

# Recognize the Signs Of Career Burnout

**C**areer burnout is an occupational hazard for physicians. Just consider the profession's downside: long hours, demanding work, little sleep, high stress, hardly any family or fun time. It's a wonder anyone ever chooses this career.

Still, some doctors believe that working hard is the medical profession's badge of honor, like a soldier's Purple Heart, but don't

**Some doctors believe that working hard is the medical profession's badge of honor, but don't recognize that their situation could be more than just a little fatigue, says Mark Gorkin, a licensed clinical social worker and national stress expert. Then they end up exhausted, make mistakes, point fingers or even quit the medical field altogether.**

recognize that their situation could be more than just a little fatigue, says Mark Gorkin, a licensed clinical social worker and national stress expert in Kensington, Md. Then they end up exhausted, make mistakes, point fingers or even quit the medical field altogether. When they look back, they realize the answer was not to work harder, see more patients or make more money, but to carve out more time for things that make them happy.

"It's more like battle fatigue, which eventually wears you out and zaps some of your confidence," says Mr. Gorkin, who also calls himself the Stress Doctor. "That's not often easy for doctors to really acknowledge, so they're going to take on that Rambo attitude, covering it up with a cynical tough side."

It's even harder for physicians who have a strong need to be in control or see themselves as extremely competent. If their cynicism takes over, they start doubting the competence of everybody around them. Sometimes, he says, they think they're the only one who can accomplish the task.

Mr. Gorkin says one of the best ways to avoid career burnout is to develop natural SPEED, which is an acronym for sleep, prioritize, empathize, exercise and diet. For example:

■ **Sleep.** Don't cheat on your need for sleep. Mr. Gorkin says that even the American Medical Association has recognized that asking residents to get less than six hours of sleep on a consistent basis is going to compromise their effectiveness, negatively impact their decision-making and possibly make them dangerous to patients.

■ **Prioritize.** Recognize the difference between urgent matters—which must be accomplished now—and important tasks that can be prioritized.

■ **Empathize.** Unless you have developed a strong relationship with a colleague, you may not share your feelings with anyone. This is a big mistake. Share them with other doctors and listen to their concerns. Your emotional stress level may be high; and if you start to lose confidence in your own abilities, Mr. Gorkin says, you're going to do things to "pump up," such as abusing alcohol or drugs or going on a spending spree. He also advises physicians to avoid consistently venting to their spouses; this can burn out your marriage. So talk with colleagues and ask for feedback.

■ **Exercise.** There are many reasons physicians need to exercise daily besides the physical health benefits. Consider the emotional or mental advantages. Mr. Gorkin says that exercise releases dopamine and endorphins—the body's mood enhancers—and also offers a beginning and end point for a tangible sense of accomplishment and control. "When everything's up in the air and you don't feel you can really get your hands around it or a solid footing, literally get on a treadmill," he says.

■ **Diet.** When you're stressed out and feel depleted—common symptoms of career burnout—you may skip meals and snack on unhealthy foods, putting toxins in your system. Don't deprive your body of healthy sources of nutrition and energy, which he says are exactly what you need on the battlefield.

Still, many things can contribute to burnout besides exhaustion or poor diet. It can also stem from boredom or routine.

"Fireproof your life with variety," Mr. Gorkin says. "If you've been doing the same rotation, at minimum, see if you can move to another division in the hospital, have a new role and respon-

sibility. For others in farther stages, maybe you need to do some teaching for a while.”

## Change Your Routine

After nine years as a gastroenterologist, Dr. Corey Howard switched disciplines. Now he practices general internal medicine in the same office with his wife, who is a dermatologist. “I had thousands of patients who were very upset with the fact that I switched,” says Dr. Howard in Naples, Fla. “I switched for many reasons, including stress. Overall, after nine years of doing the same thing, it got to be a little boring.”

In the past, he would start his day performing several procedures at the hospital. Since he’s also chairman of the department of medicine for 175 physicians at the hospital, every day he’s usually hit with hundreds of questions and requests from other physicians, nurses and employees responsible for quality assurance. After several hours at the hospital, he would typically spend another six to seven hours at his private practice where he’d see patients—most of whom were in their 70s and on Medicare—with similar conditions. His plans now are to focus more on the prevention side of healthcare and treat patients who are significantly younger so he can make a big impact on their health.

Since he switched disciplines, he says that his schedule is now more realistic and his work more varied and rewarding. He works roughly 40 hours each week and is able to spend more time with his three children, ages eight, seven and four. He reads extensively and actively engages in sports like water skiing and serves as the state’s commissioner for Little League Baseball. He is involved in the local and state medical society, serves as a delegate to the American Medical Association and assumes a proactive role in the field of medicine by promoting health to Americans and getting involved in policy-making decisions regarding

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how the profession is governed.

