

The burnt out GP – Part I

Essential CME is a series of topics involving a continuous self learning and appraisal process in family practice for general practitioners, primary care physicians and generalist medical officers.

This is number twenty-seven in the series and is on The burnt out GP.

Benchmarks for busy GPs

This section is not a comprehensive review but a short selection of abstracts to help you focus on important aspects of the subject partly in the form of reminders and memory joggers.

I recently re-read a letter my father wrote to his brother who was one of the Queen's physicians.

The letter was written in 1954 when my father was 51 years old and he had been a village GP since 1932. It reads, in part:

"Our mother is in failing health and unfortunately the oedema is not controlled by the mersalyl and is affecting the abdomen and legs. There does not seem much else to be done. She has asked me to bring her home, but I just can't do it. This is holiday time and my partners are away alternately until August 16th when I go away and I find the double surgeries are more than I can cope with now. I just could not look after mother as well.

I go over to see her twice a week and this is all I can do as it takes me all the time to keep this practice going. I cannot manage the night work and am hoping to transfer this to one of the partners. I should retire in nine years – I will get a fairly good pension and hope to pay off the boathouse by then.

I feel a bit overwhelmed at the moment with everything and wish I could get away from it all for a bit. I get my holidays in six weeks time but it seems a long way off. I am getting out of touch with medicine – I really need a refresher course – I am continually on the mat with the National Health people. I either prescribe something that is not on the

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list or do something they don't approve of every week. I think the time has come to pack up".

Poignantly, I read this as a village GP also in my 51st year.

As a raw description (known as 'thick' description in qualitative research) it gives, 40 years later, an impression that nothing much in general practice has changed.

This raises some research questions:

Is burnout a 'given'? By this I mean is it inevitable part of being a human being in this busy world? Do we all burn out at sometime or another? Or are some of us by dint of certain characteristics such as resilience able to handle the stresses of life better? Is there an inner strength which we acquire genetically or by lifestyle or by social support systems or by faith, whose strength helps us combat the vicissitudes of life or whose absence leads us into burnout and depression?

If it is inevitable, then are all these wonderful executive stress programmes, meditation techniques, life plans and health hydros all correct in theory but in reality impractical and unproven?

If burnout is inevitable, then perhaps we should look at it from another aspect which one could call **beyond burnout**, almost like postnatal care. Prevention of burnout would then be like prenatal care to allow one to burn out in the best possible way and in the best company.

Some GPs seem to go for one big burnout from which they learn to manage their lives, whereas others never seem to be able to learn how to cope or only partially recover. Others seem to go in and out of burnout. One could perhaps call this **cyclical burnout**. The process seems analogous to a space shuttle journey with a roaring take-off up into a turbulent outerspace and then

the rockets burning out and burning back in as the shuttle reenters the earth's atmosphere.

This review will therefore address this condition from the three angles of:

- Preventing burnout if that is possible.
- Recognising the signs and symptoms in order to take avoiding or recuperative action.
- How to burn back in again.

Remember, though, that although burnout is mostly thought of as occurring in the doctors **it occurs in spouses and families too.**

Burnout, stress and reactive depression; different sides of the same coin?

"The map is not the territory, and the name is not the thing named."

Gregory Bateson, 1985:37.

Burnout is a 'coined' word, a metaphor borrowed from the physical world to apply to a human condition. One of the first people to use it in this way was Freudenberg (1974). Other similar names are physician stress syndrome, the overwork syndrome, the burnout stress syndrome (BOSS) and role strain.

It is one of the modern western culture-specific syndromes that we have discussed before in this series. Stress and burnout are ill-defined terms which are clearly overstretched and should be used sparingly (Wilkinson, 1991). Where does stress end and burnout begin? Is the one just an extreme form of the other or is burnout when stress-coping mechanisms start to fail?

It is a modern term in that the voortrekkers did not get 'stressed' as they climbed over the Drakensberg, they were 'fearful' of the lion and the Zulu. They did not burnout, they got tired and old and worn out. One has to view one's illnesses in the times that they occur. It is western in that there is no equivalent

word or concept in Zulu. It hasn't arrived yet and when it does the word and concept will be borrowed into these cultures. (*Illich, 1986*)

Using a biomedical approach to burnout as a syndrome, it overlaps into depression, alcoholism, phobic anxiety with panic attacks, and fatigue syndromes.

Definitions of burnout

Burnout has in fact proved to be an elusive term and there is no agreed definition.

