

# Burnout – a personal journey

**Gaede B**, MBBCh, MMed (Family medicine)  
Chief Medical Officer, Emmaus Hospital, Winterton

**Correspondence to:** Dr B Gaede Chief Medical Officer Emmaus Hospital  
Private Bag X16, Winterton, 3340  
**Tel:** (036) 488 1570 (W) **e-mail:** besam@lantic.net

**Keywords:** Burnout, work stress, developmental crisis, context for health care worker, coping

## Summary

In this personal reflection on burnout, the context of work and its related stress is explored, particularly in a rural public health care setting. However, beyond the work-related challenges, the wider experience of stress in a person's life and developmental crises contribute to the capacity to cope with the demands of working in a resource-poor setting. The process of recovering from burnout is a slow journey that needs time and space in order to overcome the chronic exhaustion, the cynicism and the lack of meaning.

(SA Fam Pract 2005;47(4): 5-6)

### Recognising the signs of burnout

It took a while for me to realise how burnt out I had become. I only became conscious of stress-related changes in how I had started to relate to my work when I started to reflect in a more disciplined way on what I was experiencing when seeing patients.

I got to a place where I felt out of control. I struggled to see the impact that I made. I saw the broken equipment (for years I had been trying to get the Entanox in maternity fixed), I saw dead babies, I saw the frustrations of the doctors when

shunted about by the referral hospital. I could not see any successes anymore.

I realised that my experience was not unique, although usually only alluded to in the confines of 'hand-over meetings' and 'doctors' suppers', when the patients were discussed in the safety of similar common experience, exhaustion and struggle. Usually we did not confess our feelings of despair and resentment (except in situations where we saw ourselves as obviously 'right' and the patient as obviously 'wrong', like when a hypertensive patient arrived at casualty

at 4 in the morning for repeat medication).

We seldom explored our experience from the perspective of us coping, of us as human beings. It was even less often that we talked about the fact that, for a significant amount of time, we were witness to the pain and stress of others, that we experienced often hidden, unusual and extreme aspects of people's lives – and that we were human in that experience too. We seldom reflected on what it is like to be a human being in a system that at times makes extreme demands on us, in terms of commitment, frustrations and just plain hours worked – and that, often, is not cognisant of us as human beings. Most of those in management and administration felt distant and inaccessible to the 'frontline workers' and their decision-making process did not seem to place interaction with the patients at the centre of its purpose. This can become a significant source of stress that influences the clinical setting directly.

The extent of the work stress, particularly in the light of dwindling numbers of doctors and high expectations of what the service should and could deliver, is often underestimated. One community service doctor struggled to cope because the patients that arrived at the hospital were undifferentiated and not yet labelled into medical disciplines and age groups. It is also a very lonely and scary experience to be the only

This is one example:

I am on call again ... I walk into the emergency room – there is a mother waiting with her child. He is about 10 years old and looks like he has cerebral palsy, and the mother is carefully feeding him yogurt. Out of nowhere I feel resentment rising. I don't know where this comes from. I don't know exactly what this is aimed at ... how dare she care so much – the state of the child (well looked after, no contractures, engaging with his mother) is a testimony of her love for the child, she continues caring over years and years. What do I resent? What am I upset by?

When I look at this later, a few layers of meanings emerge – I feel ashamed by how little I care by now – her caring contrasts so strongly with my first response of irritation towards another patient (especially a patient whose condition is not that simple, whom one can deal with on 'autopilot'), of seeing the boy as 'extra work'. I am working from the assumption that they are going to waste my time and drain me even further.

His mother's caring humanises the boy so much more – it is so much harder to abstract him into a symptom, into a prescription ...

Her engagement with me, with her child, requires an honest response – it challenges my attitudes and the shallowness of the care I am giving.

Once I speak to her and engage with the boy (by now he has a name, Buyani) it is obvious why she cares. It is obvious why she consistently seeks the best for her child. I would too. And somehow, beyond the initial response of wanting to flee, there is the meaning for why I am here at all – it is not a waste of time at all ...

Even then, afterwards, I feel tired

doctor available, responsible for the assessment and management of all patients who come to the hospital. There is little in the medical schools, or in most internships – particularly in tertiary institutions – that prepares us for this.

After years of working in such environments, even more senior doctors often feel a very similar (and maybe just older) stress of being so alone, of needing to manage everything from an ingrown toenail to family conflict, to a stabbed chest or a severe antepartum haemorrhage. This is what rural health care is all about.