“It’s really important to look back and find out the reasons why you’re a doctor,” Dr. Howard says, explaining that people should avoid becoming a physician if their focus is earning a high income. “Don’t let medicine overcome your life. Make sure you put the people who are important to you as number one.”

There are many others like Dr. Howard who have changed disciplines, shifted their focus or expanded their skills and services. One is Dr. Tel Franklin, who now practices family medicine at the Ryan Ranch Medical Group in Monterey, Calif. For three years, he worked at an HMO clinic. Because he didn’t like the type of physician he was becoming, he quit his job and opened a private practice.

During the next five years, he expanded his talents. Besides applying his traditional clinical skills, he became an acupuncturist, practices travel medicine, performs skin resurfacing and even wrote a book, *Expect a Miracle—You Won’t Be Disap-*

### Four Stages of Burnout

■ **Physical, mental and emotional exhaustion.** Maybe you’re still holding it together at work, but as soon as you get home, you go right for the refrigerator, turn on the TV, hit the sofa and are comatose for the rest of the evening. Normally you pride yourself on doing a thorough job. But budget cuts have you looking for shortcuts, if not cutting corners, and this gnaws at your self-esteem. A case of the “brain strain” is developing, accompanied by feelings of exhaustion.

■ **Shame and doubt.** If you’re asked to take on another patient or two, your first reaction is to be helpful, but suddenly a voice inside screams, “Are you kidding?” You’re feeling shaky in the present, losing confidence about managing the future, even start to discount past accomplishments. Remember, this is not a logical process but a psychological one.

■ **Cynicism and callousness.** This is how people often respond to feeling vulnerable. They put their guard up and look out for number one. In the short run, this strategy may work, but over time this hard exterior can become a heavy burden. Remember that burnout is less a sign of failure and more a sign that you gave yourself away. Not surprisingly, you can become resentful and feel that people are taking advan-

pointed! (Center for Appreciative Medicine, 2003).

Dr. Franklin credits his professional growth as the reason he doesn't have to see 50 patients a day in order to pay the rent.

"I diversified my talent or skill set so I see a whole other segment of people," he says. "I see people who are completely healthy and just want to have rejuvenation therapy because they just turned 35 or 50. I also get to see people going to Kenya, South Africa or the Amazon. They send me postcards, e-mails about their trip and share it with me. So it's a whole spectrum, rather than just [treating] people with congestive heart failure, diabetes or high blood pressure. It's helped me regain my enthusiasm."

The whole idea behind preventing burnout is diversity. Start by making an inventory of your skills. Find out exactly what you like and don't like. Attend a seminar or listen to what your patients want. Dr. Franklin says many of his patients wanted Botox injections, which was an unfamiliar procedure to him. Instead of turning them away, he spent several days working with the physician

tage of you. Sensitive individuals begin developing calloused skin for self-protection. This stage of burnout doesn't just facilitate a hardening of the psyche. When your stress starts to smolder and turns to frustration and anger, it can lead to hardening of the arteries. High blood pressure, hypertension, cardiovascular complications, even heart attacks and strokes are potential health risks.

■ **Failure, helplessness and crisis.** Burnout is like trying to run a marathon at full speed. Without pacing, the body parts wear out, and the mental apparatus breaks down. In fact, one reason the fourth stage is so disorienting psychologically is that there are cracks in your defensive armor. A person recovers and expands his or her strengths and possibilities by:

- ✓ Getting proper support from a professional trained in crisis intervention and loss.
- ✓ Confronting denial, false hopes, cynicism and helplessness.
- ✓ Grieving past and present losses, while turning guilt, anxiety and aggression into focused energy.
- ✓ Acquiring skills and technology for transforming new awareness and motivation.

Source: Mark Gorkin, licensed clinical social worker, Kensington, Md., [www.stressdoc.com](http://www.stressdoc.com).

who pioneered them, then began offering them to his patients.

His patients are pleased with the services he's offering, and he's happy, too, because he actually has a life. He recently hired a partner and now works between 8 a.m. and 1:30 p.m. His partner works the afternoon and evening shift, from 1:30 until 8 p.m. His new schedule affords him more free time to do what's important for him, such as running or spending time with his wife.

"Really see where your interests are besides working in the same old model," Dr. Franklin says. "The model can really be changed. By having that M.D. degree, there are infinite things that you can do."