Burnout has been defined as "to fail, wear out, or become exhausted by making excessive demands on energy, strength or resources. (*Freudenberger, 1974*)

Other definitions are:

"A disease of overcommitment" and "the withdrawal from work in response to excessive stress or dissatisfaction" (*Cherniss, 1980*)

"The loss of concern for whom one is working." (*Maslach, 1976*)

"A progressive loss of idealism, energy and purpose, experienced by people in the helping professions as a result of their conditions of work." (*Edelwich & Brodsky, 1980*)

"A syndrome of emotional exhaustion, involving the development of negative self concept, negative job attitudes, and loss of concern and feelings for clients." (*Maslach, 1976 ; Pines & Maslach, 1978*)

"A progressive stress process in which a professional helper disengages from work as a result of the appraised and stressful transactions experienced in the job. (*Bailey, 1985*)

"A condition that develops when an individual works too hard for too long in a high-pressure environment." (*Kelly, 1993*)

Although it captures the imagination well, burnout is not a very satisfactory term. An alternative concept is to see the features of burnout as "individual stress and coping profiles related to human functioning" (*Bailey, 1985:44*).

Stress (or more accurately the way stress is perceived) and burnout are **highly individual and variable**.

Burnout symptoms should be seen as just one part of a whole life of relationships with one's work, home and environment. The features of burnout are produced by the demands (or absence) of these relationships and the stresses that these demands make and by the way in which we view them and cope with them.

Burnout is usually seen as having four related but independent components: Emotional exhaustion (tiredness, depression etc), depersonalisation (treating patients as objects), and low productivity accompanied by a feeling of low personal achievement and loss of a sense of meaning. (*Cherniss, 1980; Maslach & Jackson, 1981; Jackson et al, 1986*)

Physical signs of burnout

- Unable to shake off lingering colds, bronchial complaints.
- Headaches.
- Gastrointestinal disturbances.
- Sleeplessness.
- Shortness of breath.
- Skin complaints.
- General aches and pains.

(*Bailey, 1985:30 ; Kelly, 1993*)

Psychological/emotional signs of burnout

- Feelings of exhaustion and fatigue.
- Touchy and irritable.
- Easily moved to tears.
- Apparently unprovoked outbursts of anger.
- Marked sadness.
- Screaming and shouting, irrational anger.

- Unwarranted suspicion and paranoia.
 - Avoiding commitments to caring.
 - Lethargic.
 - Enduring boredom affected 50% of general practitioners in one study (Morris, 1984)
 - Depression.
 - Depersonalisation
- (Bailey, 1985:30 ; Kelly, 1993)

THE FOUR STAGES OF BURNOUT

Burnout/progressive stress has been divided into four stages of idealistic enthusiasm, stagnation, frustration and apathy (Bailey, 1985).

Idealistic enthusiasm is the time of high energy, high hopes and high ideals and a keen motivation to achieve goals. These are laudable expectations but usually unrealistic. These ideals start to give way to professional demands towards the end of the first year of employment.

Stagnation is when the GP starts to slow down and the energy levels deplete. He or she begins to experience disappointment and personal needs are no longer satisfied entirely by the job. The honeymoon is over.

Frustration is due to the GP being unable to achieve the goals to which he aspired and was taught to pursue. He or she becomes frustrated through not being able to satisfy the needs of the patients and also the GP's own needs. "A jaundiced view of life creeps in. Patients turn into enemies and there is a conspiracy to bother you, ruin your sleep and get at you" (comment on this stage by a Pretoria GP).

Apathy is a sign of impoverished coping. The GP keeps patients waiting, keeps to safe and secure routines and has an air of having 'given up'. A protective shell develops and layers of defence are erected. There may be areas where he or she still functions well and others which are avoided. The GP shelters

under an umbrella of complaints, bickering and general job dissatisfaction. (I do this all day, isn't it normal?)

This stage is also characterised by cynicism almost to the extent of misanthropy. "There is an important difference between the two words; cynical and realistic. Cynical denotes disillusionment and realistic is an ability to see people as they are – as human" (Lidz, 1983)

THE SEASONS OF A MAN'S LIFE

Carl Jung divided a man's or woman's life into the morning, the afternoon and the evening of one's life.

One can arbitrarily divide this into decades:

Twenty to 30 years: Stress and burnout can occur early in students and house officers/interns and also in registrars.

Thirty to 50 years: Some feel that burnout may start after a year at work if work patterns and organisation are not well managed. This period contains the mid-life crisis and menopause as well.

Fifty years and onwards may be when the feet are slowly easing off the pedals, much of the work may be repetition and physical strength may start to wane. Pre-retirement symptoms of regret, being discarded and questioning one's life's work occur.

