

Do we overdramatize family physician burnout?

Karen Trollope-Kumar MD PhD

NO

Overheard in the doctors' lounge: "I am sick and tired of the endless stream of complaining patients! Do they really value what I'm doing for them? Do they have any idea how hard I work?"

"You're complaining about patients—what about the government? What the hell do bureaucrats know about medical practice? I've got a whole raft of patients waiting for essential surgery. But how much OR time do I get? It's ridiculous!"

"On top of everything else, we have to take on medical students. The other day I had a real know-it-all who kept asking me if what I was doing was evidence-based. I'm really fed up!"

Physician burnout—how serious a problem is it? Are we speaking about a physician contemplating suicide, a surgeon throwing scalpels across the operating room, or a colleague who has become an alcoholic? These extreme forms of physician burnout represent just the tip of the iceberg. A far greater problem lies below the surface—physicians struggling with milder forms of burnout.

Risks of burnout

Burnout is a form of mental distress that results in decreased work performance, usually arising from a sense of powerlessness, frustration, and an inability to achieve work goals. The condition has been recognized in many service professions including nursing, social work, and police work. Symptoms of burnout include emotional exhaustion, feelings of cynicism and detachment, a sense of ineffectiveness, and lack of personal accomplishment.¹ Other symptoms of burnout include irritability, sleep problems, poor judgment, and interpersonal conflicts. Physicians suffering from advanced stages of burnout can struggle with serious depression, anxiety, and addiction. Often, physicians describing their experience of burnout speak about a loss of meaning in their lives and apathy toward everything that was once rewarding.

Researchers have been studying physician burnout for more than 25 years, and a substantial body of literature provides compelling evidence for its importance. Kearney et al provide a detailed review of the literature on physician burnout.² The Maslach Burnout Inventory, a validated 22-item questionnaire, is often

used to measure rates of burnout. Using this inventory, researchers have reported high rates of burnout among family physicians,³ medical students,⁴ and surgical oncologists.⁵

Why are physicians particularly at risk of burnout? We tend to be highly motivated and intensely invested in our profession—characteristics that lead to success yet leave us vulnerable to burnout as well. Stresses inherent in the medical profession also play a role. In a longitudinal study of Norwegian physicians, workload was the most important contributor to burnout among male physicians, while work-home conflict was found to be the most important factor among female physicians.⁶ In a recent Canadian study, "values congruence" was found to be a significant predictor ($P=.001$) of professional efficacy for both men and women physicians; the interaction of workload and values congruence also made a significant contribution for women.⁷ When physicians experienced congruence of their personal values with their work environment, they were much less liable to experience exhaustion and cynicism, even in demanding situations.

What about choice of specialties? Surgical oncologists face considerable rates of burnout, perhaps because they treat cancer patients who might be seriously ill or facing death.⁵ Interestingly, palliative care physicians seem to suffer from lower-than-average rates of burnout. Kearney and colleagues describe the self-care strategies adopted by many physicians who practise end-of-life care, which include attention to work-life balance and the practice of mindfulness meditation.²

Not surprisingly, physician burnout negatively affects patient care. A recent multicentre study among US medical students showed that increasing levels of personal distress among medical students correlated with a decrease in empathy toward patients.⁴ In a large study from Taiwan, patients reported less satisfaction after being treated by physicians experiencing burnout, and the physicians themselves reported reduced job satisfaction.⁸

Building resilience

We all know physicians who seem to cope with work stress with extraordinary ease—how do they do it? In a qualitative study, family physicians who had been identified by colleagues as being exceptionally resilient were asked for their secrets of success.⁹ They highlighted the importance of staying interested in one's work, being organized, and maintaining some control over one's

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work environment. They also underscored the need to care for one's physical health, to take time off, and to pay attention to personal relationships.

Dr Tait Shanafelt, head of the physician health program at the Mayo Clinic, is one of the foremost researchers on the issue of physician burnout and its effects on patient care. He writes about the importance of rediscovering meaning and value within one's professional work.¹⁰ When we honour the work we do, we become more resilient to the negative effects of work stress.

