

# Approaching burnout

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## Summary

Burnout is a danger faced by many health professionals. As doctors, we often do not realise our vulnerability to stress and our woundedness as healers. This article arose from the author's personal experience. It outlines some of the reasons that medical practitioners are prone to burnout and discusses the problem of maintaining boundaries with the associated tensions that arise. Early warning signs of burnout are described, such as a loss of direction and focus, irritability, increasingly making mistakes, insecurity and lack of insight. Strategies for avoiding burnout are suggested, including making sure that one accesses the support of key people, cares for oneself physically and clarifies one's goals.

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## Introduction

David Hilfiker wrote, "Like many practising physicians, I entered medicine out of a desire to be of service to people. Whatever other motives I may have had, my root ambition was to help, to respond to other's needs. What I failed to realise, however, was that the very nature of my work as a doctor would push me continually into the position of limiting the help I would give, of ignoring the needs of others. One of the pressing realities of my job was that I repeatedly found myself contradicting my own inner desire to be of service, a conflict that created in me a deep sense of guilt..... At the heart of this conflict lay the simple fact that there were too many patient needs for the time and energy I had available".<sup>1</sup>

I spent seven years, until 1997, working at Manguzi Hospital in northern KwaZulu-Natal, first as the community doctor and then as medical superintendent. In 1998, I was fortunate to spend six months on "sabbatical" (a euphemism for unpaid leave) at the Monash University Centre for Rural Health in Victoria, Australia, after which I returned to Manguzi for a further period. While in Australia, I spent time reflecting on my life and work at Manguzi and recharging my batteries. I realised that I had been teetering on the brink of burnout (see box 1). This led me to pursue the topic

of stress and burnout in my reading. I found that much has been written on stress and burnout in doctors, but less on the early warning signs of burnout. Since then, I have been involved in teaching undergraduate students and running workshops with doctors on the issue.

### Box 1

#### Approaching Burnout

I am the artiste  
on a trapeze  
high  
above a rural stage  
with no safety net.

Adrenaline rushes  
spur me on  
to ever greater heights  
addicting me  
to the tension  
of balance  
uneasy,  
dynamic,  
ever elusive.  
Just one more  
time  
each time  
upping the stakes.

How do I  
stop  
before I plunge  
exhausted to destruction  
of dreams  
and doubt's damnation –  
BURNOUT.

Ian Couper  
May 1997

## The problem

One of our problems as doctors is that we often, unintentionally, see ourselves as invulnerable. We believe most of the great myths of medical practice: doctors do not get stressed, doctors do not get sick, doctors should know everything, and uncertainty is a sign of weakness, as is revealing one's emotions.

We are uncomfortable with the concept of the wounded healer (see box 2).

We may be vulnerable to a sudden blow, like a myocardial infarct, the thought of which may preoccupy us. The danger, though, is that we are more often at risk, without noticing it, of being extinguished gradually, as our inner lives slowly dry up until we are empty shells, unable to function any more. That is the point that has been called burnout, a state of physical, emotional and mental exhaustion caused by excessive and/or prolonged stress. It is often related to unrealistic, high aspirations and expectations of oneself, combined with impossible goals.

## Why?

How, and why, do we get to this point? Although we are not unique in having to face this problem, it is largely the helping professions in which burnout occurs, professions in which we are constantly giving of ourselves to other

**Box 2**

**The Wounded Healer Archetype**

This is an amalgam of opposites. To see health and sickness as either/ or is to create an arbitrary total separation. A wounded healer who sees the patient as wholly sick does not see the healthy part.

When the doctor sees only the sickness in the other, he assumes an all-healthy role himself...

The wounds of the wounded healer who is unconscious of his own wounds may be stirred up when he devotes day in and day out to listening to and helping others in psychological distress...

The eye of the balanced wounded healer sees both the wounded and the healthy parts of the patient. Not just organs and psychopathology, not just a bevy of neurotransmitters and disease, not, that is, a soulless body but all being.

From Wilmer HA, Practical Jung. Chiron Publications, 1987

people, juggling them and ourselves. I believe this is because of the difficulty of maintaining boundaries between our different roles and responsibilities and allowing certain ones to dominate. We have to juggle so many responsibilities – to our patients, our family, our staff, our profession, ourselves – that it is hard not to drop a ball sometimes.

We live with a range of tensions that we have to juggle and where the boundaries are often blurred. (See table below.)