### **Explore Medicine's Possibilities**

Early on in his career, Dr. Albert Thomas realized that he could branch out into unlimited areas of medicine. When he was a medical student, he visited Ghana in West Africa as part of a medical group called Operations Crossroads. While it gave him a strong dose of a new culture, he says that it really showed him the possibilities of what medicine can do and how powerful it was.

Now Dr. Thomas is an obstetrician-gynecologist and director of family planning at Mt. Sinai Faculty Practice in New York City. He uses some of that power to give lectures to a variety of churches, civic organizations and physician groups. So far, he says it's been one of the most rewarding experiences of his career.

Lecturing breaks up his workday and challenges him to keep up with the latest medical breakthroughs. Sometimes he feels like a chameleon, he says, explaining that he adjusts both his presentation format and the level of information he delivers to meet the diverse needs of every group he addresses.

"At one moment, you're talking about preventive care in a Planned Parenthood program, and in another program you're talking to a legislator about policies and laws," he says. "Having that cultural awareness of those around you, it kind of gets you in the mindset where you think you can solve any problem. That's what physicians do—we try to solve problems. It keeps your mind occupied so you're not bogged down thinking about a pelvic exam or doing 10 surgeries at a time."

While lecturing helps him maintain a positive perspective

about his role as a physician, he still varies his routine to keep his job interesting. Dr. Thomas belongs to the Medical Society of the State of New York and sits on a task force that seeks to minimize healthcare disparities throughout the state. In search of best practices, he recently traveled to Uganda with his family for a Save the Children observatory trip.

Dr. Thomas says that physicians don't need to feel constricted in their roles. But if they look at their job as a chore, it will only produce negative side effects and cause them to burn out that much faster. In his case, he doesn't consider his patient load as a burden. Instead, he adopts the attitude that each patient is an individual with a story to tell.

"That to me is still an interesting part of medicine," Dr. Thomas says. "Even on Monday mornings when I'm about to go into the office, I don't get into trepidation because if you tend to look at a busy morning as just another one of those impediments that you have to get through during the day, that's counterproductive. But if you look at it as meeting new people who each have an individual story, it makes it that much more interesting."

Symptoms of career burnout will vary from doctor to doctor. Early warning signs include apathy, boredom and an increasing need to avoid working with patients, explains Dr. Edgar Nace, a Dallas psychiatrist.

Approximately 50 percent of his patients are physicians, half of whom have experienced burnout. The majority are referred by hospitals or their partners because they are irritable, short-tempered or sometimes verbally abusive to staff. Half of those who are burned out also have some diagnosable condition like drug abuse, depression, anxiety or alcoholism.

"The burnout has progressed into a more specific clinical syndrome," Dr. Nace says, adding that for some, the burnout is followed by drug or alcohol abuse. "They no longer enjoy their prac-

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tice or have some sense of excitement about clinical challenges and the work they've been trained to do and have done well for many years."

Dr. Nace tells the story of an internist who started a solo practice in a rural community in Texas about five years ago. Her new practice quickly overflowed with patients, and she became completely absorbed in her work. Her excessive workload led to a breakup with her fiancé. So she began working even more hours, then started developing headaches, back pain and numerous psychosomatic symptoms. It didn't take long before she started self-medicating with meperidine. But someone in her office noticed what was happening and reported her to the county medical society, which contacted her. The physician readily admitted she was in trouble and agreed to go into treatment.

During treatment, she managed to establish a practice with a more realistic workload. She hired other people to help out and wasn't as isolated as in the past. Although her career burnout did lead to a brief drug addiction, it was detected early. In the end, everything worked out well for the physician.

"Burnout isn't a bright, shining star that stands isolated from other problems," says Dr. Nace, adding that most physicians don't recognize symptoms of burnout. "We hope to educate physicians to improve their own self-awareness skills, take a look at how they are emotionally or behaviorally responding to patients, staff their families."

One way to detect burnout is to ask yourself a series of questions and be honest with your answers. Are you avoiding work? Are you becoming increasingly irritable or short-tempered? Are you having trouble sleeping? Are you worrying excessively?

Although it would be very helpful for physicians to share their concerns with other colleagues, Dr. Nace says that it's very rare. Most doctors don't want to reveal their vulnerabilities; they need to be self-sufficient and may not be accustomed to dealing overtly with their feelings. Instead they put their feelings aside and focus on other people's problems.

To avoid career burnout, Dr. Nace found a hobby—bird watching. He says that it's very soothing for him to be outdoors in a field or the woods, surrounded by nature. He advises physicians to pick a hobby or develop an interest outside the practice of medicine.

