

Beyond Physician Burnout: Keys to Effective Emotional Management

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Mismanagement of the complex emotions and work/life balancing challenges that come with a medical career is a risk factor that tends to go unaddressed in today's medical workplace. Visionary medical leaders recognize this dilemma and become ambassadors of effective emotional management (EEM) for physicians. EEM is a model for promoting stress resilience through management of personality-based stress reactions and the interpersonal consequences that come with coping habits.

This article summarizes research that has shown how EEM affects physician, patient, and organizational functioning. It is proposed that training in EEM can serve as both the palliative and prophylactic intervention for physician distress, burnout, and the organizational problems it can cause. Taxonomy for assessing burnout is specified, and the special coping risks that come in the wake of malpractice litigation are discussed. Specific strategies from promoting EEM are detailed.

Key words: Physician burnout; physician stress; Medical Organizational Culture.

INTRODUCTION

In the sidebars, we present two real-life scenarios that exemplify the emotional stress and quandaries that confront so many practicing physicians. In different ways, each of these physicians is suffering as a result of the mismanagement of the complex emotions and work/life balancing challenges that come with a medical career. This is a significant risk factor that tends to go unaddressed in today's medical workplace.

Visionary medical leaders . . . become ambassadors of effective emotional management for physicians.

Today's physicians face complex work/life challenges, and they are left to manage without the same protective

"net" of societal and community support, admiration, and deference that helped prior generations of colleagues. Visionary medical leaders recognize this dilemma and become ambassadors of effective emotional management for physicians. Doing so may be the single most important way to assure both individual and organizational resilience.

WHY IS EFFECTIVE EMOTIONAL MANAGEMENT IMPORTANT?

In *The Resilient Physician*, we coined the term effective emotional management (or EEM), which refers to the process of managing one's own personality-based stress reactions and the interpersonal consequences that come with your coping habits.¹ In essence, EEM is our model for promoting stress resilience—the ability to bounce through stressful times. EEM is crucial to maintaining career passion, and it hinges on the ability to maintain caring connections with others, both at work and in your personal life.

Our call for promoting EEM among physicians is based on the fact that a broad-based literature has demonstrated robust cross-correlations between several variables

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Case 1: The plight of Dr. Jones

After 12 years of practicing medicine, Dr. Jones appears to be stuck in the habit of struggling. He routinely complains about his burgeoning office schedule, he is often rude to nursing staff, and he has grown more brusque and authoritarian during his interactions with patients and colleagues alike. He seems distant with patients and, most disturbing of all, seems to resent it when they need him. He sought our consultation after a valued colleague commented to him, "If I hated practicing medicine as much as you evidently do, I'd find another way to make a living."

that are crucial to personal, professional, and organizational well-being. First, physicians' emotional management styles have been shown to correlate with subjective and objective measurements of their overall happiness and health. Because the attitudes and emotions of key players tend to be "contagious" in any relationship system, physician levels of well-being have been shown to interact causatively with a variety of crucial workplace variables. For example, low physician job satisfaction has been shown to correlate with increased employee turnover, poor peer relations, poor patient response, and increased claims of malpractice.²

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Unfortunately, many physicians today are ill equipped to handle the stresses that come with the ever-changing landscapes at work and home. Promoting EEM skills within a medical organization is a way to at once offer prophylaxis against maladaptive physician coping behaviors and ameliorate the same.

SIGNS AND SYMPTOMS OF BURNOUT

In clinical practice, symptoms and consequences of burnout are the most prevalent reasons that physicians seek our help to become more effective emotional managers. Burnout is a state of physical, emotional, and mental exhaustion that results from intense involvement with people over long periods of time in situations that are emotionally demanding.³ The more than 4,400 publications on burnout suggest that if you manifest any combination of the symptom clusters shown in the Sidebar, you may be suffering burnout.^{3,4}

As you can see from this lengthy list, burnout can manifest in a variety of ways. Physicians who are well trained to ignore their personal levels of physical and emotional distress, may get their first clue that they are in

