private practice or in hospital; that one would rather work as a replacement or in remote areas. Perfect! One prefers working with teenagers; that one with the elderly; another wants to devote himself to psychotherapy? OK, OK, OK! In fact, there are very

few professions which offer such latitude and freedom. Certainly, there exist several administrative and organization constraints, but as a whole, the working conditions are very good. Further, we are not obliged to work in unbearable or precarious conditions. We don't have to see 300 patients a week, work 60 or sometimes 80 hours per week, be on call in the evenings and on weekends, or not take vacations. Indispensable, you say? Come now! I repeat Georges Clemenceau's famous words: "Cemeteries are filled with irreplaceable people who have all been replaced." Now, about our income—we must admit that it compares favourably with most other professions.⁸

Is it possible that our exhaustion stems from the unrealistic expectations placed on us? First, there are the expectations of others: we expect family physicians to excel in every domain of their practice, regardless of the circumstances—expectations which, without a doubt, far exceed what is expected of other professions. Also, there are self-imposed expectations: family physicians are highly driven, competitive individuals who are very demanding of themselves and not at all inclined to laxness. They practise their profession in a range of areas. What an idea to practise family medicine, for which one must know and master it all!

All in all, we might not be exaggerating the burnout phenomenon among family physicians, but it is certainly erroneous to lay the blame exclusively on the working conditions. Exhaustion stems from the *outside* as much as from the *inside*. It would be more appropriate to call it *burnout* and *burn-in*. From now on, a family physician who is experiencing feelings of exhaustion, depersonalization, and non-accomplishment, which are expressions of burnout, should first ask himself what internal changes could be made, as opposed to only looking outside of himself. The solution to the problem of professional exhaustion resides somewhere between these 2 entities. 🌿

Competing interests
None declared

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