Exemplary Physicians’ Strategies for Avoiding Burnout

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Burnout has damaging effects on physicians. This research reveals how outstanding doctors avoid burnout. Winners of the American Medical Association Foundation’s Pride in the Professions Award were interviewed to learn how they manage burnout. Information was collected through telephone interviews. The data were categorized through content analysis. The results showed that techniques for avoiding burnout varied and included setting limits, sharing issues with family and friends, physical exercise, cultivating relaxation, and humor. These doctors have become skilled at recognizing the signs of burnout and countering its effects while maintaining the highest standard of care and demonstrating leadership in their vocation. Key words: physician burnout, burnout, managing burnout, avoiding exhaustion

“Physicians must be guided from the earliest years of training to cultivate methods of personal renewal, emotional self-awareness, connection with social support systems, and a sense of mastery and meaning in their work. It is not incidental to medicine, but it is at the core of the deepest values of the profession to first, do no harm. Doing no harm begins with one’s self.”1(p11450)

Physician well-being plays an important role in patients’ experiences by enhancing the doctor’s ability to sustain empathy and compassion.2 Inherent in medical practice are a number of stressors hindering personal health. Being able to manage those stressors by setting limits and being self-regulating, spending time with family and friends, creating self-care outlets of physical activity, cultivating leisure and relaxation rituals, and maintaining a healthy philosophical outlook through humor can assist practitioners in avoiding burnout.

“What is the nature of the problem?”

“Burnout,” initially indicated as a mild degree of stress-induced unhappiness, now applies to varying states of distress from fatigue to clinical depression.3 Dysfunctional stress is experienced when a mismatch exists between “coping skills and the environmental demands that the individual believes the skills must confront.”4(p32) It is the result of chronic “stress which is not that successfully dealt with.”5(p512)

There is a direct link to substance abuse, job turnover, marital problems, and low morale.6 Although burnout differs from clinical depression, it can grow over time, creating a downward spiral.7

Deterioration of physician well-being from excessive stress is a widespread problem. Physicians are often mired in a web of pressures. “Recognition of one’s peers for being a hard worker and placing service to others before self-care”8(p1447) impairs physicians’ well-being, negatively affecting the quality of care. Burnout leads to loss of empathy: If people simply don’t care, they won’t get exhausted.9 There are devastating consequences if a physician “checks out.” The development of depersonalization in burnt-out practitioners can result in blaming the patients for their conditions.9 Conversely, patients can sense burnout in their practitioners.9 If empathetic doctors are better doctors, then
improving doctors’ well-being will have positive results for patients.\textsuperscript{10}

**WHY IS THIS WIDESPREAD PROBLEM OCCURRING?**

Doctors currently face pressures exacerbated by steadily declining reimbursements and the devaluation of the doctor-patient relationship.\textsuperscript{11} Clinicians often feel that the prevailing system reduces them to “providers” servicing “consumers.”\textsuperscript{12} These environments create substantial stressors for physicians.\textsuperscript{13}

Burnout is characterized by decreased mental energy\textsuperscript{13} associated with absenteeism, high turnover, and reduced job satisfaction.\textsuperscript{14} Three elements constitute burnout: (1) emotional exhaustion, (2) depersonalization, and (3) low personal accomplishment.\textsuperscript{14} Chopra et al\textsuperscript{15} found that “[B]urnout may be common among practicing physicians with [up to] 80% reporting moderate to high levels of emotional exhaustion, [up to] 93% reporting moderate to high levels of depersonalization and [up to] 79% reporting low to moderate levels of personal achievement.”\textsuperscript{15(p633)}

How do physicians adhere to fundamental principles of the profession when a variety of external pressures make it increasingly difficult?\textsuperscript{16} This widespread problem of burnout threatens the health care enterprise’s sustainability. Many doctors feel besieged and forced to devote attention to the business of medicine.\textsuperscript{17} An estimated 30% to 50% of physicians speculate they would not attend medical school if they were to begin their careers again, some even encouraging their offspring to follow other paths.\textsuperscript{3}