Case 2: Dr. Lowe's Dilemma

An underlying sense of failure seems to fuel the lifestyle that Dr. Lowe describes as spinning out of control. "If I'm not at work, I feel anxious and preoccupied with all that I have left undone. But no matter how many hours I spend working, I feel like I'm just treading water; I'm not really accomplishing anything. Everywhere I look, I see people I am disappointing: patients I can't see because of my overflowing schedule; colleagues who want more participation from me in managing our practice; and a wife and kids who seldom see me. My workweek has mushroomed as my personal life has deteriorated. I just don't know what to do to catch up. My colleagues say I don't work enough, and my family says that I work too much."

trouble from the reactions of others. Suddenly, they are confronted with the havoc their behavior is wreaking in their relationships or their organization.

THE SPECIAL STRESS OF MALPRACTICE LITIGATION

"I've done too much for too many for too long with too little regard for myself." We hear variations of this lament from most of our physician patients. Many physicians manifest a psychological good news/bad news factor: their propensity is to engage in long periods of self-denial and delay of gratification to meet work-related demands. Although this ability serves many physicians well in meeting professional demands, it may lead to a loss of family harmony and nurturing self-care, which are needed when extraordinary coping challenges present themselves. This syndrome is particularly dangerous to physician well-being, given their extraordinarily stressful career paths. The following case vignette calls attention to a trauma that affects large numbers of physicians but goes unrecognized or poorly managed by many medical organizations.

VIGNETTE: DR. SMITH

Dr. Smith has always had a passionate love for medicine. Her emotional crisis came in the wake of a malpractice suit.

I have trouble sorting out what bothers me most about this nightmare. First, there was the shock and shame of being publicized as someone who made a mistake. That was horrible enough; I've always been someone invested in doing the "right" thing. I've never been rebellious; have always conformed to what was expected of me; and I've spent my life trying to please other people. And then my name is plastered all over the front page of our local newspaper, associating me with this onerous term "medical malpractice."⁷

SYMPTOMS OF BURNOUT

Emotional Exhaustion

- You generally feel emotionally drained from your work.
- You feel depleted from work demands.
- You start most workdays feeling fatigued.
- Increasingly, you feel frustration and irritation in reacting to routine demands of work.
- You feel strained by having to work with people.
- You no longer routinely “bounce back” with a sense of rejuvenation after time off from work.

Impaired Cognitive Functions

- You are having increasing difficulty sustaining your concentration and attention levels throughout prolonged periods of work.
- Your memory for work-related details is slipping.
- You are reacting to work challenges with increasing cognitive rigidity, rather than with cognitive flexibility.

Depersonalization

- You are behaving as though you lack compassion for patients and colleagues.
- Your work seems to have hardened you emotionally or made you more callous toward people at work.

Diminished Sense of Personal Accomplishment

- You question whether your work really makes a difference.
- You feel exhausted, rather than fulfilled, when having to work.
- You generally feel that you seldom accomplish anything worthwhile at work.
- You are losing passion and motivation for work.

Increasing Signs of Emotional Distress

- Increasingly, you are irritable when at work.
- An increasing sense of dread about upcoming work diminishes enjoyment of home life.

- Irritability, worry, or anger at the end of a workday contaminates your home life.

Interpersonal Distress

- You have increased conflicts with others.
- You are having temper outbursts in the work setting.
- Your use of passive-aggressive ploys is increasing in the work setting (e.g., you fail to promptly respond to pages; refuse to attend departmental or practice meetings; or you procrastinate extremely in completing practice-related paperwork).
- You feel blamed by people at work.
- You are engaging in needlessly competitive behaviors with colleagues (e.g., hoarding referrals, gossiping about colleagues, or interacting with colleagues in front of others in ways that embarrass them).

Impaired Behavioral Performance

- You are increasingly making work-related mistakes.
- You are reacting to work stress with increasing behavioral rigidity, rather than flexibility.

Elevated Frequency of Physical Symptoms

- Your stress-related physical symptoms have increased.
- You are becoming chronically sleep-disturbed.
- Increasingly, you have difficulty relaxing and enjoying time off from work.
- You are escalating in your use of alcohol or other drugs.

