

# Burnout: How doctors cope with stress – Part II

*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.*

### The show must go on

*“Inside my heart is breaking  
my makeup maybe flaking  
but my smile still stays on”*

from the song sung by Freddie Mercury of the group Queen.

Last month we discussed burnout and the various forms it takes. This month we have a look at how to prevent it or cope with it. It is very much a ‘you-pays-your-money-and-takes-your-choice’ option. Everyone appears to have their own opinion as to how to cope with stress and burnout depending on the guru you consult. And thereby hangs one of the answers which is ‘know thyself and what works for you’.

Many doctors can cope well with stress while others do not.

Maladaption to stress by doctors may take the form of:

- Working harder
- Retreating from family and friends.
- Using alcohol and drugs.
- Delaying seeking help.

Doctors delay seeking help because:

- Of the doctor’s role and position in society.
- Of fear of losing status and control.
- Of the feeling that “this can’t happen to me”.
- Of denial (MD stands for Malignant Denier).
- Of the stigma.

*(Steinert, 1995)*

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I would like to thank the following doctors who have commented on the manuscript.

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## Resilience to stress and burnout

"Some people do in fact have stronger characters and bear adversity better" (Cassel, 1982)

Resilience is the ability to mobilise inner forces and direct them to combat stress and suffering (Cassel, 1982).

This quality of resilience is hard to define. It has also been called 'hardiness'. Some executives who are subjected to high stress don't appear to be affected by it. They are thought to be more hardy than those who become ill when subjected to high stress. The hardiness of these resilient executives is said to be due to them having a strong commitment to self, an attitude of vigour toward the environment, a sense of meaningfulness, an internal locus of control, ie they felt in control of their lives and that their lives were not being controlled by others (Kobasa, 1979).

The hardy GP will approach his life with a clear sense of his or her values, goals and capabilities and a belief in their importance (commitment). He or she will have a strong tendency towards active involvement in the environment using his inner resources to make it his own. He will also have an unshakeable sense of meaningfulness and know the course of his life is dependent on the way he handles it – not on how it handles him (Kobasa, 1979).

Another interesting theory is that there is something called 'resource holding material'. It is postulated that people with high resource holding material have a high intra-specific fighting capacity and can cope with stress whereas those with low levels are geared to submission and low self-esteem. (*Self-Esteem. Editorial. The Lancet. 1988;11(8617):943-44*)

Two characteristics observed in doctors who are less likely to burn out than others are: the ability to postpone thinking about problems until the time for action on the matter arrives and the ability to

recognise when they were under strain and take some appropriate action (Rhoads, 1977).

Yet another theory about people who can withstand stress is based on 'personal competence' which centres on the perception of oneself as the locus of control for positive outcomes in life and the capacity to cope with stress (Bryant & Veroff, 1982).

In many of these studies having a religious faith has been shown to be of help in combating stress. As Sir William Osler (1904) says "nothing in life is more wonderful than faith – the one great moving force which we can neither weigh in the balance nor test in the crucible".

Another buffer against stress is said to be having 'greater self-complexity'. This means that the more aspects one has to one's life and one's self the easier it is to deal with stress. If one has a variety of compartments to one's life such as work, home, hobbies, friends, clubs, sports (called the wheel of life) then one will be able to buffer stress better than having for instance only work and home as the compartments one lives in. (Linville, 1987)

Individuals who, under stress, retain their personality integration and function have not been researched fully yet. This ability almost to thrive on adversity, receive gratification from their work and generate health

### THE FABLE OF THE DEVIL'S WEDGE

The devil announced that he was going to retire from business and proposed to sell all his tools. There were many including all those such as envy, malice and hatred. These went for reasonable prices.

Pride and greed went for a bit more.

The tool, though, that he priced above all others and for which he was asking the highest price was discouragement. The devil claimed he could force his way into a man's mind with discouragement when everything else he tried had failed.

has been called 'salutogenesis', as the opposite of pathogenesis (*Antonovsky, 1987*).

## TEN STRATEGIES FOR COPING WITH BURNOUT

There is no agreed approach to this.

Solutions are highly individual.

Solutions often don't remedy the problem, in some cases solutions make things worse.

Many of these strategies have not been properly assessed but 'make sense'.

These 10 are not arranged in any order of priority.

Strategies are divided into two main groups:

- Those that involve taking on **even more demands**, eg increased recreation or exercise.
- Those that involve **off-loading demands at work**.

Or:

There are two main types of coping:

- **Problem-focused coping** is when the GP tries to change the stressors, eg sets more realistic goals, negotiates time use, more flexibility of management etc.
- **Emotion-focused coping** is when the GP attempts to change his or her response to stress by coping strategies.