**HOW DO PHYSICIANS COPE?**

There are documented strategies to prevent burnout: exploring personal values and choices, setting limits, spending time with family and friends, maintaining self-care through nutrition and exercise, adopting a healthy philosophical outlook, and having a supportive partner.\textsuperscript{1} Having a good mentor early on and solid administrative support later in the career cycle is also essential. Yet true, deep renewal involves devoting time to vacations and travel, family-life, and hobbies, yet researchers have documented that physicians are not very adept at looking after themselves and enlisting help.\textsuperscript{18}

Practitioners must self-monitor feelings and behaviors, taking notice of a loss of humor or becoming more irritable.\textsuperscript{19} Although “physicians are socialized against self-reflection,” they need to identify negative emotions and become skilled at managing them.\textsuperscript{20(p607)} There must be a reduction of the stigma attached to doctors admitting stress-related mental health challenges. Without adequate coping methods, practitioners will experience increased feelings of apathy and helplessness.

Why do so many doctors become disillusioned, resulting in appearing perfunctory and impersonal with patients?\textsuperscript{21} To stay vital, physicians need peer-based discussion forums to analyze what’s right with medicine, not only what’s wrong with it. Self-care is not usually part of physicians’ professional training; rather, it is a skill acquired by some with experience.\textsuperscript{8} A study asked young Albert Schweitzer Medical Fellows to share what sustains them: Many said that they cope by reframing obstacles that arise, such as internal politics or a lack of resources.\textsuperscript{22} Rather than withdraw, they learned as professionals in training to adjust their expectations.

This study identifies the burnout management strategies of extremely successful and accomplished physicians. These doctors are acclaimed not only as clinicians but also as humanitarians.

**METHODOLOGY**

In spring 2007, a national newspaper announced the annual winners of the American Medical Association Foundation’s Pride in the Professions Award. The winners reflected integrity, commitment to service, community involvement, altruism, and leadership in the medical profession.

The call for award nominations extends beyond American Medical Association members. Refreshed annually, the composition of the selection committee focuses on diversity. Yearly, the number of responses varies—often hundreds of names can be forwarded from all
Excellence in Medicine Awards categories—3 to 4 doctors are singled out to receive the Pride in the Professions Award. The honorees are evaluated on merits and accomplishments extending beyond their scientific and medical expertise; the committee is open to lauding doctors showing ingenuity or unorthodox creativity.

Using the American Medical Association Foundation awards selection process to identify the “exemplary physician” group allowed research to proceed with a sample of those who display qualities of excellence in practice. The award archives dating back to 2002 were used. Each winner listed through the spring 2008 was contacted by fax or e-mail. More than half of the recipients agreed to be part of this project (totaling 14), with varying backgrounds, demographics, and specializations (Table 1). This is a favorable return rate, considering the demands for attention that these renowned doctors experience. Also, the physicians represent a sampling of all of the major regions of the United States.

Taped telephone interviews (roughly 2 hours in length) were conducted. The biographical profiles and publications of each participant were reviewed prior to each phone appointment. Those interviews and background profiles are the basis of a full-length book. This researcher worked from interview guidelines to ensure each participant was asked the same questions, based on 3 areas of in-depth inquiry (Table 2). Each honoree proofread and approved the verbatim transcripts of their interviews. For reliability in categorizing the responses, a research assistant, prepared at the master’s level in social sciences and education, was engaged to verify how each response was coded. Bentley University Institutional Review Board approved the research design.

The results feature the honorees’ insights for surviving burnout not highlighted in the book project. The research was undertaken to determine how the honorees appeared to be able to muster the internal resources to invest in the humanitarian undertakings that led to their nominations for the Pride in the Professions Award.