Organizational Distress

- You have difficulty recruiting or retaining employees.
- Staff morale is poor.
- There is a noted diminishment in collaborative and collegial behaviors.
- Increasingly, there is difficulty coming to consensus in group meetings.
- The incidence of complaints regarding inappropriate workplace behaviors has risen.

Next came anger and sadness. I felt like my patients to whom I have given so much, had betrayed me. Now all my patients seemed like potential threats. I found myself being more defensive and guarded, even with my nicest, most friendly patients.

But the most hurtful and disillusioning part of all of this has been the silence of my physician colleagues. This malpractice suit has been the single most difficult thing I have faced in my life, and my fellow physicians have been essentially unresponsive throughout the ordeal. I have missed much of my life in order to be a good team player in this medical community. I've never refused a request

to consult about a patient, even if it meant missing one of my kids' ballgames, coming in on a day off—I even missed my own birthday party one year because another physician needed my help! Yet, most of those colleagues have left me to deal with this horrible ordeal alone. In the past six months, only three of my so-called physician friends have offered me any words of support, compassion, or encouragement.

I know that this suit will get over with and settled. But I don't know that I'll get over how abandoned I feel by this medical community, by my profession.

The stress and disillusionment that comes when a physician is named in a malpractice suite can ruin a career. Being sued can seriously damage a physician's well-being and taint his or her attitudes and feelings about practicing medicine. In a controlled study of 171 sued physicians and 100 non-sued physicians, the sued doctors stated that they found the practice of medicine to be significantly less rewarding and satisfying after legal action than did their non-sued colleagues.⁵

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This is one of the most prevalent stressors to medical organizations today that goes essentially ignored or mismanaged. Approximately one-third of physicians are eventually subjected to a medical malpractice suit, and this figure soars to more than 50% in some surgical specialties.⁶ The pain of being charged in a malpractice suit is significantly compounded when medical colleagues fail to offer open support to the accused and their families.⁷ In a recent study of family physicians,⁸ almost all of those surveyed stated a need for support after making a serious medical error, but only one-third were willing to provide it unconditionally to colleagues.

THE ANTIDOTE

Effective emotional management is both the palliative and prophylactic intervention for physician distress and the organizational problems it can cause. EEM is a multimode process that includes but is not limited to the following.

- **Recognize that relationship management is part of a good physician's job.** Resilient physicians maintain collaboration and collegiality at work and intimate connections at home. To do so, regularly create moments of caring connection throughout each day to let others know that you notice them, appreciate them, and support them.
- **Stay in position.** Make regular, periodic adjustments in your lifestyle to assure that you live in harmony with your innermost values.
- **Manage your attitude.** Stress is inevitable. Struggling is optional. Develop philosophies that foster hope and reasonable optimism about your future.
- **Believe in something!** Stay in touch with some transcendent belief system and make time for rituals that connect you with some higher order presence in your life.
- **Take recess.** Regularly engage in healthy pleasures or other disruptions of stress progressions. These small acts of healthy "recess" restore physical, emotional, and spiritual balance.
- **Enjoy yourself.** Learn to focus on daily uplifts rather than daily hassles, and become a source of positive emotional contagion at work and home.

Finding an Effective Therapist

An effective counseling experience hinges on an interpersonal process that benefits the patient. (In this case, that means *you!*) Do not underestimate the importance of selecting a therapist to whom you can relate with reasonable comfort.

Be sure that the therapist (whether psychiatrist, clinical psychologist, clinical counselor, pastoral counselor, psychiatric nurse, or clinical social worker) is respectful of the medical culture in which you work. Advice like, "If you *really* cared, you would manage to make every one of your kids' activities" is usually pathognomic of a therapist who does not understand the realities of practicing medicine.

