

Physician heal thyself: Simple coping strategies for pervasive physician burnout

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Roger P. Smith, M.D., an obstetrician and gynecologist who is the assistant dean for graduate medical education and a professor in the Department of Integrated Medical Science in FAU's College of Medicine, notes that physicians in general have burnout rates that are twice the rate of working adults Credit: Florida Atlantic University



The proverb, "physician heal thyself," is probably more relevant today than it was in biblical times with the fast pace of life, the impact of multitasking and the unending bombardment of information, which have made emotional exhaustion almost certain. And this is especially true for obstetricians and gynecologists who experience professional burnout rates between 40 to 75 percent.

While these numbers may provide a very dismal view of this vital medical specialty, a professor in the Charles E. Schmidt College of Medicine at Florida Atlantic University provides reassuring advice that several simple strategies can blunt, if not eliminate, the risk of professional burnout. Although his advice is targeted to physicians, who have a natural tendency to place the needs of their patients above their own, anyone in any profession can benefit from his insight, which is published in the journal Obstetrics and Gynecology Clinics of North America.

"Burnout is physical or mental collapse that is caused by overwork or stress and all physicians are at risk," said Roger P. Smith, M.D., an obstetrician and gynecologist who is the assistant dean for graduate medical education and a professor in the Department of Integrated Medical Science in FAU's College of Medicine. "Professional burnout is not new, but what is new is the wider recognition of the alarming rates of burnout. Physicians in general have burnout rates that are twice the rate of working adults."

Unlike stress, burnout is characterized by exhaustion, lack of enthusiasm and motivation, and feelings of ineffectiveness, with the added dimensions of frustration or cynicism, resulting in disengagement, demotivation, and reduced workplace efficacy. Burnout is more gradual, progressive, and insidious than stress, making it more likely to go undetected until further along its continuum. It also is associated with an increased risk for physical illness.



Among the medical specialties that experience burnout rates of 40 percent or more are anesthesia, dermatology, emergency medicine, family medicine, internal medicine, obstetrics/gynecology, radiology and surgery. Burnout is associated with poor job satisfaction, questioning career choices, and dropping out of practice, which impact <u>physician</u> workforce and shortage concerns and patient access.

In the article, "Burnout in Obstetricians and Gynecologists," Smith points out that physician burnout is not just an issue in the United States, it is a global issue. Those at highest risk are younger clinicians doing their medical residencies who have burnout rates closer to 75 percent.

Furthermore, unlike earlier studies, a study in 2016 found that women were at greater risk of professional burnout than their male counterparts. Smith cautions that this is of concern because almost 50 percent of practicing obstetricians and gynecologists are women.

"It isn't exactly clear what is driving the gender difference. Other studies suggest that women may experience more family pressure, work-life imbalance or sleep disorders," said Smith. "Sleep disorders are prevalent among physicians, especially among women, in whom rates are between 35 and 40 percent."

So what to do? Well, for starters, when it comes to fatigue, Smith says the solution is easy: sleep. Physicians tend to sleep fewer hours that those in the general population and what is achieved is often not the type that is restful and restorative. Just reducing the number of hours worked is not sufficient as several studies have previously shown. Rest must result in relaxation and renewal.

"In reality, there are several simple approaches that can be used to reduce stress," said Smith. "Alter it through direct communication, problem solving and time management; avoid it by delegating, know



your limits, or simply walk away; and finally, build resistance by changing your perceptions."

Among the helpful tips Smith provides to reduce or eliminate burnout include taking short breaks to rest, singing, or take stock. Vacations, laughing, skilled counseling, exercising as well as hobbies and activities that are enjoyable, all can help to promote resiliency.

"Early diagnosis and intervention are key. Awareness of the symptoms, and some simple stress and fatigue reduction techniques, can reduce the risk of being trapped in the downward spiral of burnout," said Smith. "Whatever route is taken, no physician should feel immune, no physician should feel ashamed or alone, and no physician should feel that reversal isn't possible to escape the personal and professional collapse that is burnout."

Provided by Florida Atlantic University

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