Certain stressors cannot be removed or resolved. There are therefore **no solutions** but there are ways of coping (escape from the environment, exercise, friends, meditation etc).

### 1. LEAVING THE JOB

This may involve moving from your practice or unit to another one, moving from general practice to specialise or

moving to Perth or Whykickamooocow in New Zealand. These decisions are made on many factors. Check that you will not be taking your burnout with you. Go on a long holiday first before making these big decisions.

Some GPs change disciplines into management, occupational health, outpatient work or academic medicine (*Saunders, 1984*).

### 2. Delegating responsibilities to others/alter your job description

This will require a look at what you are doing, what is essential or what you are skilled at doing, whether someone else can do it for you, the economic consequences of delegation and whether this can be negotiated in your present environment. It is often difficult to 'stand back' and evaluate this while you are working or have been working in the same job for a few years. Some GPs make their greatest life decisions when they are on holiday. There are certain management instruments that can be used to help you with assessing your work such as KPA (Key Performance Area) assessments etc. You can also alter your job description. You may have acquired part-time appointments, managerial duties, specialised interest areas, taken on clinics, which are now overextending you.

To the working GP this all sounds like utter rubbish because the catch 22 situation here is that the modern GP is often so worried about financial commitments that it deters him from reducing his work load or from taking time out from his or her practice. And this is where the great choices of life have to be made. Nevertheless much stress and dissatisfaction is self-inflicted because of unrealistic expectations and bad practice management. Appointments are consistently overbooked, paper work is a drudgery because no time is allowed for it and extra calls and interruptions are predictable and part of the normal working day (*Haus, 1986; Rankin et al, 1987*).

### 3. Going on refresher courses, taking study leave, diploma courses, conferences, etc

These may help in that it gives one another goal apart from work and permits those who are workaholics to have a break from their routine on the change-is-as-good-as-a-holiday basis.

### 4. Joining a team, group, club, etc

Joining a professional group such as a Balint group or a postgraduate group as above or joining a group outside medicine such as a charitable organisation, cultural group or church or bridge club helps take one 'into another world'.

Preemptive training against stress and burnout may be started during internship or residencies with 'the doctor and his feelings' courses (*Rabinowitz et al, 1989*).

### 5. Increasing recreational alternatives

Everyone thinks of sport as the first thing to do for recreation but gardening, singing in a choir and artistic pursuits are just as relaxing.

### 6. Exercise

This has become one of modern man's best and most healthy ways of relaxation and ways of stress reduction. Cycling, aerobics, gym, jogging and many team sports are popular. Some, for instance jogging, can become addictive in themselves (called 'positive' addiction). Exercise reduces adrenaline levels and releases endorphins. Remember "running away from your problems does not count as exercise". (*Kobassa et al, 1982*)

### 7. Meditation

There are many stress reduction techniques such as transcendental meditation, yoga, relaxation tapes and autohypnosis.

### 8. Consult psychologist/professional help

These helpers are useful as avenues for 'ventilation'. South Africa now has many well trained psychologists who can give confidential and private advice to stressed and burnout health professionals. GPs are best treated by a stranger or relative stranger rather than by a friend (*Bale, 1989*).

### 9. Reduction of alcohol and caffeine

This is the age old problem of the quick fix that causes a long fix. The General Medical Council (UK) has classified 37% of general practitioners as alcoholics or drug addicts (*Sutherland & Cooper, 1990*).

### 10. Medication

There is a place for short courses of drugs to restore sleeping patterns and reduce stress as well as antidepressant courses.

Remember "Physician, heal thyself does not mean self medicate" (*Bailey, 1985; Levenstein, 1986; Macdonald Wallace, 1988; Kelly, 1993*).

## MORE STRATEGIES TO HELP COMBAT STRESS AND BURNOUT

"These are the duties of a physician, first to heal his mind, and to give help to himself, before giving help to anyone else."  
*Epitaph to an Athenian Physician.*

It may help to examine your assumptions about your world-view:

- Ask yourself these questions:
  - Is my role to stamp out death and disease?
  - Am I indispensable to my patients?
  - My patients will bring out the best in me?
  - Medicine will give me security and satisfaction?
  - Where do you want to be in 5 years time? (*Steinert, 1995*).
- Become aware of and recognise your stress and how you deal with your stress. The first essential is to

acknowledge the problem.

- Identify your two major stressors
- Recognise and acknowledge your problem and seek help.
- Step back, reconsider and reprioritise.
- Changes attitudes and expectations.
- Make specific changes – focus on one change at a time (*Steinert, 1995*).