What is interesting from studies is that one replaces one set of stresses or stressors by another set as one moves from one stage or context to another.

Twenty to 30 years (early burnout)

"The greater the discrepancy between what you are (an overworked GP) and what you aspire to be (a successful professional physician), the greater the problem" (comment by a Stellenbosch GP)

This is the stage of the jolt from idealism to reality.

The three main causes for stress at this stage are long hours and lack of support and universally 'stressed' hospital and health systems. The use of junior staff as cannon fodder to prop up underfunded and collapsing health services is well known. This may be compounded by the attitude of "I went through it in my day; why shouldn't you". It is the legacy of the medical macho image and the stiff upper lip (*labium superioris rigidus*) when one must be seen to be coping and not 'letting the side down'.

Although the long hours may be the same as when many of us did our junior jobs in the past, junior staff now are working in a different environment of 'new world' demands and new economic and social pressures which is more stressful than the more settled and supportative environment of the past. (*Firth J, 1986 ; Firth-Cozens, 1987 ; Dudley, 1990 ; Schweitzer, 1994 ; Saloojee & Rothberg, 1995*)

Thirty to 50 years (the middle years)

"It takes 5 years in general practice before you become a fully functioning GP." (*Boland, 1995*)

"He always says that things will be better tomorrow but his family and children are wondering if tomorrow will ever come." (*Dunea, 1984*)

A partner who had joined our practice at about the age of thirty approached me at tea time and asked. "I've been in this practice for three years now, I know all the patients who are booked for me tomorrow, I even know what they are going to say to me. What do I do now for the rest of my life?" The answer to this is "welcome, to general practice". One of the causes of burnout has been put down to this 'enduring boredom' as one gets habituated and structured into the system. (*Pines et al, 1981*)

Burnout during this stage is also due to long hours, dividing one's time between work and personal time and keeping the overdraft down to proportions that do

not induce air hunger when one opens the monthly bank statement.

This is also the stage of the much quoted midlife crisis, which is said to occur mainly between 35 to 45 years of age (*Nash, 1990*) and known elegantly by the French as *la crise de quarante ans* (the crisis of forty years). This phase is a force to be reckoned with as it throws one off one's comfortable niche of values and beliefs that have been held up until now. The GP begins to question his or her lifestyle, the choices he or she has made, his or her abilities and even his virility or her feminine role. It may be a period of anxiety, depression and self doubt. Added to this is the fact that one begins to have doubts about the what and the why of one's profession. (*Lidz, 1983*)

The *torschluss syndrome* (literally 'the closing door') may occur in this phase. It is when a middle-aged person seeks gratification while it is still possible – before the gate closes. 'Torschluss panik' is a term used to describe the frenetic efforts of the middle-aged man in his pursuit of young women before his potency wanes.

Fifty years and onwards

"Insensibly in the fifth and sixth decades there begins to creep over most of us a change which impels a man to open rather than to vault a five-barred gate." (*Oster, 1904*)

These divisions into years are, as already said, very arbitrary. As Dr Oliver Wendell Holmes said "To be 70 years young is sometimes far more cheerful and hopeful than to be forty years old".

There is a syndrome attached to this stage called **Alexander the Great's Syndrome** (*Wilson, 1965 ; Paton, 1969*) which was described by an American Professor of Psychiatry, William Wilson, which he had observed in his colleagues. If you remember, Alexander the Great, when he realised that there were

no more worlds to conquer, sat down and wept. The cause is success. The major symptom is dissatisfaction. It's sign is the beginning of creative uselessness. It's prognosis is poor. There is no known treatment.

The syndrome affects successful alert-minded individuals who have achieved their ambitions and have begun to find that life is no longer enjoyable. In fact there is hope as after a few years they settle down and take other directions for their lives.

The desire to serve vs entitlement

Long hours, work load and lack of support are therefore well recognised as causes of stress and burnout but there appears to be something else that has happened. Western society and doctors themselves have changed.

One wonders how Sir William Osler would feel about modern day practice. He described three qualities that he felt students of medicine should possess.

The first was **the art of detachment**. Isolate yourselves, he said, from the pursuits and pleasures incident to youth.

The second was **the virtue of method** and the third was **the quality of thoroughness**. In fact he added, a fourth and this he said was **the grace of humility**. (*Osler, 1904*) Such great ideals seem, at times, to have been swept away by the accelerating spin of the universe.