RESULTS

It was a pleasure to listen to these 14 leaders’ voices. Through various means, the doctors have created healthy habits. As actively involved as these physicians are in their daily work, somehow they are able to remain focused on what is important in their lives. Many of the physicians ascribe to multiple means of resisting burnout. For example, one doctor may feel it is important to exercise as well as spend time with family. Because the categories formulated may be a bit restrictive, it should be noted that the doctors’ everyday strategy to withstand burnout showed some overlap across practices.

Setting limits through self-regulation

Through techniques that take greater discipline and experience, the doctors spoke to the
value of self-awareness and setting limits. Self-mediation is an important step in healing or preventing burnout:

- “...I am aware of cues in my body, so when I get tense shoulders, when I gain 5 pounds, when I see myself stopping at the gas station to buy chocolate... I know it is time to heal myself!”
- “I do my best to notice [burnout], but not get stuck in it. It’s certainly not something for you to beat yourself up about, but learn from it and move forward. There are times that I find that I do get sad, but what I’ll do is go down to the center and attend a group for people with cancer... and getting so focused on being there and giving my love, that all of a sudden I lose myself and I’m in another consciousness...”
- “...Early in my life I was afraid to ask for help. Today I’m quite willing to ask for help.”
- “I have learned over the years... that you can’t do everything for everyone... You have to tell yourself every once in a while that I’ve done what I can do, and now I have to either recoup my losses or turn my attention to someone else that I have a better chance of being successful with.”
- “...When I see the first signs coming up, I start to really pay attention and do whatever I can to lighten my workload and take time to rejuvenate and all the self-care things...”
- “I’m one of these people who never get discouraged... I really don’t suffer much with those kinds of feelings. And the reason is that there are so many people who are dependent on my optimism. If I were to be pessimistic, it would really affect a lot of people...”
- “...I don’t get angry about it. I don’t get angry with anyone. I mean, they’ve got their job, and I’ve got mine; and I’m going to do mine, and I expect they’re going to do theirs; I try to help them help me do mine. But I don’t get angry. It’s the wrong power to use.”
- “...When I’m away, I’m away. I can absolutely not think about the next thing that I have to do for the center... so it doesn’t interfere with other stuff.”
- “I just try to get up every morning and do the very, very best I can. What I want them to put on my tombstone is ‘He did the best he could under the circumstances.’ I have realistic goals.”

**Spending time with family and friends**

An often obvious, but many times overlooked, outlet for some physicians’ successes in battling burnout is the support of family and friends. Positive interactions shared between loved ones are essential to these honorees’ lives:

- “The chaos in many of my patients’ lives puts all the chaos in my life into perspective. No matter how bad it gets for me, I come home and my wife is saying, ‘Oh, the kids this, the kids that,’ and I just say, ‘Let me now tell you real troubles.’ It does allow you to laugh in the face of adversity.”
- “I have a supportive family; I have 3 beautiful kids. My wife is supportive... basically I go home, I enjoy my kids, and I spend time with them. That’s my elixir. My kids charge me up.”
- “[My wife] has allowed me to do what I needed to do. When I had to go off to [a national meeting], unlike some of my colleagues who were made to feel guilty and beholden, that really was not the case with [her].”
- “Yeah, well, the 5-year-old here does that. And my wife is a great supporter of this stuff, because I have to travel a fair bit and do a lot of speaking, both internationally and nationally, she really gets it and is wonderful about it... And you know, when you have kids, it forces you to be normal.”
- “I have these marvelous friends, a doctor who comes once a year to give me a week off the first week of July. A retired doctor comes with his wife twice a year, to give me a week in the spring and a week in the fall... then I can spend 1 week with a wonderful family in the Berkshires... Being with them is so renewing.”
• “...You’ve got to maintain some camaraderie with your friends... otherwise, you’re going to burn out.”

