

IT'S NOT THE SAME.

Five factors that make physician burnout unique.

Physician burn out has elements that distinguish it from other executive burnout conditions. And that's important to understanding the problem- both personally and systemically. Most studies put the incidence of burn out at over 50% of practicing physicians. Below are five deeper factors that make it unique.

Distracted: Prior authorizations, denials, formularies, form letters and phone calls- this incessant interference that erodes doctors autonomy does so at the cost of attention. EHR steals the last bit of patient focus. Less listening, examining and eye contact is the result of modernization. Medical practices going digital have turned patients into databases. ER physicians spend 28% of their time seeing patients and 43% on data entry. On average physicians give an hour a day minimum to paperwork often after hours.

Distrusted: Most practicing doctors have met the "big conspiracy" that doctors could cure disease but treating them is too profitable. Or physicians get a kick back on prescriptions. Most patients cannot interpret their EOBs and as costs of medical care increase, they are unaware the 8% attributed to physician cost has not changed.

Dissatisfied: Heavy patient loads, less staff, and increased responsibility have worn out job satisfaction. Concerns about pay, work-life balance and career advancement have a third of healthcare workers considering and training for other careers. A decade past 80% of physicians worked in private practice where they had control over schedule, staffing and pay. Now 80% of physicians are employed with lack of input on work conditions adding to the dissatisfaction.

Depersonalization: This characteristic begins in medical training. Heavy work loads, the unpredictable human response to care, the race against time and other factors force physicians to adopt a "best I can do" attitude and a defense for the pain of defeat. Emotional health decays as boundaries on work versus life blur. Recently hearing a physician describe roadside CPR on a dying teen, exemplified that even the most profound traumas can be lost on a burned out physician.

Disempowered: The crowded exam room with insurance, politics, legal and pharmaceutical concerns all in the appointment have created a loss of control over medical care. Diagnostic and treatment pathways are halted or altered with the physician ultimately responsible. This chronic lack of power leads to abuse. Our medical system remains, by all accounts, "broken" and the decade old debate on a fix does not include a strong physician voice.

Acknowledging these deeper factors, the burn out of physicians is unique. Chronic stress more likely to cause disease, high rate of physician suicide and no end in sight make this situation critically important.

Recognizing your place in the burnout spectrum helps. Perhaps you are just noticing the many things you used to enjoy but no longer have time or desire to participate. You may be finding your frustration rising and physical affects from the chronic stress like high blood pressure, weight change, headaches, and the list goes on. If you have placated feelings with substances, you may be looking at a habit becoming addiction. Where ever you are in the spectrum there are ways to find balance and happiness again.

Start today by centering. These exercises in mindfulness can begin to calm the internal storm and bring you back to your balanced self. Concentrate on one of your senses as you take deep breaths, or get moving and pump up the endorphins, get a nature break or enjoy the arts.

Rest assured you are not weak. You are not alone. You are not the health care problem. Practicing self-compassion and mindfulness can break the cycle of self-defeat. Consider joining a support group, seek counsel or coaching, practice self care and above all know you are appreciated. Your efforts and dedication to the health of others is not trivial and your life and happiness matter also.

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