Denying the importance of physician burnout is misguided and dangerous. Why would we ignore a problem that affects not only our well-being but also that of our patients? I would challenge each one of us to ask some tough questions: Am I feeling exhausted or cynical? Are the demands of my work affecting my personal life? Have I lost the joy I once felt in the practice of medicine? If the answer to any of these questions is yes, then you owe it to yourself to consider whether you are burned out. If you are facing serious problems of depression or addiction, you must find the courage to seek help. The Physician Health Program of the Ontario Medical Association (www.phpoma.org) offers comprehensive assistance for physicians struggling with such problems. Perhaps you are coping reasonably well, yet the stresses you are facing have robbed your life of meaning and joy. I suggest that you investigate Dr Shanafelt's "prescription for preventing physicians' burnout."¹⁰ Try some of his remedies—and feel the joy of practising medicine once again!

Dr Trollope-Kumar works as a family physician in the Department of Family Medicine at McMaster University and teaches in the Department of Family Medicine and the Department of Anthropology.

Competing interests
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Correspondence
Dr Karen Trollope-Kumar, McMaster University, Family Medicine, West End Clinic, 690 Main St W, Hamilton, ON L8S 1A4; telephone 905 521-5015; fax 905 521-5010; e-mail karen.trollope-kumar@medportal.ca

References

- Maslach C, Leiter MP. Early predictors of job burnout and engagement. *J Appl Psychol* 2008;93(3):498-512.
- Kearney MK, Weininger RB, Vachon ML, Harrison RL, Mount BM. Self-care of physicians caring for patients at the end of life. *JAMA* 2009;301(11):1155-64, E1.
- Lee FJ, Stewart M, Brown JB. Stress, burnout and strategies for reducing them. What's the situation among Canadian family physicians? *Can Fam Physician* 2008;54:234-5.e1-5. Available from: www.cfp.ca/content/54/2/234.full.pdf+html. Accessed 2012 May 14.
- Thomas MR, Dyrbye LN, Huntington JL, Lawson KL, Novotny PJ, Sloan JA, et al. How do distress and well-being relate to medical student empathy? A multicenter study. *J Gen Intern Med* 2007;22(2):177-83.
- Balch CM, Copeland E. Stress and burnout among surgical oncologists: a call for personal wellness and a supportive workplace environment. *Ann Surg Oncol* 2007;14(11):3029-32. Epub 2007 Sep 25.
- Langballe EM, Innstrand ST, Aasland OG, Falkum E. The predictive value of individual factors, work-related factors, and work-home interaction on burnout in female and male physicians: a longitudinal study. *Stress Health* 2011;27(1):73-87.
- Leiter MP, Frank E, Matheson TJ. Demands, values, and burnout. Relevance for physicians. *Can Fam Physician* 2009;55:1224-5.e1-6. Available from: www.cfp.ca/content/55/12/1224.full.pdf+html. Accessed 2012 May 14.
- Weng HC, Hung CM, Liu YT, Cheng YJ, Yen CY, Chang CC, et al. Associations between emotional intelligence and doctor burnout, job satisfaction and patient satisfaction. *Med Educ* 2011;45(8):835-42.
- Jensen PM, Trollope-Kumar K, Waters H, Everson J. Building physician resilience. *Can Fam Physician* 2008;54:722-9.
- Shanafelt TD. Enhancing meaning in work: a prescription for preventing physicians' burnout and promoting patient-centered care. *JAMA* 2009;302(12):1338-40.

CLOSING ARGUMENTS

- More than 25 years' worth of research documents the importance of physician burnout in many clinical settings.
- Physician burnout can lead to depression and anxiety, disrupted relationships, and addiction.
- Physician burnout results in decreased job satisfaction and has an adverse effect on patient care.
- Strategies to prevent or relieve physician burnout include attention to self-care, managing workload, maintaining healthy relationships, a supportive work environment, and mindfulness meditation.