“Physicians are physicians because they have been very dedicated to learning and accomplishment,” Dr. Nace says. “They should feel good about that and not let unrecognized stress and emotional reactions undermine all they have accomplished. They should feel good about what they can do and have a renewed sense of excitement about their careers.”

But it doesn't always work that way. Many times, physicians ask for help when it's too late. Five years ago, a surgeon who was in his mid-50s came to Dr. David Baron for help. Dr. Baron chairs the department of psychiatry and behavioral medicine at Temple University School of Medicine in Philadelphia. He says that the

### **Are You Burned Out or Depressed?**

For the past 20 years, psychiatrists believed clinical depression was caused by unfortunate circumstances in people's lives, such as losing a job or getting divorced. But there is growing evidence that the depression comes first, says Dr. Mark Goulston, a psychiatrist and corporate consultant in Santa Monica, Calif.

“When you become clinically depressed, your resilience goes away, so you start to let stuff slide,” explains Dr. Goulston, author of *Get Out of Your Own Way at Work...and Help Others Do the Same* (Putnam Adult, 2005). “More often, you become depressed, then have career burnout.”

However, physicians can be burned out without being clinically depressed. But if it goes untreated, it almost always crosses over into depression. The lines between the two can be so blurred that physicians who suspect that they suffer from burnout are advised to seek professional help. One difference between the two is that doctors suffering from depression appear to be dissatisfied with every aspect of their lives while those experiencing career burnout don't hate their lives, just their jobs, and begin to identify career options.

If you think you fall into the latter category, become your own patient. Perform a history of present illness, Dr. Goulston says. Ask yourself a series of questions, such as: When did you notice that you didn't want to come to work anymore? Was there an event that coincided with it? What aspect of your job is no longer satisfying?

“Whether you're burned out, depressed or just dissatisfied with your life, try not to wait too long to do something about it,” Dr. Goulston says. “The more you isolate yourself and the more you are alone in a negative state of mind, the worse it gets.”

physician had only one career goal throughout his life—to become a surgeon. So he worked very hard during medical school, took out loans to get by and finished his residency. Then reality set in.

The surgeon realized that medicine had become more about politics than helping people. He couldn't treat his patients the way he wanted to because hospital administrators were calling the shots. He was barely making enough money to cover his bills. Worse yet, his marriage was on the rocks. Looking back, he also realized that he rarely spent time with his children as they were growing up; he never attended any of their soccer games or dance recitals. He was never going to get those years back. It got to the point where he didn't even want to go to work. He wasn't happy with his career and

**“When [physicians] get burned out, they have automatic negative thoughts. They feel bad about something and start feeling bad about everything else—I’m no good, my career’s no good—so you have to confront that through appropriate questioning,”** says Dr. David Baron, a psychiatrist at Temple University School of Medicine in Philadelphia.

felt he had lost control of his practice and life.

After ruling out depression or a mood disorder, Dr. Baron asked the surgeon to identify anything good that came out of his career. The physician believed that he was a good surgeon and did well by his patients. Maybe he wasn't the best father or husband, but he worked very hard and always provided for his family. While he didn't tell them he loved them as much as he should have, they knew he loved them.

Then Dr. Baron asked if he still wanted to be a surgeon. “At the end of the day, what do you want to do? No one says you have to remain a surgeon,” Dr. Baron recalls telling his patient. But the doctor insisted he loved performing surgery. He was only happy while in the operating room. It was all the other stuff that drove him crazy.

At that point, Dr. Baron asked the surgeon what he could do now to change his lifestyle, practice or relationships. After all, he still loved his wife and still wanted to have a relationship with his now-older children. All of a sudden, the physician realized that while things weren't great, they weren't as bad as he thought.

“When you’re dealing with burnout, it isn’t career counseling 101,” says Dr. Baron. “Get the facts out on the table. When [physicians] get burned out, they have automatic negative thoughts. They feel bad about something and start feeling bad about everything else—I’m no good, my career’s no good—so you have to confront that through appropriate questioning.”

Together they developed several strategies that would help turn his life around. For example, he resigned from several committees to add more free time in his day but still served on those that were important to him. As one of the senior members of his practice group, he took control by requesting that junior physicians handle cases he didn’t enjoy. To overcome his frustration and sense of betrayal by hospital administrators who controlled patient care, he became politically active with the local medical/surgical society and conducted presentations around the world. It almost became a second career for him.

He took his wife on a cruise and became more involved in his children’s lives than ever before. His college-age son sometimes joined him as he traveled.