The 'desire to serve' may have been partly replaced by self-fulfilment as the *raison d'être* of modern man and the modern doctor (*Glick, 1990*). This is in accord with modern society's emphasis on human rights without concomitant attention to one's duties. "Individuals raised with disproportionate emphasis on their rights are in danger of falling victim to chronic dissatisfaction" (*Glick, 1990*). This has been referred to as 'entitlement' and defined as a "sense of being

entitled to attention, care-taking, love, success, income, or other benefits, without having to give in return" (*Dubovsky, 1986*). Entitlement has five salient features which are:

1. The notion that knowledge is a right.
2. An expectation that others will provide.
3. Problems are due to inadequacies in others or the system.
4. Everyone should receive equal recognition and regard, regardless of individual effort and ability.
5. Addressing grievances through hostile and disrespectful confrontations is justified. (*Dubovsky, 1986*)

This attitude of modern society of placing the individual and his or her gratification at the centre of the stage is thought to be as much a cause of dissatisfaction, stress and burnout as are long hours and workload.

IN THE BEGINNING THERE WAS STRESS

One of the theses presented here is that 'burnout' is a given, is just a label to suit modern times, has always been here,

THE ZONES OF THE HUMAN FUNCTION CURVE

Are you in the **drone zone**, the **C zone** or the **fatigue zone**?

The Drone zone is characterised by insufficient challenge, too much mastery, being uncommitted, overconfident and bored. You have either burn-out already, should not be doing general practice or should not be practising medicine at all.

The C zone is characterised by commitment, confidence, calm, and being in control. It is associated with optimum performance.

The Fatigue zone is when performance is beginning to decline and there are bouts of irritation, fatigue and insomnia. Caffeine and alcohol may be abused.

Other zones that have been described beyond fatigue but are really variations on a downward curve of performance are : exhaustion zone, ill-health zone, panic zone and breakdown and burn-out zone. (*Kelly, 1993*)

Burnout in general practitioners may be assessed by the Maslach burnout inventory for family physicians and with other instruments (*Maslach, 1981; Porter et al, 1985; Rafferty et al, 1986*).

and always will be, and is not an illness, disease or aberration.

Some commentators of the past (before the new SABC) described it in various ways.

"Therefore I hated life because the work that was done under the sun was distressing for me, for all is vanity and grasping for the wind" (*Ecclesiasticus, Chapter 1, Verse 18*).

"The world is powerful, and superior, and consults the best of us. Further, opposition, besides that it is unreasonable, and produces nothing except a vain struggle, throws us likewise into pain and sorrow." *Epictetus circa A.D 55*.

So in the beginning there was stress except it was called pain and sorrow.

The stressors and the stressed

"Now this is the law of the jungle – as old and as true as the sky." *Rudyard Kipling. The Law of the Jungle*.

"Most people do not fully see that life is difficult. Instead they moan more or less incessantly about the enormity of their problems, their burdens, and their difficulties as if life were generally easy, as if life should be easy." (*M.Scott Peck, 1978:15*)

Stress is ubiquitous and democratically available to everyone. In the equations are the types of stress, the strengths, duration or quality of the stress, the perceptions that the stressed person has of the stresses and the personal characteristics of the person who is stressed. Other factors are the social support system available to the person, accidents of fate and physical fitness. Environmental influences and upbringing also play an important part.

The way stress is perceived

"Men are disturbed not by things but by the views they take of them" *Epictetus, 1st Century AD*.

"One person's stressor can be another's challenge." *Swanson & Power, 1995*.

One of the cruxes of this area of human behaviour is the way in which each of us perceives the different stresses that we are subjected to. One man's stress is another man's stimulus to action like one man's meat is another man's poison. In the same vein the Japanese or Chinese word for 'stress' is also interpreted as 'opportunity'.

This concept is given the name **eustress** or good stress. This is when a person is functioning well and at an optimal level (*Selye, 1956*). The key distinction here is between stress and distress.

The personality of the GP at risk of burnout

"The most important factors (in burnout) are probably personality and characteristics of the job such as responsibility, variety of tasks, hours, support from others, and rewards." (*Mayou, 1987*)

COMMENTS BY BURNT OUT GPs

"We have been trained for a job that does not exist."

"Bullying is one of the key sources of stress by those higher up in the medical hierarchy."

"It starts early when medical students are not expected or allowed to express their emotions or ideas on education."

"You have to find the way in your own individual way."

"I'm hardly ever home. I hardly ever see my wife and kids, and I don't have anything to say to them when I do."

"Unless I die, I don't see how I am going to get off this treadmill."

