

# Physician Burnout

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## What is Physician Burnout?

“*Dukkha*” is a Pali Buddhist term usually translated as “suffering” but also as a state of dissatisfaction. In some recent doctors’ WhatsApp Chatgroups and doctors’ Facebook pages, many of us have expressed negative feelings or dissatisfaction about our work. This is a form of *dukkha*. We expressed concerns about our practice where we are exposed daily to many risks for burnout (hectic work days, demanding pace, time pressures, and emotional intensity). We point the blame at our practice, patients, government, electronic health records, recent seismic changes in the medicolegal climate, new or additional regulatory requirements, long hours and low pay.

However, we also need to take a step back and reflect on ourselves. We may come to realize that, perhaps, the problem is often inward as much as it is outward (individual vs systemic factors). Although a large part of the issues are external, we need to focus on what is happening to us - on the inside. After all, there is nothing much an individual can do about external factors.

## The Roots of Dissatisfaction

The roots of this dissatisfaction lies in burnout. Hey! The problem is right under our noses. So up-close-personal that we, the sufferers, cannot see it. All these negative sentiments are but the result of long-term stress reactions of burnout.

Over 3 decades of published studies have come to affirm that there are **3 hallmarks of burnout**, as first described by Christina Maslach in the 1970s. These are a) emotional/physical exhaustion, b) cynicism and c) a lack of a sense of personal accomplishment or efficacy.

For the “burnt out” physician, there is no joy in the work day. In fact, it is not really just a work day. It is more like working every morning, afternoon, evening and night, seven days a week, including public holidays and weekends. Indeed, many of us General Practitioners insist and persist in keeping to this work schedule, to our own folly and detriment. Thus, we single-handedly destroy our own work-life balance. Not to mention what it does to our marriages, families, and personal life. Oh wait, we even ignore the incremental toll which night and weekend clinics takes on our health. Just look at our ever expanding abdominal girth, compared to those who do not run night clinics, but instead run regularly at the gym instead!

The once-exciting career is now a tiring job, no longer motivating, filled with drudgery and without any fulfilment or satisfaction. Almost a state of “*ennui*”. The most, no, the only important thing in life is happiness. Yet, happiness eludes even the richest, most qualified and oldest amongst us. It is transient, mercurial and seems to slip through our grasp like the sands of time.

## What are the signs of physician burnout (red flags)?

Firstly, we need to know the warning Signs & Symptoms of Physician Burnout:

- Exhaustion. For many physicians, the most obvious and persistent symptom of burnout is exhaustion.
- Emotional Detachment. Do you ever find yourself making sarcastic comments about your patients, or feeling cynical about your work?
  - Feeling Useless or Meaningless.
  - Work Is Taking Over Your Life.
  - Making Mistakes.

<https://www.physicianspractice.com/blog/five-signs-physician-burnout>

## How big is this problem? Has it assumed the proportion of a public health crisis?

According to a 2018 systematic review, different studies reported different prevalence of overall burnout or burnout sub-components: 67.0% on overall burnout, 72.0% on emotional exhaustion, 68.1% on depersonalization, and 63.2% on low personal accomplishment.

In other words, at least two thirds of the medical workforce are exhausted, feel depersonalized or that their work has no meaning anymore.

Rotensein et al. Prevalence of burnout among physicians. A systematic review. **JAMA September 18, 2018 Volume 320, Number 11** <https://jamanetwork.com/journals/jama/fullarticle/2702871>

This is a worrying trend. Physician burnout has become so pervasive that a new paper published in January 17, 2019 by the Harvard T.H. Chan School of Public Health, the Harvard Global Health Institute, the Massachusetts Medical Society and the Massachusetts Health and Hospital Association (MHA) has deemed the condition “a public health crisis”.

<https://www.hsph.harvard.edu/news/press-releases/leading-health-care-organizations-declare-physician-burnout-as-public-health-crisis/>



## When did WHO accepted it into the ICD 11?

On 28 May 2019, burn-out is included in the 11th Revision of the International Classification of Diseases (ICD-11) by the World Health Organization as an occupational phenomenon. It is not classified as a medical condition.

It is described in the chapter: ‘Factors influencing health status or contact with health services’ – which includes reasons for which people contact health services but that are not classed as illnesses or health conditions.

Burn-out is defined in ICD-11 as follows:

“Burn-out is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions:

- feelings of energy depletion or exhaustion;
- increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job; and
- reduced professional efficacy.

[https://www.who.int/mental\\_health/evidence/burn-out/en/](https://www.who.int/mental_health/evidence/burn-out/en/)

## Why is it important? To the physician? To the patient? To government?

Burnout not only causes physicians suffering, it also can adversely impact patients. It may increase the risk for medical errors. In recent years, the rising prevalence of burnout among clinicians has led to questions on how it affects access to care, patient safety, and care quality. Burned-out doctors are more likely to leave practice, which reduces patients’ access to and continuity of care. Burnout can also threaten patient safety and care quality when depersonalization leads to poor interactions with patients and when burned-out physicians suffer from impaired attention, memory, and executive function.

[https://www.mayoclinicproceedings.org/article/S0025-6196\(17\)30547-5/pdf](https://www.mayoclinicproceedings.org/article/S0025-6196(17)30547-5/pdf)

## How do we prevent PBO? What are the protective factors/ how do I protect myself from PBO?

The prevention depends on the causes or factors at play. If it is systemic, policy-makers and administrators need to be convinced of the need to help make systems and institutions more protective of physicians from burnout.

For the individuals, there are interventions which have been shown to work in preventing or minimizing the effects of burnout such as:

- Mindfulness exercises outside clinic hours and mindful breathing-relaxation exercises (MBRE) during clinic hours is an evidence-based proven intervention.
- Work-life-family life balance
- Hobbies outside of work.
- Reading non-medical books either on an electronic device (Kindle e-book is preferable) or a paper book is always a relaxing as well as edifying, mind-expanding

activity. No need for extreme sports such as bungee jumping or expensive skiing holidays to take one outside of oneself. A good book, an hour to be alone and a cup of hot tea will do.

- Social interaction with friends and family outside of work
- A meaningful activity which is non-medical related such as volunteering or church activities.
- As well as many other tools and suggestions, which is beyond the scope of this essay.

## In the Singapore context, what resources are available to the Burnt-out physician? Any resources available in or through the various government or professional bodies?

Support groups are very helpful and it can come from:

- Peer-group support such as WhatsApp chat groups related to practice issues or face-to-face Balint group meetings
- “Outsider” counselling from a non-colleague or friend.
- Religious groups, such as Church or pastor support.

This author is not aware of any formalised support from professional and governmental bodies, probably due to the stigma which burnout carries for doctors. It is unlikely we will want to step forward, seek help from and be identified as a weak sufferer to those with whom we interact professionally.

## Conclusion

We can start by making physician wellness a top priority at health care organizations, especially if we are our own bosses (self-employed). We can do more by knowing the signs of burnout and doing something to help ourselves. Government, policy-makers, hospital and medical group managers, and employers of physicians have a role in creating organisational situations which prevent burnout among physicians. They should be held responsible and accountable for protecting the people who protect the patients. In the end, all we all seek what our patients seek: Happiness, peace and contentment. Is that too much to ask for? For happy doctor can only lead to better patient care. Let society restore purpose, meaning and joy to our profession.

*For readers who have any questions/ comments/ suggestions/ feedback, please contact the author at [lawrenceclng@yahoo.com.sg](mailto:lawrenceclng@yahoo.com.sg)*

## REFERENCES

<https://www.ahrq.gov/professionals/clinicians-providers/ahrq-works/burnout/index.html>