Maintaining self-care through exercise

Some of the doctors spoke to the rejuvenating effect of physical activity and the importance of the mind-body connection to assist in avoiding burnout:

• “Every morning, I go to the gym. I could probably use that extra hour of sleep a whole lot, but I really believe in staying fit...”
• “When I’m not at work, I play... I have a beautiful place with a garden, and I have animals and a husband... we do a lot of physically active stuff, hiking, bike touring...”
• “So tonight, my wife and I are going to a dance lesson, and I’m not going to be thinking about the health center; I’m going to be thinking, where do I put my right foot? It doesn’t interfere with other stuff. So I sleep great...”
• “…We take a summer vacation, a real vacation, that had nothing to do with meetings, every year...we shipped our bikes over to France, and we bicycled through France for 5 weeks.”
• “Well I’m sort of an exercise fanatic. I always run or do something an hour a day.”
• “I’ve done a lot of different physical things that has been important to me; I’ve run a lot of marathons, I have my third-degree black belt in tae kwon do... walking has been an interesting experience, because it’s almost Zen-like when you’re by yourself in the early morning. That to me is an incredible experience.”

Maintaining self-care through relaxation

As a contrast to physical outlets, 6 doctors spoke to the value of leisure activity and calming hobbies as a place to find respite from burnout:

• “…I’m very renewed by classical music, so we go up to Tanglewood.”
• “Personal reflection time, and that can be in the forms of...meditation, knitting, music...”
• “On my down days, I just immerse myself in music... if I got upset or angry, I played piano. That was my substitute for seeing a psychiatrist; I played music.”
• “…I love to go on trips and things. I always have these serial obsession hobby projects going on... I just decide that I’m really interested in learning how to do something, and I do it, and I’m on to the next thing. So I never perfect anything, but it’s fun... that stuff always keeps me excited...”
• “I play music... I do other stuff outside of medicine. My house is right off the water... I go fishing.”
• “A good night’s sleep... I can package these concerns and not let them interfere with what is appropriate...”

A healthy philosophical outlook through humor

Healing through laughter is a technique that 8 honorees utilize. Exchanging jokes and humorous stories creates positive environments for many doctors and their colleagues:

• “…At clinics, I have held sessions where we put everybody’s burnout in a room, we start giggling, and then we start healing...”
• “Clean, good humor. Clever. I do like humor. I think it’s very important in our relationships and being able to deal with all the things we have to deal with.”
• “Everyone who knows me expects that when I see them I will have a new joke. And so, characteristically I get 20 to 30 jokes via e-mail a day.”
• “I sometimes will call up my clinic coordinator on the rapid dial on the phone and tell her something absolutely asinine...”
• “If I didn’t have good humor, my wife would divorce me. She lives to laugh. And one of my medical assistants, she has an assigned job that she’s evaluated on. If she sees me go for more than a few minutes without smiling, she has to come up and tell me, you’re not smiling.”
• “You gotta laugh so you don’t cry. You have to do this because there are some days when you’re so angry and so frustrated,”
you'll send up your blood pressure... So I pass that stuff around at meetings; you grab some humor where you can find it.”

- “My kids and my husband help me with that. He’s always making everything laughable and joking with me…”
- “…To maintain optimism, you have to have a pretty well-developed sense of humor. And so among my contemporaries and peers in the field, the ones that have lasted and really pushed the ball forward are also the ones with a pretty good sense of humor.”

**DISCUSSION**

“Although medical practice has always been difficult and the risk for burnout close at hand, most practitioners have found that the joys and satisfactions of their work have prevailed over the challenges, enabling them to sustain a commitment to service.”

Perhaps the most essential skill required by physicians is finding personal balance. As Halpern noted, one aspect of this involves the ability to identify negative emotions in the first place—a skill these doctors have cultivated. The honorees also use the time-honored methods: setting limits, quality time with family and friends, exercising, relaxation, and maintaining a sense of humor. These ideas are not novel, but it is important to note that people with such crowded days and critical work use them. Too often, it may seem that conventional methods for dealing with stress are available only to those whose lives are not stressful—these doctors’ lifestyles defied the idea that only the idle rich get to seek respite.

