

Curbing Burnout Hysteria With Self-Compassion: A Key to Physician Resilience

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Background: Never before has physician suffering received as much attention in the peer-reviewed medical literature and popular media as now. The purpose of this paper is to propose that the manner in which these concerns are being addressed is further complicating physician and medical family well-being due to the perpetuation of work ambivalence.

Methods: A search of the English literature was conducted using PubMed to identify papers addressing physician burnout and other forms of psychosocial suffering. In addition, a review of case records from the past 40 years of clinical experiences as counselors and life coaches to physicians and their life mates was conducted.

Results: Reported levels of physician burnout and psychosocial morbidity have escalated over the past 10 years, as have clinically observed levels of work/life conflict expressed both by physicians and their spouses.

Discussion: We contend that the contemporary rhetoric addressing physicians' psychosocial experience is yielding the iatrogenic effect of promoting work ambivalence, which is a key building block in fostering physician burnout and its sequelae. We propose that curbing physician burnout requires a combination of empathy about the plight of physicians today, compassion that fuels workplace redesigns and family support, and self-compassion on the part of individual physicians.

Conclusions: Both clinical experience and research suggest that physician well-being can be enhanced by coaching physicians to protect positive engagement in their work while practicing resilience-enhancing tactics and strategies.

Key Words: burnout, resilience, self-compassion, work/life balance, medical families

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In prior work, we advocated for increased attention to physician and medical family well-being^{1,2} a lauded the ending of the “conspiracy of silence” regarding physician suffering, a response to the nearly omnipresent attention

being paid to physician burnout and other forms of psychosocial distress across specialties.³ However, clinical and counseling experiences with over 10,000 physicians and physician life mates suggest strongly that the increased attention to physician suffering is creating work ambivalence that is harming well-being for both physicians and medical families.

METHODS

A search of the English literature was conducted using PubMed to identify papers addressing physician burnout and other forms of psychosocial suffering. Bibliographies of peer-reviewed papers were cross-referenced to locate those publications that were often cited as seminal in the field of physician well-being. In addition, a review of our case records from the past 40 years of clinical experiences serving and counselors and life coaches to physicians and their life mates was conducted to examine themes of comments made by physicians and/or their spouses about their attitudes to their work and their work/life challenges.

RESULTS

It is now generally acknowledged that nearly 40% of US physicians suffer burnout and/or have symptoms of depression, 6% have thoughts of suicide, and that physicians experience the highest suicide rate of any profession.^{4–6} Reported rates of burnout across specialties are varied. Our own research with national samples of orthopaedic surgeons found burnout rates ranging from 29% in 2009 to 48% in 2012.^{7,8} Most recently, Shanafelt et al⁹ reported that 41% of orthopaedic surgeons evidenced positive signs of burnout.

Increased attention to physician psychosocial distress is vital, given that unchecked burnout correlates with a long list of maladaptive personal and professional sequelae, including surgical errors, career dissatisfaction, organizational instability, and significant work-home conflict.^{10,11}

Thoughtful research and a wealth of clinical experience suggest challenge the notion that ~1 in 2 physicians today is suffering from burnout. Leiter and Maslach¹² of the gold standard burnout assessment instrument found that, while ~20% of physicians may show burnout on 1 of 3 subscales of their inventory at any time, only 15% will show full-blown burnout syndrome indicated by elevations on all sub-dimensions. And a recent meta-analysis of 16 cross-sectional studies of a total of 3581 surgeons found that, although elevations in 1 of 3 subscales of burnout may occur in up to 34% of surgeons, only ~3% of surgeons suffer from extreme forms of burnout termed “burnout syndrome.”¹³

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DISCUSSION

We contend that while there is undeniable importance in assessing and treating burnout among physicians, an unintended consequence of increasing attention to physician suffering is creating a new risk to physician well-being: we are bordering on perpetuating “burnout hysteria.”¹⁴ By this we mean that concerns about burnout are fostering ambivalence about full engagement in work.

