



The slow earthquake

Stress and burnout in general practice

A resource for supporting general practitioners
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“The greatest weapon against stress is our ability to choose one thought over another.”
– William James

Introduction

General practice is in the middle of a “slow earthquake”

We have seen a rising burden of disease in the communities we serve as people age and more people live longer with more conditions. Governments have finally understood the rising costs of care in secondary settings, and acknowledged the need for more preventative healthcare to keep more people well and out of hospital.

Technological advances mean our patients quite rightly expect us to do more for them and indeed we now have the opportunity to expand investigations and treatments in primary care that were previously only available in a hospital.

At the same time as the pressure and opportunity to do more grows, we are seeing the consequences of the lack of training in general practice in the 1990s and the continued lack of investment in primary care with a workforce crisis of mammoth proportions.

These factors combine to create a “slow earthquake” that is no less destructive than the more obvious ones New Zealand experiences from time to time.

Practices are collapsing, providers are falling apart and services are fragmenting – the ground isn’t shaking but all the same destruction is happening around us.

In an earthquake our first response is to drop to the ground, find cover and hold on until the shaking stops. In this slower but no less dramatic event, we also need to take urgent action to look after ourselves. Taking this analogy further we need to:

- drop what we are doing
- cover the causes
- hold onto to others who can help us.

Let’s face it, if we don’t look after ourselves, no-one else will. If we are unwell we are not capable of looking after others, which is what we went into this profession to do.

“Your living is determined not so much by what life brings to you as by the attitude you bring to life; not so much by what happens to you as by the way your mind looks at what happens.”
– John Homer Miller

Definitions

We can describe **burnout** as “a syndrome of emotional exhaustion, depersonalisation, and sense of low personal accomplishment that leads to decreased effectiveness at work” (Maslach, 1996).

One definition of **stress** is the emotional result of having a gap between how you want or expect the world to be and the reality of lived experience. This means if we want our patients to be good communicators, who get better as a result of our interventions, and who are cared for in a system that is efficient and responsive we are going to be subject to stress.

Empathy is our ability to recognise suffering or distress in others. This might be something we recognise on an emotional and visceral level, or simply on an intellectual level.

Compassion is our ability to take the next step and do something about that suffering.

Compassion fatigue is often equated with burnout as it is a key part of that feeling, but it represents an inhibited ability to recognise and do something about suffering.

Resilience describes our ability to adapt to adverse conditions.

Mindfulness can be described as attention training with a side effect of relaxation.

“In any dark time, there is a tendency to veer toward fainting over how much is wrong or unmended in the world. Do not focus on that. Do not make yourself ill with overwhelm. There is a tendency to fall into being weakened by perseverating on what is outside your reach, by what cannot yet be. Do not focus there. That is spending the wind without raising the sails.”
– Clarissa Pinkola Estés

Aetiology

We know our ability to show compassion is reduced when we are:

- physically or emotionally tired
- dealing with difficult people
- interrupted, distracted or unable to focus
- dealing with really complex issues.

We know our levels of empathy reduce as we move through medical school and when we are under pressure as a junior doctor.

Pressure at work comes from multiple sources – we bring our own demons. But the people we work with, the places that we work in, the organisations we work for and the system we work under all have an impact and bear responsibility for stress.

Our ability to adapt to pressure is affected by both positive and negative influences. I am reminded of the children's song "there's a hole in my bucket, dear Liza" where however much positive input into resilience through good lifestyle choices and support, the bucket keeps draining because the holes caused by internal and external factors cannot be plugged (Figure 1).

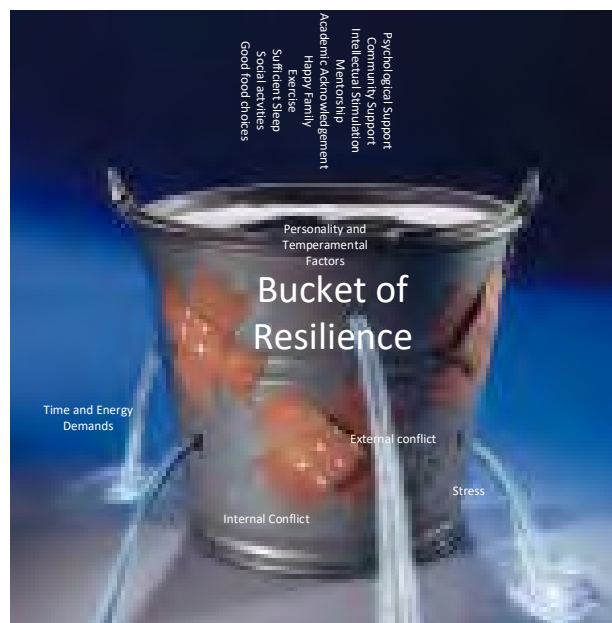


Figure 1 - The bucket of resilience

"The self care formula is simple. It is NITO(5R)... that is nutrients in and toxins out in the five realms the body works in (mental, emotional, physical, environmental and spiritual). Unfortunately, we are doing TINO(5R) that is toxins in and nutrients out."

