

Rebuttal: Do we overdramatize family physician burnout?

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YES

In presenting the negative argument in this debate,¹ Dr Trollope-Kumar recognizes the substantial body of evidence that establishes burnout as a serious issue for the medical profession. However, the issue at hand is whether or not we overdramatize burnout. It is here that our positions differ.

Dr Trollope-Kumar's opening lines help to illustrate my concerns about overdramatization. She invites the reader into the scene of a doctor's lounge. The opening dialogue provides the reader with a comfortable familiarity, gently tempting the reader to accept rather than question what is happening. From the beginning, the audience is deceived, as workload is portrayed as burnout.

As the performance begins, Dr Trollope-Kumar fans the dramatic tension of her argument, bringing a retinue of confounders to the stage: suicidal thoughts, disruptive behaviour, and substance abuse. When describing burnout, experts often use the literary technique of juxtaposition to imply a causal relationship, yet studies report only association.^{2,3} While the altruistic intention to bring burnout to centre stage might underpin these claims, misrepresentations are more likely to hinder response.

Both Dr Trollope-Kumar and I are comfortable with Maslach's definition of *burnout* and recognize the many factors, including values congruence, associated with burnout.⁴ Dr Trollope-Kumar offers workload as a risk factor. First, she suggests that high workload contributes to burnout.⁵ Careful reading of Langballe and colleagues' study reveals that the "perception" of a high workload was measured and the paper reveals a complex interweaving of associated factors.⁵ In considering the quality of work, Dr Trollope-Kumar suggests that treating difficult patients, such as cancer patients, might be a causal factor for burnout in surgical oncologists,² although she immediately counters this and notes that palliative care physicians suffer less burnout managing

similar patients.⁶ In reality, neither workload nor type of work causes burnout.

Overdramatization inevitably focuses attention on the actor, who is left to address the problem or problems on stage, perhaps using "personal self-care strategies."⁷ The audience (profession) observes, entranced but powerless. However, burnout is much more than another word for *stress*; burnout is a workplace issue.⁴ The profession must engage to effect a solution. The real challenge is to identify and evaluate organizational interventions that complement self-care and build resilience. Qualitative research is essential in this process, and Dr Trollope-Kumar and her colleagues have led the way here.⁸ Once we step back from the drama, we will begin to address burnout effectively.

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Competing interests

None declared

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References

1. Trollope-Kumar K. Do we overdramatize family physician burnout? No [Debate]. *Can Fam Physician* 2012;58:731,733 [Eng], 735,737 [Fr].
2. Shanafelt TD, Dyrbye LN. Oncologist burnout: causes, consequences, and responses. *J Clin Oncol* 2012;30(11):1235-41.
3. Dyrbye LN, Thomas MR, Massie FS, Power DV, Eacker A, Harper W, et al. Burnout and suicidal ideation among U.S. medical students. *Ann Intern Med* 2008;149(5):334-41.
4. Maslach C, Schaufeli WB, Leiter MP. Job burnout. *Annu Rev Psychol* 2001;52(1):397-422.
5. 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* 2010;27(1):73-87.
6. Vachon ML. Staff stress in hospice/palliative care: a review. *Palliat Med* 1995;9(2):91-122.
7. Kearney MK, Weininger RB, Vachon MLS, Harrison RL, Mount BM. Self-care of physicians caring for patients at the end of life: "being connected ... a key to my survival." *JAMA* 2009;301(11):1155-64.
8. Jenson PM, Trollope-Kumar K, Waters H, Everson J. Building physician resilience. *Can Fam Physician* 2008;54:722-9.

These rebuttals are responses from the authors of the debates in the July issue (*Can Fam Physician* 2012;58:730-3 [Eng], 734-7 [Fr]).

Cet article se trouve aussi en français à la page e370.