

Physician's Burnout: Is It A Serious Problem?

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"I feel mentally and physically exhausted", "I wish I could get rid of my patients", "I don't feel empathy toward my patients any more", "whats the use of all this hard work that I am doing". Has any of these thoughts occurred to you? If yes, you might be suffering from "Physician's Burnout syndrome". According to Christina Maslach, who developed the tool for measuring burnout "The Maslach Burnout Inventory (MBI), Burnout is "an erosion of the soul caused by a deterioration of one's values, dignity, spirit and will". A physician's job is considered to be very stressful. However, there is a difference between "Stress" and "Burnout". We all feel exhausted, tired and toasted after long operating hours or forty-eight hours on call. But we recharge when we go home, have good sleep, spent quality time with the family and next morning we are ready to start over with full energies. Burnout begins when we fail to recharge ourselves during the off times. That's when we start hating ourselves and our job when we go for it the next morning.

There is a growing epidemic of physician's burnout throughout the world. Different studies have shown that one out of three physicians' in United States suffer from this problem. If we look around, we will find many colleagues around us suffering from this problem. Physician's burnout is directly linked to a number of undesirable consequences. These include lower patient satisfaction, increased chances of medical error, reduced work output, increased chances of substance abuse, and in worst scenario, physician's suicide. In short, physician's burnout is bad for physician himself, his family, patients and his institution.

Physician's burnout is characterized by three distinct symptoms:¹

1) Physical and Emotional Exhaustion- feeling physically exhausted and mentally and emotionally drained, not been able to recover in non-working hours.

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2) Depersonalization-a negative, cold hearted, cynical attitude towards patients.

3) Reduced sense of personal accomplishment- the development of a feeling of not valuing your work or considering your work as meaningless. A classic example would be "whats the use of all this hard work?"

Burnout usually happen as a chronic process, taking years to change your personality and affect your personal as well as working life. It can also happen as an "acute crash down" during this chronic phase when it is triggered by a traumatic incident, devastating medical error, a lawsuit or a tragedy in family and personal life.

The opposite of burnout in the spectrum is "Full Engagement", which is the feeling of fulfillment and satisfaction in career. Here the physician feels that his work has a positive contribution in people's lives. From the beginning as a medical student, we thrive and struggle for "full engagement", and to achieve this, we work hard, day and night, ignoring ourselves, and families. It is during this "Peek Time" in our career that the "evil forces" of burnout starts acting, draining our energies and making us less productive, depressed and a liability on the team.

According to Dr. Drummond, there are five main causes of physician's burnout.

1. The practice of clinical medicine: As Orthopaedic surgeons, we deal with sick, wounded, handicapped patients and their families day and night. Our job is a classic combination of great responsibility, to the extent of ignoring ourselves and our families, frustration by being unable to deliver as much as we can because of system and financial constraints, and not having full control over the outcome.

This is the only factor of the five where, with time and efforts, we become better and better.

2. Stresses of the specific job: Apart from patients, physician has quite a few other problems to deal with. These include dealing with the administration, political interference, being blamed by patients for government's and administrative deficiencies, long on calls, clashes within the team or department and above all, financial under compensation.

3. Personal Life: This is the part of life where we recharge our energies that are drained during

work. However, two major factors can interfere in this "recharging" process.

- a. Our institutions doesn't teach us the "Life balance skills". On the contrary, we are being taught exactly the opposite during our residency. We learn to ignore our physical, emotional, and spiritual needs till this become our habit and then carry these habits to our professional life. At job, it's the "patient first", at home it's the family, parents, relatives and friends that takes priority. Very rarely is our own self our priority.
 - b. Family conflicts or sickness can make us unable to recharge our exhausted energies. Rather it can become a source of further stress and burnout for the physician.
4. The conditioning of our medical education: During our medical schools, and then during residency, we acquire certain traits which are considered important for becoming a successful Orthopaedic surgeon. The four most common traits are:
- a. Workaholic: Our only response to a challenge is to work harder and harder.
 - b. Superhero: We consider every problem as our responsibility and attempt to respond to it.
 - c. Perfectionist: We incorporate the general belief that a physician should never commit a mistake-ever- in our personalities, and then expect the same standards around us.
 - d. Lone ranger: We must do everything ourselves and end up involved in pity things, wasting our energies and time.

By the end of residency, these traits have usually become part of our personalities. Those same traits considered essential for successful career acts as a double edge sword and initiate the process of burnout.

5. Relationship with the immediate supervisor: Poor relationship with the immediate supervisor either because of his incompetence or poor leadership skills is an important factor responsible for burnout.

Most of the time physician's burnout is a vicious cycle. We respond by going into "survival mode". We loose control on our lives and go with the flow, burning ourselves in the pool of patients, unlimited surgeries and their complications, and always questioning ourselves " I don't know how long can I continue like this". In Pakistan, Doing double jobs, government or institutional job in the morning that pays very little but gives us status and recognition, and private practice in

the evening from where we make most of our earnings makes the things worst. On the top of that, we are expected to be good teachers, academicians and do quality research. This usually results in long working hours, less sleep, and very little time with families and friends, thus developing the perfect stage for burnout.

Burnout is not a Sine qua non in physician's life.² It can be prevented as well as reversed. Once we realize that we are suffering from burnout, we can take certain steps to achieve a positive balance in our lives. All these actions work through two fundamental mechanisms.

1. Reducing our stress levels, by avoiding all those activities that increase our stress.

This can be done by reducing the working hours, improving skills, acquiring equipment, delegating responsibilities, and avoiding less important stressful activities.

2. Increasing activities that recharge our energy levels.

We should identify activities that we enjoy and should do them more often. These include having a good sleep, spending more times with family and friends, planning for holidays and doing regular exercise.

Physician's burnout is a common happening in an Orthopaedic surgeon's life. According to Medscape National Physician Burnout, Depression and Suicide report 2019, 38 % of Orthopaedic surgeons in United States suffer from it, 11 % are Colloquially depressed and 4% are clinically depressed.³ Suicide rate is alarmingly high amongst physicians, and one doctor commit suicide every minute. Most of physician's cope with this problem by adaptive coping and maladaptive coping techniques. Adaptive coping techniques improve function, while maladaptive techniques reduce symptoms but doesn't treat the problem, rather make it worst. Smoking, eating junk food and addiction are amongst the most common maladaptive coping techniques. Keeping in view the common occurrence of this problem and its devastating effects on professional as well as personal life of physicians, it's important to develop awareness in our community and take active measures to protect ourselves from this menace.

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