

THE REST OF YOUR LIFE

Preventing and Coping With Physician Burnout

Dr. Darrell A. Campbell Jr. followed in his father's footsteps and became a surgeon. But the young Dr. Campbell is careful not to follow in his father's footsteps in one way: He's not letting his work consume him to the point of burnout.

"I saw it firsthand when I was growing up," recalled Dr. Campbell, assistant dean and chief of clinical affairs at the University of Michigan Health System, Ann Ar-

bor. For my father, "there was a progressive loss of interest in the profession and a turning away from it, not being as excited about the practice of medicine as he had been before. I know it was because he was in solo private practice for many years. Cumulative stress had that influence on him."

Physician burnout interests Dr. Campbell so much that he led a study to assess its prevalence among 582 American sur-

geons (Surgery 2001;130:696-705).

The results of his study indicated that 32% of surgeons showed high levels of emotional exhaustion, 13% showed high levels of depersonalization, and 4% showed evidence of perceived lack of personal accomplishment, which are three hallmark components of burnout, he said.

Physicians who experience burnout have "a progressive loss of interest in what

they're doing and feel that they don't have anything left to give their patients," Dr. Campbell said.

"It's important to make the distinction between burnout and depression. Burnout is more of a reference to your work setting, whereas depression is a more global type of phenomenon, which would extend to every aspect of your life," he added.

Surgeons aren't the only physicians who are at risk for developing burnout, Dr. Campbell noted.

In a yet-to-be published study that included 1,800 members of the Michigan State Medical Society, Dr. Campbell and his associates found that about 30% of surgeons suffered from high levels of emotional exhaustion, while the prevalence was even higher—nearly 60%—for radiologists and physicians in family medicine.

The investigators also found that physicians who practice in communities of less than 50,000 people were more likely to report feeling burned out, compared with their counterparts who practice in communities with a population of 100,000 or more.

"I think it's because of the stresses of practicing alone or in small places where there's not a lot of networking [or the] ability to talk about problems" with other physicians, and getting their help with on-call coverage, Dr. Campbell explained.

The consequences of all this are troubling, he added, because burned-out physicians are more likely to retire early and not join professional medical societies. "They don't become as involved in the future of the profession, which is a bad thing," he said. "And I think there are questions about their performance. Some data [suggest] that burnout can affect your performance as a physician."

Several factors in what Dr. Eugene V. Boisabuin called "the hassle factor" of modern medical practice may contribute to burnout.

"That is, the idea that a lot of the enjoyment has been taken out of it; the regulations have become overwhelming; [and] the pressures from patients, third-party payers, and liability issues have mounted to the point that physicians feel they are not enjoying their professional role as being doctors and what they're doing is not what they went into medicine for," said Dr. Boisabuin, an internist who is a professor of medicine at the University of Texas Health Science Center at Houston.

The current state of medicine isn't the only trigger. Many people in today's society are "overbooked," including children, noted Dr. Rebecca E. Moskwinski, a family physician who works in the student health center at the University of Notre Dame, Indiana.

"We seem [to not be able] to really relax and 'do nothing' with the pace of modern life," said Dr. Moskwinski, who has six children aged 14-22. "Physicians especially are often 'givers' and don't know

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when to say no or to take a vacation.”

Another potential trigger is being in a certain type of practice for the wrong reasons, including “money, prestige, [it’s] what your dad did, [or] whatever,” she said. “These people seem to burn out quicker than others. I have seen many completely change their type of practice (for instance, leave a busy private practice to do ER work) and they seem much happier for it.”

She and other physicians interviewed offered the following tips on how to avoid burnout:

► **Strive for balance.** In Dr. Campbell’s most recent study of Michigan physicians, those who described themselves as emotionally exhausted believed they were “out of balance” with respect to work, family, and their own personal growth and development. On the other hand, “physicians who are engaged, which is the opposite of burnout, said they tended to have good balance in those areas,” Dr. Campbell noted. “What that balance is differs for every person, but the question is, are you comfortable with it? Do you feel good?”

► **Find meaning in your work.** “This sounds kind of trite, but it is absolutely true,” Dr. Boisaubin said.

“Think back to why you went into medicine and what aspects of it you found most valuable. Most studies suggest that the majority of physicians enjoy their [doctor-] patient relationships most, even more than their technical skills or other achievements.” Just finding the time to spend more than 7 minutes with a patient seems to be refreshing to many physicians, he said.

► **Tame technology.** Learn to turn off the cell phones, beepers, and your personal computer when you’re not on call, advised Dr. Richard Swenson, a physician and researcher based in Menomonie, Wis. “The best thing to remember about time-saving technology is that it doesn’t save time,” he said. “It compresses time, devours time. Physicians who are on call to the universe 24/7 for their entire lives are not going to survive the experience. We’ve never had the level of accessibility that we have today. So they’re going to have to learn how to find the off switch [and] not [check] e-mail at 2 o’clock in the morning.”

The fallout from this 24/7 mentality is so bad that record numbers of people are checking into hotels in their own hometowns just to get away for the day. “At first, I was really annoyed by this, but then I thought, ‘do what you have to do,’” Dr. Swenson said. “For some people, this could be the difference between burnout and survivability: the ability to find a stability zone that you can go to. Maybe you fish. Maybe it’s a cabin or some place like that.”

► **Learn to say no when you’re feeling stretched.** “Physicians have to have well-defined boundaries,” Dr. Swenson said. “It’s not about selfishness; it’s about self-care.”

► **Find time for yourself.** Dr. Campbell said his father had no hobbies. However, “I do,” he said. “I like to play the guitar. I have a Harley-Davidson motorcycle that I ride all over the place. I love photogra-

phy. I’m also active in [my] church.”

Once a week Dr. Boisaubin blocks out about an hour and a half to attend a noon-time yoga class near his office. “The idea is to be active and do something ... that you enjoy or [that] can produce relaxation for you,” he said.

“These are modest things people can achieve. No one can turn their life around dramatically in a short period of time. I usually say, ‘pick one thing and try to stick with it.’ If you can’t even do that, then you probably need some professional help.” ■

By Doug Brunk, San Diego Bureau



Dr. Darrell A. Campbell Jr. on a motorcycle trip in New Zealand: Having studied physician burnout and observed it in his own father, he maintains balance in his own life through hobbies.

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East Hanover, New Jersey 07936

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5/06

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