The doctor continued performing surgery but now felt empowered. “I gave him a sense of ‘you’re really not as much out of control as you might feel,’” Dr. Baron says. “He could make decisions by focusing on the things he really enjoyed. That’s one of the things that are so important with burnout—not to be afraid to say, ‘I don’t want to do this anymore.’”

If physicians feel trapped, he says, it only adds to their burnout. Physicians need to know there are always other options. If they’re killing themselves performing surgery, for instance, they would be better off flipping burgers at McDonald’s. While Dr. Baron says this is an extreme example, his point is that physicians need to realize they’re more in control than they think they are. They just need to sit down and explore line by line what they like about their job, what they don’t like, what they would like to change and develop strategies to make it all happen.

Career burnout doesn’t happen overnight. It takes place over time, like wearing down the heel of a shoe. Physicians rationalize it by thinking they just had a decent workday even though it’s followed by three bad days. All of a sudden, they look back and say to themselves, “I just don’t enjoy this anymore.” That’s why

## Spending Too Much Time at the Office?

Take a few minutes to answer this self-scoring quiz created by Randall S. Hansen, founder of Quintessential Careers ([www.quintcareers.com](http://www.quintcareers.com)), a comprehensive Website for job seekers based in DeLand, Fla.

1. I feel increasing anger at my co-workers and detached from the people around me.  
Always true\_\_\_ Often true\_\_\_ Sometimes true\_\_\_ Not true\_\_\_
2. I feel overwhelmed and out of control when I am at work.  
Always true\_\_\_ Often true\_\_\_ Sometimes true\_\_\_ Not true\_\_\_
3. I come home from work and find myself completely exhausted/fatigued.  
Always true\_\_\_ Often true\_\_\_ Sometimes true\_\_\_ Not true\_\_\_
4. I seem to be more susceptible to colds and other illnesses recently.  
Always true\_\_\_ Often true\_\_\_ Sometimes true\_\_\_ Not true\_\_\_
5. I feel besieged at work, like nothing I do is right anymore.  
Always true\_\_\_ Often true\_\_\_ Sometimes true\_\_\_ Not true\_\_\_
6. I find myself exploding in anger at the most inconsequential things.  
Always true\_\_\_ Often true\_\_\_ Sometimes true\_\_\_ Not true\_\_\_
7. My weight and eating patterns have changed dramatically recently (resulting in weight gain or loss).  
Always true\_\_\_ Often true\_\_\_ Sometimes true\_\_\_ Not true\_\_\_
8. I have noticed a definite change in my sleep pattern (either much harder to fall asleep/insomnia or needing more sleep/harder to get up in the mornings).  
Always true\_\_\_ Often true\_\_\_ Sometimes true\_\_\_ Not true\_\_\_
9. I have been finding more and more excuses to skip work/call in sick.  
Always true\_\_\_ Often true\_\_\_ Sometimes true\_\_\_ Not true\_\_\_
10. When I am at work, I find it hard to concentrate on doing my job.  
Always true\_\_\_ Often true\_\_\_ Sometimes true\_\_\_ Not true\_\_\_
11. I feel as if I don't do a good job anymore.  
Always true\_\_\_ Often true\_\_\_ Sometimes true\_\_\_ Not true\_\_\_
12. I have a sense of being isolated/alone.  
Always true\_\_\_ Often true\_\_\_ Sometimes true\_\_\_ Not true\_\_\_
13. I have noticed that I have become much more negative and cynical about my job and employer.  
Always true\_\_\_ Often true\_\_\_ Sometimes true\_\_\_ Not true\_\_\_
14. I can't remember the last time I was enthusiastic about my job.  
Always true\_\_\_ Often true\_\_\_ Sometimes true\_\_\_ Not true\_\_\_
15. I'm having relationship problems with my family, more stress, conflicts and fights.  
Always true\_\_\_ Often true\_\_\_ Sometimes true\_\_\_ Not true\_\_\_
16. I increasingly feel that things are spinning out of my control.  
Always true\_\_\_ Often true\_\_\_ Sometimes true\_\_\_ Not true\_\_\_
17. I've noticed that I am finding refuge in increased use of food, alcohol

or drugs.