We have long cautioned about the dangers of “work ambivalence.”¹⁵ Robust research by Csikszentmihalyi¹⁶ and the Gallup Management Group¹⁷ showed that engagement in work corresponds with positive emotions. Highly engaged people work with passion and feel a profound connection to their profession and organization. Sixty-two percent of engaged workers state that their work lives positively affect their physical health and 78% of engaged workers feel their work lives benefit them psychologically.¹⁷ We therefore urge caution about perpetuating ambivalence about work engagement.

For many years, a major perpetrator of work ambivalence has been the misapplication of well-intended urgings to strive for work/family balance. Now, concerns about burnout are perpetuating work ambivalence across health care professions. Swensen et al¹⁸ reported that health care administrators and leaders of nurses and advanced care practitioners estimated that between 42% and 78% of their colleagues are evidencing “moderate to severe burnout.”

Clinical experience suggest that, particularly during the past decade, work ambivalence among physicians and medical families has escalated dramatically. Physicians today suffer from work-shaming. We routinely encounter physicians at all stages of training and career who state that they relish their work (even with all of the hassles inherent in the contemporary medical workplace), but they struggle with escalating levels of shame, guilt, fear, and anxiety about their degree of work involvement and its potential for causing them to burnout.

We propose that, in addition to their complex workplace and unrelenting work demands, work ambivalence is a key building block in a full-blown burnout syndrome. Work ambivalence leads to both career dissatisfaction and medical marriage/family distress.¹⁴ Our attempted solution to the historic, collective denial of the need for attending to physician well-being risks perpetuating the very problem that our efforts were designed to heal: burnout.

Empathy, Compassion, and Self-Compassion

Compassionate, caring connection with others at work, particularly during difficult times, has been found to be a key protective factor against burnout, and such connection can only come from nonambivalent engagement.¹⁹ Trzeciak and Mazzarelli²⁰ noted that empathy is the feeling and understanding component when faced with another’s suffering; detecting and mirroring another’s painful emotions. We have succeeded in increasing empathy for physician suffering. Compassion, on the other hand, spurs action in response to empathy; it involves taking action to relieve someone’s suffering.²¹ We urge physicians and medical families to exercise self-compassion as they take action to safeguard their resilience.

Neff²² defines self-compassion as treating oneself with the same kindness and care that one would offer to a good friend going through the same circumstances. Contrary to the mythology that self-compassion might result in one suffering the 3 Cs—weak, whiny, and wimpy—robust research has shown that high self-compassion correlates with high performance across a range of arenas.²³ Compared with people who score low on objective measures of self-compassion, those with high self-compassion evidence less brooding, rumination, anxiety and depression, and greater emotional stability during stressful times.^{24,25} High self-compassion has also been shown to boost motivation far more effectively than does self-punishment.²⁶ And marital research has shown that high self-compassion correlated with spouse ratings of caring, accepting, and autonomy-supporting behaviors within the marriage. High self-criticism, on the other hand, correlated with mates’ ratings of aggressive, controlling, and critical behaviors.²⁷ Finally, research with health care providers found an inverse correlation between compassion and burnout. That is, high compassion was associated with low burnout, and low compassion was associated with high burnout.²⁸

Self-compassion requires noting critical self-talk and learning to substitute self-judgments with statements similar to those one would offer a good friend or cherished loved one who was encountering these same circumstances. Self-compassion also entails embracing philosophies that connect one with common humanity, rather than overidentifying with one’s problems or failures (eg, “There are no perfect people; and I won’t be the first”). Self-compassion is also aided by curbing isolation through soliciting support from trusted others. Developing greater self-compassion is more difficult than it may sound. Doing so requires intentional commitment to learning to take more loving care of oneself, bearing through the awkwardness of developing new coping patterns, and taking interpersonal risks.

In prior publications, we emphasized that 2 factors are crucial to sustained physician resilience: countering daily hassles with daily uplifts; and fostering positive relationships, both at home and work.^{3,14,20,29} Self-compassion is crucial to safeguarding each of these vital resilience variables (Table 1).