Healthy approaches to stress and requirements for personal growth can be addressed through: self-awareness, sharing of feelings and responsibilities, self-care, developing a personal philosophy and coping skills that involve limit setting (*Quill & Williamson, 1990*).

Stress/burnout can also be managed by **housekeeping** (*Neighbour, 1987*) which involves short and long term stress control methods and ways of recognising and dealing with stress both in the consultation and to meet the doctor's needs of esteem, recognition, self actualisation and safety netting.

Another strategy for dealing with stress and burnout is for the doctor to change some of his patterns of thinking (known as 'thought rules'), which is a very basic and difficult thing to do. One of the thought rules is **the rule of certainty** where each doctor is certain that there is only one reality and that his or her version is the true one. This personal version of how the world runs or should be run may never have been fully examined or come to terms with. In fact, the doctor may have invested so much of himself or herself in a point of view or a set of beliefs that he or she will find it very difficult to alter.

One way that has been put forward is to change or educate the doctor in an 'ecological paradigm'. This approach is unfamiliar to most of us in the Western world but proposes that one moves away from 'fixed qualities' or entrenched ideas and moves towards a more fluid, emancipated and interconnected life (*Auerswald, 1992*).

Victor Frankl (1971) refers, in this vein, to the last of the human freedoms – the freedom to choose. In this context it is man's fundamental inalienable right to choose the paths he takes. Many, though, are not aware or lack insight about these choices.

Industry and business schools have several formal strategies/questionnaires/protocols for the prevention of burnout, eg the eight paths to personal power (*Potter B A. Preventing Job Burnout. Transforming work pressures into productivity. Menlo park, California: Crisp Publications, Inc, 1987*).

### Support programmes available to doctors

Several countries have started support programmes for the doctor who is impaired or stressed. These involve outreach activities, counselling programmes and referral services. For instance, Canada has a confidential programme available 24 hours a day to physicians in distress. Others are Physicians Health Foundation (USA), Physician Health Welfare – "Doctors for Doctors" (Norway), Doctors' Support Schemes (UK).

### The importance of a social support system

"The intensity of ties to the family cannot be overemphasised" (*Cassel, 1982*).

"The moderator most cited as a buffer against the unhealthy consequences of stress is social support" (*Linville, 1987*).

"If you have one caring loving person in your life that is all you need. He or she will neutralise your stressors" (*Smilkstein, 1989*).

"Doctors must realise that their marriage is, paradoxically, the main source of coping with the stress of medical practice, as well as the first potential casualty of that stress" (*Gabbard & Menninger, 1989*).

The support of family and friends is critical in the help of the stressed physician. Low levels of social support are associated with a higher number of reported symptoms of psychological distress in family practice residents (*Mazie, 1985*) One of the most significant factors in resistance to stress is the strength of the support system the GP has and the quality (not the number) of the relationships he or she has with family and friends.

It is said that we all need a spiritual care-giver. One can seek this via the formal 'buddy therapy' that is well established between clinical psychologists or on a more informal basis (philosophical discussions with the barman at the golf club) (*May & Revicki, 1985; Smilkstein, 1989*).

## Signs that indicate you may be burning out

You are beginning to think that the staff/partners/administration are against you.

Your unit has a high staff turnover and you wonder if you can be bothered to teach yet another sister or receptionist the ropes again.

You are considering finding another job/emigrating.

You feel you are getting nowhere with your patients' care, the administration of the practice or the running of the hospital.

Some days you work mechanically, on automatic pilot, just going through the motions.

You are adopting evasive tactics and going more and more for the soft options.

You react more and more irritably to interruptions and get more distracted and disorientated by them than you used to.

You get more frightened than you used to.

Alcohol doesn't help as much as it used to.

Holidays don't have the same relaxing effect.

You start forgetting names of patients and others.

You have a background feeling that you are not handling things so well but you can't quite bring yourself to believe it. It's just an off day and it will go away.

You don't know anyone who you could go to anyway to discuss this.

You now get nervous of giving a normal anaesthetic or doing a normal delivery.

You expect the worst to happen.

You worry irrationally that the patient with acute asthma is going to die.

You recall the past disasters that you have witnessed.

Your wife says she wishes she could be one of your patients (or treated as one of your patients).

## What GPs say causes them stress

Demands of the job (especially call duties) and patient's expectations(62%).

Interruptions (10%).

Practice administration (8%).

Work/home interface (7%).

Dealing with death and dying (5%)

Medical responsibility for friends and relatives (4%) (*Kelly, 1993*).

The effects of stress on a GP's work include reduced productivity, increased errors, job dissatisfaction, disloyalty, increased complaints, lack of creativity, poor decision-making, poor time keeping, low morale and reluctance to change (*Boland, 1995*).

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