Always true \_\_\_ Often true \_\_\_ Sometimes true \_\_\_ Not true \_\_\_

18. I'm experiencing more physical ailments—headaches, stomachaches, ulcers.  
Always true \_\_\_ Often true \_\_\_ Sometimes true \_\_\_ Not true \_\_\_
19. It seems as if I have lost interest and care for the things I used to value, as if I am emotionally empty.  
Always true \_\_\_ Often true \_\_\_ Sometimes true \_\_\_ Not true \_\_\_
20. I am often sad for no particular reason.  
Always true \_\_\_ Often true \_\_\_ Sometimes true \_\_\_ Not true \_\_\_
21. I wake up in the morning and often wonder why I bother showing up at my job.  
Always true \_\_\_ Often true \_\_\_ Sometimes true \_\_\_ Not true \_\_\_
22. Television has become my haven, and I watch much more of it than in the past.  
Always true \_\_\_ Often true \_\_\_ Sometimes true \_\_\_ Not true \_\_\_
23. I've noticed that I am taking more risks—without thoughts of the consequences.  
Always true \_\_\_ Often true \_\_\_ Sometimes true \_\_\_ Not true \_\_\_
24. I have experienced chest pains, shortness of breath or panic-like attacks at work—or when I think of work.  
Always true \_\_\_ Often true \_\_\_ Sometimes true \_\_\_ Not true \_\_\_
25. I live for Friday afternoons and dread Sunday evenings the most.  
Always true \_\_\_ Often true \_\_\_ Sometimes true \_\_\_ Not true \_\_\_

### Scoring Guide:

For each statement, give yourself the following point values:

Always true — 4 points

Often true — 3 points

Sometimes true — 2 points

Not true — 1 point

Add up your score and find your degree of job burnout:

**65-100: Danger Zone.** Find a way to get out now! You have serious job burnout, and it appears that you are already suffering from the physical and mental consequences it produces. Find a new job (or some other solution) as quickly as you possibly can.

**35-64: Warning Zone.** You are having some of the classic signs of job burnout, and if you do not take steps to evaluate and change your situation, you could face serious mental and physical challenges ahead.

**Under 35: Healthy Zone.** You appear to have no problems with your job or employer, but there may be a few issues you need to watch. You may want to examine your current situation and make some minor adjustments, but otherwise you appear to be doing well.

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intervention is important. Physicians can take an active role in gaining control and restoring the balance in their lives.

If physicians ask themselves, “Am I burned out?” chances are the answer is yes. It’s an overwhelming sensation, Dr. Baron says, adding that doctors must critically attack their feelings. Are they real and justified or are they blown out of proportion? Have you

**If your burnout isn’t severe, you can start by changing small things, which can be a very effective strategy for some physicians. Try leaving work at 6 p.m. instead of 8. Consider eating dinner at home with your family several nights a week. Schedule a round of golf every other week. Then see how you feel.**

automatically developed negative thoughts that are exaggerated or unrealistic? Understand what’s going on with your emotions or feelings, then you can gain balance and control over your life.

But even if the solution is obvious, sometimes doctors dismiss it. A good example may be your work schedule. If you’re complaining about working too many hours, cut back to four days a week. Your initial reaction may be, “I could

never do that.” Dr. Baron asks, “Why not? Is it true that you have to work six days a week, that you can’t work four or four and one-half days?” If money is the reason, take fewer vacations, he says, or drive a Chevy instead of a Lexus.

If your burnout isn’t severe, you can start by changing small things, which can be a very effective strategy for some physicians. Try leaving work at 6 p.m. instead of 8. Consider eating dinner at home with your family several nights a week. Schedule a round of golf every other week. Then see how you feel. If you’re still burned out, that doesn’t mean you have to quit your job, but that the next level of intervention may be necessary.

Dr. Baron compares this situation to someone who is 150 pounds overweight. Losing 20 pounds is a good start, but it’s really not going to make a big difference in the person’s overall health or energy level. On the other hand, if the person is 40 pounds overweight, losing 20 pounds would make a significant difference.

The bottom line is this: if you’re not enjoying your job, sit down and dissect what you don’t like about it. Maybe it’s not the job after all. It could be a specific circumstance like a personality conflict with one of your colleagues. Use a medical model by

diagnosing or analyzing what's occurring just as you do with patients. Then talk about it. Use your support system. You may even find that other doctors are feeling the same way.

## Variety and Diversions

After practicing as a rheumatologist for 22 years, Dr. Bernard Rubin still loves taking care of patients. While insurance headaches and fear of lawsuits are problematic, he says that when he closes that exam room door, it's just he and his patient. That one-on-one experience is the reason he went into medicine, he says, and it can't be substituted for anything else.

But too many physicians have forgotten that or become caught up in the business side of medicine, which detracts from that unique patient-doctor interaction.

"You've got to keep your office open, make a profit and be attentive to the business aspects," says Dr. Rubin, who is also a faculty member at the University of North Texas Health Science Center in Ft. Worth. "But if you allow yourself to delegate business responsibilities and hire good people to work with, you realize that no matter how technical medicine gets, no matter how much electronic medical records or Internet access we have, patients really want that one-on-one human contact with their physicians. No matter how brief it is, that is something that can be very rejuvenating."