Keep Burnout in Perspective

Resilience and burnout are most practically understood in energy management terms. Burnout happens when the energy it takes to cope with demands depletes and is not rejuvenated with one’s typical recovery strategies. Resilience, on the other hand, hinges on the ability to repeatedly reenergize one’s coping reserves while going through difficult times. Burnout is not a chronic disease. Most high-performing people drift in and out of periods of burnout. Chronicity occurs only if an individual fails to counter burnout episodes with appropriate, corrective self-compassion and self-care.

Acknowledge That Resilience Will Require Collaboration

Curbing burnout is not an individual matter. Although it is prudent for physicians to assume responsibility for shaping

TABLE 1. Practicing Self-Compassion

Strategy	Examples
Monitor and challenge critical self-talk	<p>“I was a bit late for my son’s game, but I did make it.”</p> <p>“That surgery was not perfect, but I did help that child to regain function of his leg.”</p>
Substitute self-judgments with statements similar to those one would offer a good friend who was facing similar circumstances	<p>“No one has a perfectly balanced life. Give yourself a break.”</p> <p>“You were a great person the day before this happened, and you are still a great person.”</p>
Practice philosophies that connect one with common humanity	<p>“There are no perfect people, and I will not be the first.”</p> <p>“Everyone goes through difficult times. How you react determines your integrity.”</p> <p>“Nice people find it upsetting when they are criticized by others.”</p>
Solicit support from trusted others	<p>“I’d like to ask your advice about something.”</p> <p>“Have you ever been through something like this?”</p> <p>“I am fretting about something, and would truly appreciate your support.”</p>
Remember that developing a self-compassion habit takes time	<p>“I am developing a new mental map about myself. This takes time and practice.”</p> <p>“The fact that this feels awkward does not mean that I’m faking it; it means that I’m practicing it.”</p>

their personal coping patterns, sustaining physician wellness will require revamping the medical workplace to assure manageable workloads and positive work environments. Sotile et al¹⁴, Simonds and Sotile^{29,30}, and Shanafelt et al³¹ summarized a wealth of organizational interventions aimed at easing practice burdens and creating positive workplace cultures that have been reported in the literature, and they offered additional organizational guidelines for fostering physician resilience.

Sustained resilience for physicians who face relentless work challenges also requires positive personal relationships and buy-in and support from medical families for the uniquely challenging work demands that come with life in medicine. Recent research showed that, while ~8% of Americans work 60 or more hours each week, 44% of physicians report that they work 60-plus hours each week.⁴

Although reducing physician workloads and work hours may eventually happen, it is unlikely that this will happen anytime soon. In the meantime, retaining meaning, purpose, and pride of affiliation with one’s work—and receiving support for that work from loved ones—is vital to sustaining resilience. In fact, spousal support has been shown to be a crucial factor in promoting surgeon resilience.^{32,33}

Accept the Resilience Challenge

We reemphasize: sustained physician resilience will require both revamping of the medical workplace and supportive personal relationships. In the meantime, physicians

would be prudent to take responsibility for their personal attitudes, coping styles, and workplace behaviors. The resilience challenge is clear: “Even if ‘they’ are 90% of the problem, what 10% can you own, to foster better outcomes in your personal and professional life?”²⁹

Generate and Harvest Daily Uplifts

Resilience research with varying populations has shown that absence of hassles (ie, uncomfortable stressors) does not predict resilience; presence of uplifts (ie, behaviors interactions, or thoughts that boost one’s mood) does. Researcher Fredrickson³⁴ showed that positive emotions foster more adaptive coping than do negative emotions. Specifically, resilience is enhanced by harvesting 3 uplifts (or positive emotions) for every negative emotion experienced.³⁵ Fredrickson recommends mindfully noting experiences that stir 10 uplifts: personal joy, gratitude, serenity, hope, interest, amusement, awe, pride, inspiration, and love.