– Nina Levins

Incidence

International surveys on the prevalence of burnout suggest over 50 per cent of primary care physicians admit to one or more symptoms of burnout, and it's getting worse with time.¹ Pinnacle Midland Health Network's quarterly survey has shown our providers are not immune with around 30 per cent of participants indicating feelings of burnout.

The Royal New Zealand College of General Practitioners (RNZCGP) annual workforce survey in 2015 showed less than 20 per cent of respondents were "extremely likely" to recommend GP as a career.² There may be a multitude of reasons for this lack of enthusiasm for our speciality, but it probably reflects a high level of exhaustion, anger and lack of sense that this job is worthwhile.

There is a difference between burnout and depression, but they can be seen as part of a spectrum. As a profession we have twice the risk of death by suicide compared to the general population and female doctors a four-fold increase in suicide risk.³

We cannot ignore this.

Symptoms of burnout: how does it feel?

"I first experienced burnout as a junior doctor. A patient with chest pain arrived at 2am one morning and my only feeling was of resentment this man was going to be taking up my time which could have been spent having a few minutes sleep. I did the necessary, but had no compassion or ability to empathise left in me."

– Dr Jo Scott-Jones

Doctors are high achieving people with high expectations of ourselves and how we should perform. Inevitably in the work we do things go wrong and outcomes are not what is hoped for or expected. Sometimes we make mistakes and sometimes the system we work in is flawed so we are set up to fail.

When things aren't going well we're vulnerable to feeling like we have failed, and we often feel ashamed when we have to admit we are not coping, especially to the highly achieving people who surround us in our profession.

It's really important to remember every doctor you admire will have a burnout story – ask them next time you see them. If you haven't experienced it yet it's probably because you have not been around long enough, these are issues common to us all.

Signs of physical and emotional exhaustion	Signs of emotional detachment	Signs of reduced effectiveness
Chronic fatigue Insomnia Weakness Poor appetite Depression Anxiety	Anger Isolation Pessimism Lack of enjoyment in work	Complaints from patients and colleagues Poor performance Irritability Apathy

²

http://www.rnzcgp.org.nz/RNZCGP/Publications/The_GP_workforce/RNZCGP/Publications/GP_workforce.aspx?hkey=a7341975-3f92-4d84-98ec-8c72f7c8e151

³ <https://www.mcnz.org.nz/assets/News-and-Publications/Newsletter/DEC08.pdf>

If you're finding yourself subject to an increasing number of complaints consider asking yourself if this is a result of your lack of engagement or an inhibition of your ability to connect.

If you have a lot of "heartsink patients" (those whose name in the appointment book makes your heart sink because you feel defeated, overwhelmed and exasperated by their constant demands and unsolvable problems⁴) consider reframing the problem as a sign it's time to do some re-training in compassion.

We have a variety of physiological, psychological and behavioural responses to stress (Table 1) – consider seeking help if you recognise any of these as common features of life.

Table 1: Stress responses

Physiological	Psychological	Behavioural
Heart rate increased Muscle tension increased Peristalsis increased Stomach acid increased Circulation to skin reduced Sweat glands activated	Fear / anxiety / worry Agitation Sleep disturbance Loss of pleasure Tearfulness / lability Intolerance / irritability Loss of confidence Memory impairment Difficulty concentrating	Aggression Avoidance Eating problems Substance abuse Time issues / procrastination Over-spending Libido issues Withdrawal or hyper-social

*"If your teeth are clenched and your fists are clenched,
your lifespan is probably clenched."
– Terri Guillemets*

If you are noticing early warning signs of distress (Table 2) drop what you are doing, cover the causes and hold on to others who can help.

Table 2: Early warning signs

Physiological	Psychological	Behavioural
Pain	Time pressured Lose sense of humour Indecisive Moody Restless Forgetful Rumination	Stop singing in shower Clumsy Nail biting Inflexibility Interrupt more Snappy Less "present"

⁴ <http://www.bmj.com/content/297/6647/528>

Why does this matter?

People who are unhappy at work aren't as productive as people who are fulfilled by what they do. In general practice to be "productive" means to be making connections with people, helping them make good choices about investigation and treatment, and providing them with effective advice and support – it means being there for people.

