

PHYSICIAN BURNOUT: WE NEED TO TREAT THE CAUSE NOT THE SYMPTOMS

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"While medicine is to be your vocation or calling, see to it that you have also an avocation....Some intellectual pastime which may serve to keep you in touch with the world of art, of science or of letters." (Sir William Osler)¹.

A few years ago we were not very familiar with the terms like physician's burnout, work related quality of life and depression but in the last few years these terms have been increasingly recognized and published. Therefore, I selected this topic to highlight the problem of physician's burnout which we are facing as medical community in Pakistan.

In literature we have a number of definitions of physician's burnout but the one I found enticing was that burnout is a prolonged and persistent stress reaction which is composed of a constellation of psychological symptoms of depersonalization, emotional instability, loss of personal identity and reduced personal efficacy. It is observed that physicians who are going through burnout typically exhibit anger, irritability, low self-esteem and decreased productivity. The other associated symptoms include progressive worsening of relations with patients, family members and colleagues. The most dreadful manifestation of physician burnout is suicide. The incidence of suicide is highest among the physicians and it is about 1.87 times more frequent in the health care professionals than the other members of the society². As physicians we face stressful situations more frequently due to our profession because we are dealing with the most precious thing in anyone's life and that is their health. In our practice we don't have any chance of error or negligence². The health care professionals are going through the agonies and pains of their patients.

Initially when I was going through a few landmark research papers on the subject, I thought that burnout and depression are work related problems of practicing physicians and busy faculty members but later on a number of articles revealed that burnout, depres-

sion and low self-esteem are also common symptoms among medical students and residents. A thorough literature review showed that the prevalence of depression or depression associated symptoms among medical students is about 27% and suicide ideation is about 11%. Work related fatigue was observed in 27% post-graduate residents³. The Journal of American Medical Association (JAMA) conducted a study in which they followed the residents for 6 years and found 45% of them were having symptoms of burnout and 14% were not happy with their choice of profession⁴.

Physician burnout has not only a negative impact on individual professional growth and career satisfaction but it also has an enormous impact on our overall health care system. A study was conducted among the physicians in 2016 to find out the work related quality of life and job satisfaction. This US study revealed that 13.5% physicians were not satisfied with their job and they were planning to change their job within 1 to 3 years⁵. Most of them were interested in non-clinical job in the health care system. This exit of physicians will be a major contributor to the short fall of physicians and the health economists are expecting a further rise in this trend to the year 2030.

We all know that physician burnout is increasing in our society and damaging our medical students, residents, faculty and our institutions and overall health care system but unfortunately this topic is still a taboo. Best performance of any member of a society depends on physical, emotional and spiritual energies. So the best performance and life of physicians also depends on their ability to manage these energy levels. All skills of our physicians like their leadership skills, empathy, professional skills and the skills as spouse and parent all depends on a positive energy balance. Unfortunately our physicians and residents are not trained to notice or care for their energy levels due to their professional workload, economic burden to maintain their life stan-

dards and lack of recreational activities⁶. We need to create awareness among our health care professionals and residents about this profession related problem of physician burnout and depression by providing a balanced work-life interface. This can be achieved by introducing programs focusing on reflective medical practices, our traditional mentoring programs and physician's wellness. Literature review showed that such programs in medical institutions have promising results. The important components of such programs include the small group gatherings to explore the real meaning of life, the original concept of success and the core experience of happiness. We need to cultivate the art of compassion, gratitude and sympathy in our physicians. Social excursions is another effective strategy to promote connections with colleagues outside work environment and have a positive impact in preventing burnout and empathy erosion⁷. Mindfulness approach to professional and personal life problems will boost our emotional intelligence to understand and respond in a calculated way to become an empathic professional, trustworthy leader, reliable mentor and altruistic human being.

Achieving integration of work and life is a challenge for physicians. We must explore and implement changes in our health care system and personal life to achieve professional and personal satisfaction. The real change which we need to prevent physician burnout is a cultural shift to allow flexibility with work and life. The basic principle is to enhance the human bonding among the family members, colleagues and patients. The senior members in our teaching institutions and health care system have to lead by example and create a culture of acceptance and altruism⁸. To deal with the present day problems of medical profession we need to revive the historic and traditional custom of mentoring in medicine. As we need a mentor for a successful professional life so we need a mentor to have a happy, purposeful and contented personal life. Mentor facilitates their mentee to be successful in all aspects of life⁹. Mentorship is a tool if it is used correctly it can help us to deal with the problems of physician's burnout, psychological derangements and hazy work- life interface. This require our medical institutions to support mentorship programs, allocate funds for training mentors and encourage our faculty to allocate time for this noble cause of grooming their junior colleagues and residents to be outliers in their professional life as well as their personal and family life¹⁰.

"It is tragic when a man outlives his body", said Sigmund Freud (1856-1939) on his deathbed. There is no doubt: our body fails before our minds are satisfied with life. As time passes, minds become mature, but bodies worn out⁸.

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