In all of these tensions, we have to work to find the boundary lines, because if we do not manage these

tensions, we eventually burn out. How and when that happens depends on our own individual resources, our psychological make-up, and our inbuilt protective mechanisms. Why do these tensions arise? Why do we push ourselves so much as doctors? McCue suggests four reasons why doctors work so hard:<sup>2</sup>

1. Peer pressure – we want to gain respect from colleagues; we want their praise and admiration.
2. Fear of failure – if you put all your energy into your work, your efforts will be above criticism and your failures can be attributed to misfortune, rather than to you personally.
3. Fear of “success” – long hours and publicly visible fatigue justify our economic prosperity; if we are somehow successful without working hard for it, we fear we will be judged harshly.
4. Self-importance – we can achieve maximum ego gratification at work, where we issue orders, make critical decisions and receive praise from our patients, whereas at home we are no different from anyone else.

The need to be loved may be a major component of our drive to overwork. Studies of the personalities of doctors have found that we often have unresolved dependency needs and feelings of inferiority; medicine offers the opportunity to respond to the needs of others and, thereby, to develop a feeling of self-esteem and accomplishment.<sup>3</sup>

**Stress**

There is no doubt that there are definite stressors arising from our profession,

such as heavy work loads, after-hours calls, fatigue, conflicts between our work and personal lives, dealing with life and death situations, financial pressures, the information explosion, the threat of litigation, increasing medical technology, etc. Four job stressors in particular have been noted to be predictive of poor mental wellbeing in general practitioners: the demands of the job and the patient's expectations; interference with family life; constant interruptions at work; and practice administration.<sup>4</sup>

Stress has different effects on different people: some manifest stress physically, in terms of illness, while others manifest it in terms of emotional difficulty. Personality types are important: some people can continue functioning for years while handling enormous amounts of stress, while others might cave in within a few months. Stress results in a range of problems, such as depression and other mental illnesses, suicide, alcoholism and drug abuse, physical illness and social isolation.

**Early warnings**

What are the early warning signs of burnout? We can all absorb a certain amount of stress and tension and, like an elastic band, regain our shape. But the elastic band reaches a point where it becomes misshapen and will never return to what it was before.

We thus need to be able to recognise that we are becoming too stressed, that we are in danger of stretching ourselves too far. The following list of early warning signs is based on my personal experience and on some of the literature on the subject.

**1. Loss of meaning**

Burnout is characterised by a loss of interest in work, so that a person dreads getting up in the morning and having to face the day. I did not lose my interest in my work, although I was no longer enjoying it as much, but, more importantly, my sense of purpose was dulled and my direction lacked its former clarity. Without a vision to give meaning to what we do, it is not

**Table:** Tensions for practitioners

Healer	Businessperson
Everyone's friend	No-one's friend
Compassionate	Frank/honest
Kind	Firm
Knowledgeable	Humble/teachable
Available	Private
Celebrity	Servant
Good income	Time to enjoy one's income
Belonging to community	Belonging to family

long before we cannot do it anymore.

Hilfiker describes this well: "When the physician finds he is not taking the needed time for reflective meditation upon the meaning of his job, when he finds he is using laboratory tests and X-ray studies instead of in-depth interviews, when he is giving pills instead of counselling or explanation, when he himself is not getting his needed sleep: at these points the physician needs to ask himself whether the values of efficiency and productivity have not in fact gained the upper hand, submerging other important medical and human values".<sup>1</sup>

## 2. Lack of focus and decreased efficiency

I found it increasingly difficult to focus on particular tasks, with the result that my productivity diminished. I would often find myself sitting at my desk, not focusing on anything in particular, or not remembering what the patient I was seeing had actually presented with. I often did minor, trivial tasks and tackled non-urgent, unimportant problems because these were easy and I felt lacking in energy to deal with bigger issues.

## 3. Depleted inner resources

I felt less able to deal with problems that arose with patients and colleagues. It was a great drain to deal with these. I would just groan at the thought of the hassle and felt depleted of the emotional energy to tackle them. It was difficult to feel compassionate towards people in need, because my own needs were starting to press on me too strongly, even though I was not aware of them.

## 4. Irritability

I was irritable with many people in the work context, both patients and colleagues. I found it difficult to remain patient and to be a good listener. This is a step beyond merely not focusing and arises from the depletion of inner resources.

## 5. Insecurity

Although I was in a position of leadership, as Medical Superintendent of Manguzi Hospital, I found that I felt insecure in my leadership and that I was vulnerable to criticism. This led to a preoccupation with what others were thinking and wasted energy while I dealt with perceived slights and attacks.

## 6. Mistakes

I made a number of mistakes through carelessness, inattention or lack of focus on the problem at hand. As doctors we often make mistakes, but if we are making more than normal we need to ask ourselves why and do something urgently to address the problem.