If we are unable to connect we cannot do anything else.

Our burnout results are significant and can result in measurable poor outcomes for our patients.

"These are the five elements of what free people chose to do. Pretty much everything else is in service of one of or more of these goals. P is positive emotion, E is engagement, R is relationships, M is meaning and A is accomplishment. That's the human dashboard. "
– Martin Seligman

Treatment

Because this is multifactorial in cause, we need to treat the system, our organisations, the teams we work in as well as ourselves to be really effective.

The health system

The driving force of our government needs to acknowledge the benefit of the work we do. We need meaning in our work, we need adequate holidays and working conditions that allow us to meet our own aspirations and those of our families. The health system needs to protect us from chasing meaningless targets because they are easy to measure and appear to be valuable to popular opinion. We need to see the government as supportive of the work we do and not a barrier to the work we do.

Organisations

The organisations we work in need clinical leadership, from people who understand the realities in which we work and who ensure the culture of the organisation remains supportive, connected and caring.

We need to have organisations that:

- build and support wellness through training
- provide opportunities for exercise, social connection and support
- are transparent, engaging, collaborative and fair in the way they deal with us.

Teams

We need the teams we work in to be positive, open and collaborative – a place where we can express ourselves freely. If our working environment is characterised by bullying, depersonalisation, a lack of meaningful activity and a lack of celebration of success it is hard to us to maintain our levels of compassion.

Self-care: prevention

Prevention is better than cure – build your resilience. Stay well, exercise regularly, eat healthy foods, don't abuse alcohol or other drugs, get plenty of sleep, maintain interests out of medicine, read fiction, be creative, have strong interpersonal relationships and take regular holidays. Yep – that's right, all of those things we tell our patients every day.

Read

[Dr Hilton Koppe's story and advice](#), and look at his [checklist of wellbeing questions](#) designed to help you get the most out of your career and life.

Practice simple compassion and mindfulness

Tony Fernando, academic psychiatrist and compassion expert, describes some simple exercises you can do on his website [Computer Assisted Learning for the Mind](#), or check out this [great interview with the team from IM Reasoning](#).

If you are feeling antagonistic or negative about a patient, colleague or staff member mindfulness will help you recognise this person is not intrinsically evil, they are just like you, they are seeking happiness just like you are. If you can recognise the feeling you have an opportunity to do a simple exercise: focus on the person, acknowledge the things you have in common, see they are suffering in some way, and tell yourself you hope you can help.

Use a worry book

If you find yourself worrying a lot try using a worry book. When a worry comes to your mind try responding "I'm not going to worry about that now, I'm going to write it in my worry book and I will worry about it at 3.45 on Tuesday." (It's good to specify the time when you will address your worries.)

At 3.45 on Tuesday go through all the worries and categorise and deal with them, as follows.

Things nobody can do anything about, for example a flood

- Write down all these worries, then cross them out.

Things that actually are your problem

- If it's someone else's responsibility – let them worry about it.
- If it really is your problem and your responsibility ask yourself if you:
 - a. can delegate part of it
 - b. can ask for help to deal with it
 - c. put it in a different time perspective would it still matter – will it still be important in 10 years' time?

"The physician who treats himself has a fool for a patient."

– William Osler

Drop – Cover – Hold

If your feelings remain negative you should:

- **drop** what you are doing
- give yourself time to reflect and **cover** all the potential causes – the positive factors you can adopt to fill your resilience bucket, the negative factors that are draining it
- talk to someone (your own GP or a trusted colleague) who can help you develop an action plan, and **hold** on to them until you feel better.

Take the advice your trusted colleague or GP gives you, even if it involves meditation, medication or having a long break from work.

Listening to other people's stories of burnout can be helpful. [The Doctor Paradox podcast](#) is a great resource. Often people try to cope by making a significant change in the way they approach work – this isn't easy, which is why preventing burnout in the first place is a better approach.

Above all else “first you save yourself”

There's no point handing out oxygen masks to everyone around you whilst you become slowly unconscious – so be careful out there, listen to your body and be mindful of your mood.