Rethink the “Balanced Life”

Good work is good for well-being and for medical families. Our research with orthopaedic surgeons and their life mates showed that, more important than how much you work, your family happiness will be driven by your mood upon returning home from work. As a physician, your loved ones’ levels of satisfaction with your work/life imbalance will vary inversely with how often you return home from work evidencing negative moods and attitudes toward your work, your colleagues, your workplace, and/or the state of health care at large.^{10,33} The key to “balance” is to sequentially alternate between full engagement in your important life arenas: work, family, intimate relationship, self-care. We have noted clinically that working ambivalently even half-time in a job will resolve no work/life struggles, because doing so will correspond with arriving home in a negative mood.²⁹

Protect Relationship Harmony, at Home and Work (Make a Table or Chart)

Our previously published guidelines for orthopaedic surgeons about how to manage work/family juggling^{36,37} are summarized in Table 2.

Resilience is also aided if the workplace is a positive interpersonal culture. Workplace cultures that are replete

TABLE 2. Keys for Managing Work/Family Juggling

Spend an average of 90 or more minutes each day awake and engaged with your mate
Regularly engage your mate in meaningful discussions regarding your career journey and your reflections on how your work is shaping your personal development
Regularly inquire about your mate’s reactions to his or her life
Routinely voice appreciation for and pride in the contributions that your mate brings to your life
Make showing your family your playful self a priority
Accept that every happy couple grapples with certain chronic, unresolved differences
Protect deep friendship, trust, and mutual respect and admiration
Learn to communicate clearly, fight fairly, and accept with maturity the fact that there are no perfectly harmonious couples or families

with mutual praise, positive reinforcement, empathy, and expressions of appreciation between coworkers and patients have been shown to correlate with employee performance, physician satisfaction, and patient and family satisfaction.³⁸

Note that performing acts of kindness benefits both the doer and the receiver. Doing so has been demonstrated to be the single most reliable way to momentarily increase a person's sense of well-being.³⁹

Rethink and Reframe Your Medical Career

Medicine has changed, and so must you, if you are to thrive. Decide whether or not the value proposition of working in medicine remains a positive for you. If so, embrace what is good about your work and your life. If not, make changes. For some, resilience is enhanced by reminding oneself of the privilege of being a physician. Meaning is the antidote to burnout and despair. But harvesting meaning sometimes requires wonderment: seeing the familiar in unfamiliar ways. Physicians would be wise to regularly note which components of their work on a given day and of their career at large bring them a sense of accomplishment, pride, and wonder.

Debrief Painful Emotional Reactions

Surgeons are exposed to human suffering and trauma. In our clinical experiences, unprocessed effects of vicarious traumatization fester and contribute to physician distress. Posttraumatic growth, on the other hand, comes from accurately identifying and appropriately expressing emotional experiences within a supportive interpersonal environment. For surgeons, doing so may entail “unlearning” certain stoic coping patterns that served you well while enduring the rigors of medical training and life as a surgeon.

Maintain Basic Self-Care

Small, positive acts of basic self-care have been shown to enhance wellness. For example, exercise has been proven to be both an effective antidepressant and a powerful antidote to burnout.⁴⁰ It may be that physicians' most vital shared health risk is the excessive work hours that are normative in medicine. Working long hours in and of itself may not be harmful, but, compared with those who work less, physicians who work 65+ h/wk suffer double the risk that they will not exercise, sevenfold the risk of sleeping fewer than 6 hours each night, and fourfold the risk of skipping breakfast.⁴¹ Similarly, attending to the basics of nutrition and sleep hygiene is necessary to resilience.

CONCLUSIONS

Our contemporary explosion of attention to matters of physician well-being is an important step in promoting physician resilience. Curbing physician distress by revamping the medical workplace and enhancing support to physicians and surgeons are key challenges in the contemporary medical workplace. In this article, we have called attention to another challenge: Keeping our current efforts from fostering an iatrogenic effect. Curbing the work ambivalence that is being fueled by attention to physician suffering, and fostering ways to protect physicians' joyful

engagement in the noble and hard work that life in medicine, necessitates is also crucial.

Resilience hinges on the mindset of realistic optimism: the mindset that acknowledges the challenges one faces while maintaining an attitude of hope. In this paper, we call for a combination of appropriate empathy for the psychosocial struggles physicians encounter, compassion that motivates individuals to take corrective action, and self-compassion to treat oneself as well as we treat others.

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