In addition to the fact that most of the physicians have mastered the art of reducing stress using previously documented strategies, there seems to be a common pattern of perception in how the doctors regard the different elements of their lives. Many describe all the aspects of their world—work, home, volunteering—as fueling each other, and they cannot imagine one fully functioning alone. This perception may be critical in that their busy lives, which could be thought of as over-committed, are instead experienced as an organic whole, in which one set of experiences revitalizes another. Instead of feeling drained by their aggregate experiences, the honorees understand them as a continually recharging circuit. A number of the physicians assert that they have found a way to be entirely focused on whatever experience is at hand, without letting concerns from one area of their lives enter into another. This practice appears to help them maintain their basic empathy with their patients and colleagues. They convey the sense that it is something they are both proud of for cultivating and grateful for finding within themselves.

The doctors keep loved ones and personal commitments in the forefront of their minds. Most of the physicians describe setting aside chunks of time to share with friends and relatives, sharing many positive aspects about the people closest to them and the beneficial effects of being together. One doctor even refers to his children as “my elixir.”

Most honorees describe self-care through exercise and relaxation techniques. Most value physical activity during their recreational time through running, biking, camping, and travel. Several mention nature as restorative as well, whereas others focus on some sort of meditative or relaxing activity through art or music, also supplying diversion, engagement, and restoration.

Balance is impossible without humor and laughter, according to many of these physicians’ beliefs. One mentions keeping a joke book nearby; another mentions going back to the work of classic comedians; another shares humor he finds on the Internet with friends and colleagues; and one talks about cultivating an active sense of the absurd. Within the interviews, most of the doctors humorously expressed themselves with circumspection; they were also passionate about their ideas and experiences, feeding affirmation that they feel in their day-to-day functioning by viewing the larger picture as moving in a positive direction. Consistent with the findings of Fischman et al., these doctors are adept at “reframing” disappointments as opportunities to try...
a different strategy. As a way to keep that positive perspective, they laugh rather than despair over humanity's contradictions.

It is important to note limitations specific to this study. Although the present sample is small, eventually this research should be expanded as the total number of winners of the Pride in the Professions Award grows—the pool increases at a rate of only about 3 winners per year. Also, the sample was a very accomplished and distinguished group of physicians who have been practicing for many decades; there was no opportunity to interview younger, less experienced clinicians, as they are not represented in the award sample. This is worth noting because the findings suggest that adequate self-care, so essential to the success of these doctors, is a skill acquired later on in the career cycle by experienced physicians.

And, as is common in the nature of the social science research, it is difficult to parcel out the career cycle by experienced physicians. Even the popular media written for the lay reader has begun to sound the alarm with a recent article noting that because of widespread burnout in the medical profession, a growing number of young doctors are now rating their own mental health as “fair to poor.” Aspiring doctors and senior practitioners alike would do well to observe how these exemplary clinicians manage their personal and professional lives.

As frenetic and engaging as these physicians' careers are, most have discovered ways to relate to those demands without making them the total sum of their lives. The doctors identify caring for others as their primary objective, yet they realize the need to include self-compassion. The interviews reveal that they have given much thought to the need for treating themselves well, too, so as to be available to others: Healthy holism prevails in their lives. Physicians who struggle with multiple stressors could benefit from learning from outstanding peers who are able to “do it all” willingly without ever extinguishing their internal fire.

We are living in an era when an increasing number of medical educators are insisting that older physicians need to reach out to the next generation to urge better self-care. Even the popular media written for the lay reader has begun to sound the alarm with a recent article noting that because of widespread burnout in the medical profession, a growing number of young doctors are now rating their own mental health as “fair to poor.” Aspiring doctors and senior practitioners alike would do well to observe how these exemplary clinicians manage their personal and professional lives.

REFERENCES

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