### Burnout in context

Burnout is usually described as a result of job stress.<sup>1</sup> It is well documented that doctors are more likely to suffer from illnesses related to stress, and this is attributed to the stressful nature of their work and its environment.<sup>2</sup> Hilfiker suggests that it is not only the individual situation or a single night of high stress that leave their mark, but rather a cumulative effect of years of making difficult decisions and being chronically tired.<sup>3</sup>

These concepts ring true for me. In the grey of the post-call haze the meaning I derive from work wears thin, stops being so immediate, stops being solid. It floats a bit, is a little absent. It doesn't seem to make complete sense, this numbness, this exhaustion, where I become utterly anhedonic, utterly demotivated, sit and vegetate on the sofa in the lounge, and sit, tired of my own sitting.

The impression is that burnout is an issue of how work impacts on the person. However, the stress that we experience may not only be related to work, but also to the larger system within which we are living and coping. It is comprised of many other aspects besides how things are going at work. A stressful job can be a great challenge, but become too much when other wheels start to wobble ...

In this vein, Chris Ellis writes that marriage is a buffer and often the first casualty.<sup>4</sup> This seems to imply that burnout comes from work, and then wrecks everything else. Other activities

and hobbies, friends outside of work, regular breaks, etc. help to manage the stress and are seen as antidotes to burnout. However, if the stress comes from the friends, if all your leave has already been taken, if there are difficulties in the relationships at home, these influence your capacity to cope with the stress at work.

The process of burning out often forces us to face life decisions, which are invariably linked to developmental crises. Indeed, the root cause behind burning out may well be related to a life crisis, rather than 'just' a stressful job. In such a view, work can take a variable position in the person's life – from central to peripheral. The relative importance of work varies considerably in different scenarios.

Anecdotally, this is certainly evident. Many rural doctors leave the rural areas because of some or other developmental crisis, although this is not always linked to burnout. Reasons for their departure include tensions in relationships with their partner, children reaching high-school age, midlife crisis, as well as job-related burnout. A few friends who have been in such situations had a high Holmes-Rahe stress score<sup>5</sup>, indicating that there is broader 'life-stress' that is contributing to the burnout of the person, rather than 'just the work'.

### Burning back in...

The process of 'burning back in' is a personal journey of overcoming the chronic exhaustion, the cynicism and the lack of meaning. Recognition of being burnt out by oneself and by one's colleagues is often an important first step to 'turn the tide'. Crises can be useful times of taking a step back and re-evaluating what is going on.

A few questions that were posed to me by a colleague were very helpful in the process of obtaining greater clarity. They included:

- Where does your idealism stem from? Why are you idealistic? What is the nature of this idealism?
- Who are you being at the moment?
- Where did this all start, can you identify a trigger? What energises you? What drains you? Why?
- Have you done a genogram and

eco-map for yourself in this time? How deeply is your current work embedded in that genogram and in your genes?

- Is there an issue regarding a development stage in your or your family's lifecycle that is part of the context?
- Is the stress coming from aspects of your life that give you meaning or that detract from what gives your life meaning? Where is your place of refuge now?
- What would constitute real time out?
- What would leaving your current job mean to you? Moving on to a new stage, relief, closure, failure, loss of idealism, taking control, the right thing to do, running away?
- What would it mean to your family?

I have been struck by how much of being 'burnt out' has been 'a journey' and a process, rather than a place, a destination or a condition. I have been on the road for a while and now it seems that 'burnt out' was a flavour of a time, a shade of a season.

### Conclusion

Acknowledging that I had become burnt out was not easy. I had seen it in others, helped them through it, given space, made arrangements, encouraged taking responsibility for it ... now I find myself in that situation and need to take it on for myself.

In reflecting on the questions above, I have realised that I am very much still on the road, on my own journey of making sense of how I got here and where I am going. I am finding new ways and ideas of being, both at work and outside.

### Acknowledgements

I would like to thank Gary Morris and Ian Couper for their reflections on and input into this article.

### References

1. O'Driscoll MP, Cooper CL. Sources and management of excessive job stress and burnout. In: Berry L, editor. *Psychology at work*. New York: McGraw-Hill; 1997.
2. Ellis C. The burnt out GP. *SA Fam Prac* 1996;18:292-302.
3. Hilfiker D. *Healing the wounds*. New York: Creighton; 1998.
4. Ellis C. How doctors cope with stress. *SA Fam Prac* 1996;19:324-32.
5. Teichler M, editor. *The South African Family Practice Manual*. Bryanston: South African Academy of Family Practice; 1995.