## 7. Lack of insight

At the time I failed to realise what was happening – it was only in retrospect that I became aware of my lack of insight. Most people who are burning out fail to identify the role they themselves play in the condition, but instead blame others or their work environment, react cynically towards suggestions or help, and often appear resentful, fatigued, bored, edgy or withdrawn.<sup>5</sup>

The American Psychological Association describes this pre-burnout stage as "brownout", listing the successive stages of burnout as "The Honeymoon", "The Awakening", "Brownout", "Full-scale Burnout" and "The Phoenix Phenomenon" (if one deals with the burnout well enough).<sup>6</sup>

## Dealing with burnout

To deal with these things, to try to cope with stress and prevent burnout, we need to undergo a journey – a journey of change. Until we are ready to move out of the roles others define for us and look at ourselves, define our own roles, and decide the importance of them, we will remain stuck.

The first step in the journey is to recognise our own limitations, to accept that we are not gods, but that

we are fallible, vulnerable, needy human beings who are wounded and alone, just as our patients are. As Hilfiker puts it, "the first step is to allow ourselves to know we can't do it all. Recognising our own limitations, we can begin to tailor our work to our own individual gifts. Second, we must recognise that we cannot deal with the stresses of our work alone".<sup>1</sup> We need the help of others.

Getting in touch with our limitations, journeying into our woundedness, makes us better doctors, because we can share the results with our patients – we can empathise, we can understand, we become more human. The problem, of course, is that this draws us into sharing more of ourselves and thus being drained more! We have to deal with that too: the wounded healer may be a good doctor; the sick, tired or burnt-out doctor is NOT – for the reasons outlined above he cannot function effectively.

## Strategies

We thus need to develop strategies to avoid burnout. These are well-described in the literature, but I will briefly mention the important ones.

### 1. Supportive people

Most importantly, we need other people to support us. We need close friends, a partner or spouse, family, etc., who can draw us away from our doctor role, laugh and cry with us, and help us not to take ourselves too seriously. We need our own family doctor, whom we should visit regularly to ensure that we are looking after our own physical needs. We need to reflect and debrief – this can be done privately through journaling, or with someone else, be it a friend or a professional counsellor, who can help us reflect on a regular basis.

### 2. Physical self-care

Basic physical self-care obviously goes beyond just visiting a GP: we need all the things we tell our patients to get: sleep, a good diet, alcohol in moderation, exercise, sex and relaxation. This means we

have to build in time off and time away. We need to spend time cultivating our other roles, whatever they may be: spouse, parent, friend, team member in a sports club, actor in a dramatic society, birdwatcher, etc. Each of us will have our own techniques. I jog, not because it is my favourite form of exercise, but it is one that I can do anywhere and I can be away from phones and demands. I am a passionate reader of thrillers because they provide a way of escaping and giving my mind a chance to be absorbed by unreal problems that are not my own. I also believe that time out to look objectively at what we have been doing and to reflect is vital – that is what a sabbatical is all about.

### 3. Clarifying goals

We need to take time to reflect on our goals and our purpose, and to ensure that what we are doing is in line with these. Sometimes, testing the boundaries goes beyond learning how to deal with our tensions. Our journey may take us to the point where we ask

ourselves: am I trying to put a shape into the wrong hole? Am I trying to squeeze myself into something that is not me, something that will never fit? Sometimes we use the hammer approach, which leads to self-destruction. The constructive approach is to know myself, to see if I am really suited to what I am doing, assessing the fit. This might be at the level of realising that I do not fit the practice I am in, or it might be at the level of saying that I have chosen the wrong career or even the wrong profession. This is hard, but ultimately it is easier than destroying ourselves trying to fit something we are not. Sometimes it may just seem that it is all wrong, and a break with some distance may be all that is needed to sort it out.

### Conclusion

Ultimately, approaching burnout and dealing with it are about finding out where I start and end, about knowing myself, and it is thus a spiritual journey. Whatever our way of looking at the world, or our religious framework, I

believe it is vital to be connected to the spiritual side of ourselves, as this is ultimately where our inner strength and resources are drawn from. We ignore it or deny it at our peril.

If we are to do this as successfully as we practise medicine, we must constantly remind ourselves that self-care is not selfish. ✚

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# SINK OR SWIM?



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**Workshop facilitators:** Chris Ellis (Family physician, educator and author, University of KwaZuluNatal), Gerda Botha (Psychologist, University of Limpopo - Medunsa campus), Ian Couper (Professor of Rural Health, Wits)

**Venue:** Sizanani Conference Centre, Bronkhorstpruit

**Dates and times:** 13H00 on Friday 10<sup>th</sup> June – 14H00 on Saturday 11<sup>th</sup> June 2005

**Costs:** R950 per person, including meals and one night's accommodation. (R500 non-refundable deposit required on booking.)

**Participants:** Open to any hospital doctors, GPs or family physicians, particularly in rural practice, who wish to deal with issues around stress, burnout, exhaustion, coping with caring, etc.

**Numbers:** Limited to 25 participants

**CPD:** 10 general and 2 ethics points will be awarded

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