Resources for individuals

On self-awareness

- The NZMA provide support and self-assessment advice.
<https://www.nzma.org.nz/about-nzma/nzma-structure-and-representatives/councils/dit-council/are-you-ok>
- What's your positivity ratio? Take the 2 minute online test.
<http://www.positivityratio.com/single.php>
- Register at Penn University Authentic Happiness centre do the self-awareness questionnaires.
<http://www.authentichappiness.sas.upenn.edu/Default.aspx>
- Assessment toolkit: BMA questionnaire assessing severity of burnout for doctors.
<https://web2.bma.org.uk/drs4drsburn.nsf/quest?OpenForm>
- E-physician health is a Canadian resource with a global ambition. It provides a variety of modules, including a game to emphasise the difference between depression and burnout.
<http://ephysicianhealth.com/>

On building resilience

- The RNZCGP has a members resource called “*Self Care for General Practitioners*” that focuses on prevention, how doctors can self-care, and the need for doctors to develop a personal support network.
<http://www.rnzcgp.org.nz/>

- Meditation and mindfulness can be really helpful to help retain or regain wellness – download this app for daily exercises.
<https://www.headspace.com/>
- The school of life provides guidance on emotional intelligence for adults and interesting video links that provide a realistic reflection on relationships.
<https://www.theschooloflife.com/>
- Interesting presentation on building resilience, including quite a few practical pointers.
<https://www.asms.org.nz/wp-content/uploads/2014/11/Building-Resilience-Dr-Peter-Huggard.pdf>
- A University of Colorado publication covering aspects of burnout from assessment and recognition to management and recovery strategies. While some of the associated links are US specific there are many that are applicable to New Zealand, including some excellent mindfulness resource links.
<https://www.bhwellness.org/toolkits/Work-and-Well-Being-Toolkit-for-Physicians.pdf>
- Why should you exercise? Watch Dr Mike Evans video lecture.
<http://www.youtube.com/watch?v=aUainS6HIGo>
- Watch “laughter is the best medicine” – a CNN report.
<http://www.youtube.com/watch?v=0eB3ISAYE-I>
- Learn the power of creative writing and journaling.
<http://apt.rcpsych.org/content/11/5/338.full>

Resources for teams

- The Institute for Healthcare Improvement has produced resources for organisations to help them develop a culture of joy in practice.
<http://www.ihl.org/resources/Pages/IHIWhitePapers/Framework-Improving-Joy-in-Work.aspx>
- The Happy MD provides a range of resources for individuals, teams, organisations and health systems.
<https://www.thehappynd.com/>
- The American Medical Association provides a free resource with lots of modules relevant to both individuals and teams.
<https://www.stepsforward.org/>
- A very extensive site with resources designed to optimise all aspects of career satisfaction and achievement. While not specifically medical, most of the resources are applicable to any work situation. Specifically related to ‘burnout’ are resources for beating ‘hurry sickness’, avoiding burnout and recovering from burnout. There are resources for all aspects of team management including building a positive team and managing team negativity.
<https://www.mindtools.com/>

Interesting articles

On social networks and their effect on mortality

- Social networks, host resistance, and mortality: a nine-year follow-up study of Alameda County residents.
<http://www.ncbi.nlm.nih.gov/pubmed/425958>

On resilience

- Surviving (and even enjoying) medicine.
<http://student.bmj.com/student/view-article.html?id=sbmj0006196>

On relationships

- What makes the patient-doctor relationship therapeutic? Exploring the connexional dimension of medical care.
<https://www.ncbi.nlm.nih.gov/pubmed/3276262>

On physician self-harm

- The occupation with the highest suicide rate.
<http://www.psychologytoday.com/blog/the-narcissus-in-all-us/200908/the-occupation-the-highest-suicide-rate>
- The painful truth: physicians are not invincible.
<https://www.ncbi.nlm.nih.gov/pubmed/11147478>
- A report into the care and treatment of Dr Daksha Emson who died through suicide.
<http://www.simplypsychiatry.co.uk/sitebuildercontent/sitebuilderfiles/deinquiryreport.pdf>

On pursuing perfection

- Beyond perfection.
<http://www.rachelremen.com/perfection.html>

If you need immediate help

The employment assistance programme EAP is available to all staff of Pinnacle practices, call 0800 327 669 or go to www.eapservices.co.nz.

RNZCGP members who are suffering from stress or other health issues can phone the College for advice, 0800 769 247.

- **Ask for help.** Make an urgent appointment with your GP or contact your local mental health crisis team.
- **Alcohol Drug Helpline** 0800 787 797 or text 8681 – advice, information and support about drinking or other drug use.
- **Depression Helpline** 0800 111 757 or text 4202 – callers can talk through emotional and psychological issues with counsellors.
- Depression.org.nz – helping people find a way through depression.
- [The Lowdown](#) or text 5626 – support to help young people recognise and understand depression or anxiety.
- [The journal](#) – an online programme to help people learn skills to tackle depression.
- **Gambling Helpline** 0800 654 655 or text 8006 – support for those worried about gambling or the gambling of others.

If you feel that you or a colleague is at acute risk, this is an emergency: call 111 or your local hospital crisis team.