"If only I knew then, what I know now."

"Doctors think they are immune to burnout – the toughies."

"Burnout can often be diagnosed in the practice tearoom or hospital cafeteria by former victims."

The following characteristics are thought to be predispose to burnout:

- Very productive GP who feels indispensable.
- High energy level and have high expectations of themselves.
- Poor delegators.
- Perfectionists.
- Overconscientious.
- Type A personalities (hurry sickness).
- Need to be in control and have difficulty in asking for help.
- Have fast consultation rates.

(Kelly, 1993)

Other personality factors that are thought to predispose to burnout are doctors with high standards, who have a need for mastery and control and have difficulty in saying 'no'.

Repression of feelings, the need to be loved, fear of failure, masking of vulnerabilities and denial of problems also contribute. (Rhoads, 1977 ; Steinert, 1995)

Up to 80% of doctors in general have been found to have compulsive personality traits and apart from perfectionistic and obsessive features, this trait consists of doubt, guilt and an exaggerated sense of responsibility. (Gabbard, 1985; Gabbard & Menninger, 1989)

Personality antecedents of burnout among middle-aged doctors were studied (McCranie & Brandsma, 1988) and burnout doctors were found to have personalities depicting low self-esteem, feelings of inadequacy, obsessive worry, passivity and social anxiety. There appeared to be no association in this study between burnout and place of practice, gender, age, or hours worked.

Type A personality pattern consists of three principal components: competitiveness, a sense of time urgency, and aggressiveness. Type A GPs are driven, impatient, and competitive in the pursuit of external demands. Type A GPs have more external signs of success but

SOME DISTURBING STATISTICS ABOUT DOCTORS

I should think we all know about these statistics but they bear repeating because as you know these things happen to other doctors and not to you and I.

Doctors have twice as many road accidents as the general population.

Doctors are three times more likely to have cirrhosis or to commit suicide than the general population.

Doctors are at least 30 times more likely to be addicted to drugs.

Doctors are 2.5 times more likely to be admitted to psychiatric hospital.

General practitioners also have a high incidence of unresolved marital conflict and emotional problems.

These statistics are probably underreported as many more remain anonymous and unknown except to intimate friends or family.

(References : Near et al, 1980 ; Allibone et al, 1981 ; Bates, 1982 ; Lask, 1987 ; Cooper et al, 1989 ; Brookes et al, 1991 ; Kelly, 1993)

are less personally satisfied with their work, marriages, and other life achievements. (Kobassa et al, 1983 ; Friedman & Rosenman, 1974 ; Friedman & Ulmer, 1985)

Le Syndrome du Bon Dieu

"The illusion of postponement of life hides a disturbing truth: that doctors actually prefer work to family life, that postponement is not so much delay as avoidance – avoidance of intimacy and marital involvement. Work becomes an effective defence against intimacy." (Gabbard & Menninger, 1989)

The Mr-God-Syndrome is an attitudinal complex which is almost inevitably forced upon doctors by the very nature of their profession. They are adored by patients and staff which isolates the doctor from the realities of the world and from his or her family and friends. At work the doctor is surrounded by

people boosting his ego and rarely ever questioning him except when he gets home! Most doctors cannot understand that they have to play different roles in different situations and with different relationships such as doctor-patient, father, husband, lover and friend. This role conflict leads to confusion and stress and often impels the doctor away from his family and to spending more and more time at work where he feels he is appreciated. This workaholicism and deteriorating home relationships is a factor in his or her burnout. (*Kriel, 1982*)

Studies on doctor's marriages have yielded contradictory results partly because of the methodologies used.

Interestingly some research finds that there is no sound evidence that physicians have lower marital quality than other groups (*Doherty & Burge, 1989*). Some studies suggest that despite the lower divorce rate, doctors are unhappier in their marriages than many others. This is thought to be because doctors tend to postpone their lives until some indefinite point in the future. This is due partly to the compulsive personality traits of many doctors which make them masters at postponing gratification. (*Gabbard & Menninger, 1989*)

EPITAPHS

"Married too young; worked too hard at being a doctor to have time for much else. Too self sufficient to express need. Always giving, never seeing the need to take. The need was always there, but you couldn't say it, couldn't admit to wanting anything or anyone." (*Schreiber, 1982*)

"You must live with yourself for the rest of your life. Unless you can do this successfully you cannot realise your goals of helping others do likewise" *Professor William Havener (1981) (quoted in Kriel, 1982)*

"Nothing can bring you peace but yourself." (*Ralph Waldo Emerson*)

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