Be aware of the menu of therapies that are currently available. These include but are not limited to the following:

- **Psychodynamic psychotherapy:** Deep-level exploration of your personality, psychological conflicts, and emotional needs as they relate to your current functioning.
- **Substance abuse treatment:** Targeted intervention designed to promote and maintain sobriety.
- **Cognitive/behavioral therapy:** Coaching and psychoeducational interventions that help to identify and modify maladaptive modes of thinking and behaving.
- **Syndrome-specific therapies:** These time-limited psycho-educational interventions are designed to teach cognitive and behavioral coping skills relevant to a targeted goal. Examples include stress management, anger management, and assertion training. In addition, target counseling is available that teaches universally helpful skills like relaxation training, medication, biofeedback-assisted relaxation, and self-hypnosis.
- **Marriage/family therapy (MFT):** Most effectively delivered by a mental health professional who has received extensive training specifically in this area, MFT provides conjoint consultation to you and your significant other(s). Effective MFT teaches skills and constructs that help you to at once understand and ameliorate your relationship problems and develop adaptive conceptual "road maps" for navigating your way through the current stage of your relationship journey. Rather than focus on the negatives in your relationship, effective MFT emphasizes ways to resolve conflict and enhance communication, friendship, empathy, and intimacy.

Finally, remember to let yourself be the patient. Do not try to coerce the therapist into treating you like a co-therapist who will diagnose your own or your loved one's problems. Your therapy relationship should be a place that is safe enough for you to drop your professional armor, and deal with your exposed, private self.

- **Philosophize.** Develop philosophies that keep you humble and self-observing. Work to develop philosophies that protect your self-worth and that help heal you when you are hurt.
- **Don't deny.** Recognize signs of burnout in yourself and others, and intervene early to ameliorate it.
- **Learn coping flexibility.** Physicians are prone to make excessive use of problem-focused coping. They are accustomed to taking action and changing or eliminating the source of a problem. Not every problem can be solved, however. Sometimes, you will simply have to cope with the emotions that come with an uncontrollable relationship or circumstance. Here, it's important to become familiar with emotion-focused coping strategies—those that promote soothing reassurance or distraction that counterbalances the effects of stress emanating from an ongoing problem. Learn to relax, reframe, meditate, look for the positive, distract yourself, or seek support from others.
- **Recognize opportunities.** Recognize that extraordinary circumstances like a malpractice suit are relationship-building opportunities. Remember that crisis is a “learnable” moment, a time when the distressed person is impacted by the behavior of others. If you are being sued, let loved ones and colleagues know that you need and would appreciate their support. If you are the colleague or loved one of someone on the litigation hot seat, proactively offer support.
- **Honor physician families.** Whether dealing with an extraordinary stressor or the routine demands of a medical career, the quality of their personal relationships is one of the most powerful determinants of physician resilience. Express concern for and positive regard to each other's families. Incorporate periodic family celebrations into your organization's yearly operational schedule. Elsewhere, we have detailed exactly how resilient physicians manage to keep their family relationships healthy amidst their busy careers.⁹
- **Beware of “superperson syndrome.”** Recognize that feelings like guilt, shame, and humiliation are natural in the aftermath of any challenge to the “superperson syndrome” that medical training perpetuates. If such feelings persist, seek counseling from a mental health provider who is respectful of and knowledgeable about the medical culture in which you must function.
- **If you seek counseling . . .** Contrary to what you may have heard, physicians tend to be quite open to seeking counseling. In fact, research in this area suggests that between 20% and 25% of physicians admit to being in counseling at any given time, with most indicating that they are participating in marriage therapy. The tips in the Sidebar can help you to find an effective therapist.
- **Stay connected.** Regularly participate in activities and relationships that increase your sense of connection with life outside of medicine and your sense of control over your lifestyle. Examples include regular exercise, participation in social events and vocational interests, and spending time with supportive friends and loved ones.
- **Don't forget to laugh.** Simply put, a sense of humor is a powerful lever against stressful times.

DOES YOUR PRACTICE FOSTER EEM?

As we travel throughout the country consulting with medical organizations of all sizes, we continue to note that today's medical practices are strikingly diverse. Many still cling to the outdated, maladaptive ethic that it is enough for physicians to simply show up, see patients, and go home.

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On the other hand, are those visionary practices that mandate that every member contribute to maintaining a culture of collaboration, collegiality, and effective emotional management. These are the practices that will prove to be resilient and that will continue to serve as safe havens for their members throughout the challenges that come with a life in medicine. ■

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