Dr. Rubin says that physicians who don't appreciate this experience need to "get out of their own autobiography." In other words, patients don't set out to waste your time or irritate you. Seeing a doctor is their chance to get face-to-face time with a professional who can help cure or treat their physical ailments. Even when they ramble on and on, if you come across as supportive and caring as opposed to trying to push them out of the exam room door as quickly as possible, they may feel that they've had a positive encounter. Likewise, you'll feel good about yourself even if it's not one of the most stellar days in your career.

Although some physicians prefer surgical procedures or the "blood and guts" part of medicine to patient exams, the majority of any doctor's responsibilities are routine and include offering emotional support. If you realize that, Dr. Rubin says, you won't be constantly frustrated, waiting for the next major event to occur,

which may be remote.

Dr. Rubin applies several different strategies to avoid burnout. First, he teaches medical students and residents. “Even though it’s the tenth person I’ve seen today with back pain, for those students everything is new and eventful,” he says. “In their eyes, it’s a big deal. There’s always something to teach that’s new and different for those students. And that keeps me fresh.”

He also exercises at least five days week. He wakes up at 4:30 a.m., gets to the gym by 5:30, works out for 45 minutes, comes home to shower and change clothes, then goes to work. If he has a very stressful day, he also jogs at night.

Volunteer work also helps him unwind, especially if it’s unrelated to his daily routine. He serves as a board member at the school one of his children attends. “We sit and decide are we going to make an addition to the school or not, what’s the best way to finance it, what kind of landscaping would be best,” he says. “I’m looking at the finances, listening to architects, In no way, shape or form does it have anything to do with medicine. For me, I learn a lot through the people I’m on the board with because a lot of them are lawyers or accountants. Nobody is talking about medicine.”

### Symptoms of Burnout

- You’re less eager to see patients or to handle practice activities.
- You’re less patient and/or sympathetic to patient and staff problems.
- You ask patients more close-ended than open-ended questions to discourage dialogue with them.
- You try to escape from your office as quickly as possible.
- Your dedication to medicine, your friends, your marriage and taking care of yourself is waning.
- You’re falling further behind in your responsibilities inside and outside of work.
- You’ve lost your sense of humor and don’t have fun anymore.
- You avoid seeing people socially.
- You feel tired most of the time.
- You feel trapped.

*Source: Dr. Mark Goulston, psychiatrist and corporate consultant, Santa Monica, Calif. (www.markgoulston.com).*

Conducting clinical research is yet another way he avoids the monotony or routine of medicine. Although he still sees patients, studying potentially new investigational treatments is a totally different practice environment. He doesn't have to worry about finances, insurance reimbursements or lawsuits. Instead, he's intellectually challenged and exploring medicines that may or may not make it to market. Frequently he feels that he's performing a valuable service for patients who would never have access to these medicines because they're not yet available to the general public or may be priced out of their financial reach.

Dr. Rubin believes that physicians need to protect the aspects of medicine they enjoy the most and delegate the parts of their job they like the least. Otherwise, their favorite responsibilities can easily get squeezed out of their daily routine, which can lead to frustration, dissatisfaction and eventually career burnout.

Other doctors may suffer from delayed adolescence, which may be a symptom of career burnout, says Randy Bauman, president of Delta Health Care, a consulting firm in Brentwood, Tenn. They work hard in medical school, then start working in a practice or at a hospital, usually in their late 20s. They begin seeing more than 30 patients a day and are under pressure from these patients, their families, insurance companies and in-house staff while juggling the business demands of their practices, which they may be ill-equipped to handle. They never have any fun, he says, explaining that this was the opinion of one physician whom he met.

To make matters worse, Mr. Bauman says, it's often difficult for physicians to change careers—and not simply because of the time, money and energy spent in training. “In a lot of cases, their entire self-image and self-worth are wrapped up in being a physician,” he says. “[Parents] are really proud that their son or daughter is a physician. Society views that as one of the pinnacles of success.”

But not every doctor sees it that way. For some, the high income or community status will never compensate for the profession's shortcomings.

Several years ago, Mr. Bauman noticed a sign posted by the registration desk at one successful group practice in the South. One of the practice's internists, who was also a partner and three or four years out of training, changed his office hours and began

working from 8 a.m. until 11:30 a.m. When asked why his hours were cut in half, the internist simply stated that he didn't like seeing Medicare patients because they suffer from multiple medical problems, are on multiple medications and take up too much time by coming to his office with a problem list that may be eight questions long.

