Want a cure for physician burnout? Take care of yourself.

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The recent celebration of Employee Well-being Month got me thinking a lot about how physicians are treated as employees with regard to well-being. There is a general consensus that the issue of physician well-being needs to be addressed at both the level of the individual physician and the level of the system in which physicians work. Unfortunately, this insight has thus far failed to lead to significant improvement in the overall state of physician well-being or its evil twin, physician burnout.

A large part of the problem is that the whole health care system has a somewhat dysfunctional mindset around well-being. Well-being is calibrated on surviving rather than thriving. If something does not kill us, we are well enough to go to work.

Physicians are conditioned to work hard for no other reason than that is what we are supposed to do. That being the case, there is no real incentive for a health care organization to improve a terrible work situation when it has little to no impact on whether the doctors will keep showing up. It generally takes an act of God for a physician to take a sick day, much less quit a job.

This same way of thinking causes many physicians to balk at taking our well-being into our own hands when the system ignores it. We invest years of time, tens of thousands of dollars and immeasurable effort into becoming clinicians and somehow find it selfish to devote a fraction of that to addressing how to be well.

When we won’t take care of ourselves, it sends the message that taking care of us isn’t that important for the system to keep going.

With that in mind, I have a couple of words for my fellow physicians:

Start valuing your well-being as early as possible in your career.

The medical education process tends to disconnect physicians from the intuition that keeps us well. Ironically, while we are learning how to trust our guts in caring for patients, we become conditioned to ignore the signs that tell us what is necessary to maintain our own physical and emotional well-being.

I encourage all students, residents and early career physicians to keep in mind who and what supports your sense of well-being.

Prioritize those people and activities. You may not be able to spend as much time with them as much as you’d like while you are in training. I invite you to keep them a part of your life as much as possible.

All the transitions that occur on the path from first-year medical student to attending physician go much more smoothly when you acknowledge and prioritize the people and activities that ground you in a space of well-being.

Stop waiting for permission to care about your own well-being.
We, physicians, have this odd contradiction in our thinking. We like autonomy, so we don’t want anyone telling us what to do. At the same time, we like to know that what we are doing is sanctioned by the powers that be.

Here’s the hard truth: Sometimes, the decisions you have to make to prioritize your well-being will go against the grain of traditional medical culture. If you are completely burnt out/exhausted/running on fumes, you need to decide for yourself what has to happen to improve that situation.

You are likely to get a pressure ulcer sitting around waiting for your supervisor to schedule a heart-to-heart meeting to check on your well-being. In reality, as long as you show up when you are expected and get no patient complaints, no one is probably going to be concerned. You have to be your own advocate.

Summer brings the end of residency and fellowship training programs for many young physicians.

I particularly want to encourage those of you who are becoming attendings to reflect on how well-being and work co-exist in your lives. If they have been at odds, now is the time to get them integrated. I invite you to use this transition as an opportunity to design a life that supports your personal and professional well-being. Trust me. In the long run, starting this way will serve you and the entire health care system.