

Looking for solutions to physician burnout in other professions

2 May 2019, by Mandy Erickson



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In light of the fact that many doctors report experiencing burnout, Stanford researchers interviewed people in other professions to see how they and their organizations foster professional wellness on the job.

Physician burnout in the United States may have passed its high-water mark. According to a survey conducted by Tait Shanafelt, MD, director of Stanford's WellMD Center, doctors were doing a little better in 2017 than in 2014. Even so, they're worse off than people in other professions. In 2017, about 44 percent of doctors surveyed indicated they experienced at least one symptom of burnout, while only about a quarter of other professionals said the same.

Postdoctoral scholar Rachel Schwartz, Ph.D., and her colleagues at the School of Medicine decided to look for some solutions outside the health care field. They interviewed 30 people in non-medical jobs that require interpersonal connection—salespeople, firefighters, lawyers, educators, musicians, [social workers](#), yoga instructors and others—to learn how different

professions address professional [wellness](#). An article about their research was published online April 29 in the *Journal of General Internal Medicine*.

Science writer Mandy Erickson asked Schwartz about the tactics practiced in other professions, and what the medical field could learn from them.

1. Do certain professions have good strategies for preventing burnout? How do they do it?

Schwartz: No professions stand out, but we found a set of universal underpinnings to wellness that transcend professions. In many ways, our findings follow Maslow's hierarchy of needs: Professionals must have time during the workday to fulfill basic self-care needs. They also need [social support](#) and opportunities for meaningful engagement.

On the practical side, we found a number of ways that organizations can support professional wellness. Many of the people interviewed said they were grateful when their organization allowed for the scheduling flexibility necessary to attend to self-care. For some, this took the form of longer workdays in exchange for three-day weekends that supported rest and creativity; for others, such as a trial lawyer, this meant having the space to attend to their own needs following stressful events. Across professions, we heard it made a big difference to have time built into the workday for peer support. For example, a teacher explained she needed to chat with other teachers about what happened in the classroom in order to not bring her work stresses home, while a [police officer](#) and firefighter shared how important it was for them to process the day's events with colleagues in order to maintain their own psychological wellness.

2. How do people manage workplace stress on an individual level?

Schwartz: The people we interviewed used

emotional distancing practices to avoid absorbing their clients' distress. A fire captain employs a mantra: "It's not my emergency." Interviewees also said setting boundaries was essential to both their professional success and their own emotional wellness: They refer clients to other resources when the clients' problems exceed the scope of their job. Interestingly, it wasn't just people in what we think of as more emotionally stressful environments—law enforcement, firefighting and trial law—who employed these tactics. They were common in all the professions.

3. What are some of the tactics people employ to find meaning in a stressful work environment?

Schwartz: Creativity and connection appear to be key to staying mentally healthy. For example, a police officer issued a teenager an essay assignment instead of a citation when she was found with marijuana at school. The essay he asked her to write—about how she thought her actions would influence her future and those around her—ended up being meaningful to him as well as to the girl and her family.

In another example, a hospice volunteer was asked to read Psalms to a patient, but he didn't know any because he isn't Christian—he's Hindu—so he looked them up online. He was surprised to learn how much her religion echoed the same core tenets as his own. And a documentary filmmaker described how he likes being open to "being changed by somebody," rather than simply seeking practical information.

When professionals approached challenges as opportunities to foster connection, they experienced more meaningful, rewarding engagements.

4. What organizational changes are needed to improve wellness?

Schwartz: We found that leaders' modeling of self-care was crucial to creating a culture in which employees felt empowered to protect their own wellness. Leaders who modeled vulnerability—who acknowledged their own need for psychological help and who encouraged community

participation—normalized the need for psychological processing. These leaders endorsed self-care as central to fulfilling professional duties effectively.

Other leaders emphasized connection between leaders and individual employees and through community-building exercises. As a school principal explained, "The leader is the emotional nexus of the organization, and the tone they set is pervasive. There are some tasks, some paper things that are important. But it's checking in on a human that's the key."

5. What can the medical field learn from other professions?

Schwartz: I was surprised to find that many other fields have well-developed protocols in place for protecting the emotional well-being of their staff. Practicing medicine is inherently emotionally challenging, but medical professionals are not typically provided with emotional training or the community support infrastructure necessary to protect their own wellness. We could stand to borrow a model from the fire captain we interviewed: His organization holds critical-incident debriefings in which psychiatrists and firefighters facilitate healing conversations. The meetings are routine after traumatic events, but they also occur monthly.

It helps to have leaders who acknowledge that workers will struggle with vicarious trauma and who provide a forum for emotional processing. In medicine we have models for [peer support](#), such as Balint groups and Schwartz rounds, in which trained facilitators lead monthly meetings, but these are not yet institutionally endorsed as central to maintaining professional wellness. Peer support appears to be essential to wellness regardless of the emotional nature of the work, but for those practicing medicine, it should be universally provided. We need support infrastructure in place to protect the well-being of those who care for others.

More information: Rachel Schwartz et al. Transdisciplinary Strategies for Physician Wellness: Qualitative Insights from Diverse Fields, *Journal of General Internal Medicine* (2019). [DOI:](#)

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