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Did the doctor make a poor career choice? Apparently so. He ended up quitting his job and accepting another position at a medical group about 100 miles away from the practice, then became employed at a hospital. Although he may be better suited for a salaried position and won't have the financial pressures he experienced in private practice, his main problem won't disappear. He'll still have to work with Medi-

care patients. At the very least, Mr. Bauman says, the new job bought him some time to rework his career plans.

## Scale Back Lifestyle

On another occasion, Mr. Bauman was facilitating a retreat for a medical group composed of 12 doctors. During a conversation about stress and burnout, one of the physicians told his colleagues that the answer was rather simple: live below your means. Otherwise, you'll always be pressured into working harder, working more hours, seeing more patients and making more money.

He added that it was very easy for physicians with a lavish lifestyle and ex-wives syndrome to land into trouble, then burn out. The same doctor said that he would soon cut back on his workload by 10 percent—he could afford it because he lived below his means. Others in the practice did the same, and the group agreed to hire additional physicians to take over the practice's excess workload.

Recently the chief executive officer at a hospital shared his version of the progressive stages of a physician's psyche with Mr. Bauman. He said that doctors start out by feeling they have an

important job and have no other identity besides being a physician. Then they reach the next level—feeling they’re important—which is far different from recognizing that they have an important job. The third step in the progression is when physicians believe they can do no wrong, which, of course, isn’t true. Everyone is fallible. But this is when they reach the danger point. If something does go wrong, they’re devastated.

Mr. Bauman recalls a pulmonologist who once told him, “I killed another one,” referring to a patient. Throughout the doctor’s career, he managed people on ventilators who were suffering from terminal illnesses like emphysema or lung cancer. Mr. Bauman told the doctor not to blame himself. Everyone dies sooner or later, some from disease. Yet the patient’s death added to the physician’s stress and emotional toll.

Other times, finances prevent doctors from getting help. Mr. Bauman recently met with one physician who was trying to sell his practice within 10 weeks. The physician was 67 years old and could barely walk. He was hunched over and his feet were so swollen, they resembled a clown’s feet. His wife, a 55-year-old nurse practitioner who worked in his office, planned to work a few more years so she could draw a pension.

“He said, ‘I started my pension in 1972—I guess I have enough,’” Mr. Bauman says. “I thought, ‘Do you know what you don’t have enough of? Time left.’ He had horrible health problems the last few years and just kept going. When all is said and done, what is the epitaph on his tombstone going to say—‘I worked hard’? Nobody wants written on their tombstone that they wished they spent more time at work.”

Dr. Bradley Johnson believes primary-care physicians are suffering the most. He points to the demands for high productivity, long hours and patient-centered care, which requires a great deal of communication, phone calls and attention to detail, not to mention years of mild-to-moderate sleep deprivation.

But working hard doesn’t necessarily cause career burnout, says Dr. Johnson, chief medical officer at the Aspen Medical Group in Woodbury, Minn. What does cause burnout is the emotional wear of doing something that’s challenging but not rewarding or the absence of short-term or long-term gratification.

“What I’m trying to interject in our medical group is looking

at each person's interest in personal growth in their career and setting that as part of their annual career goals," he says. "It may be to do more in an area of medicine that they're interested in, pick up a new skill or branch into another area of the practice to give them some goal to strive for."

Dr. Johnson's own rewards come from improving workplace systems, making providers feel more content and rewarded and developing systems that achieve higher levels of performance in terms of measurable quality standards and patient satisfaction.

**Physicians need to create personal goals or career satisfiers, especially since there's no level of income that can prevent career burnout, says Dr. Bradley Johnson, chief medical officer at the Aspen Medical Group in Woodbury, Minn. He believes that doctors should focus on doing a better job more efficiently with better outcomes.**

While boredom or monotony can threaten any physician's career, he believes that many doctors discount the importance of recognition, appreciation and personal gratification. It is human nature for people to want respect and a sense of accomplishment,

Dr. Johnson says, adding that simply striving to increase productivity, which may result in higher compensation, is usually not a tremendously rewarding accomplishment in itself.

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Meanwhile, Dr. Johnson believes that the medical profession has created a perfect storm. As doctors grow older, the medical needs of baby boomers are escalating while the number of medical students is dwindling.

"In a time where medicine is becoming less gratifying, more regulated, less financially rewarding and where the expectation in a career is to have balance in your lifestyle, we may be very hard pressed to have the adequate supply of providers in primary care if we don't solve [work-life balance]," he says.