Is Our Profession Breaking Our Hearts? A Valentine’s Day Concern

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The glass of well-being among physicians may be half empty, but there is room and hope to fill it again. Perhaps psychiatrists are the missing ingredient?

PSYCHIATRIC VIEWS ON THE NEWS

For most of my career, I felt that my glass of personal satisfaction was way more than half full. I loved my profession, as I described in a previous blog, “Thanks to Psychiatry!” It was a professional match made in heaven, made way back in high school, even before Cupid found my personal match with my beloved wife.

However, as time went on, it began to feel half empty. That was one of the reasons that I retired from clinical work almost 3 years ago.

Burnout

Although burnout is hard to define, I probably had it. I had lost enthusiasm for work, despite still caring very much for my patients. Once I retired, I felt so much better emotionally. My exhaustion dissipated.

As a recent survey by Medscape indicates, I certainly was not alone. In the January 26, 2015, article by Carol Beckham, “Physician Burnout: It Just Keeps Getting Worse,” burnout rates among physicians in general has risen to 50% among internists and family practitioners.

The highest rates of burnout were in emergency medicine and critical care. Psychiatrists were among the least, at 38%. That sounds better, but it is relative, of course. Almost 40% of psychiatrists are burned out. Not too reassuring, is it? A pyrrhic achievement at best. Psychologists, psychiatric nurses, and psychiatric social workers were not in this survey, but some of our readers may know of similar surveys for those disciplines.

Some surveys indicate that US physicians become more burned out than other American workers. The physician suicide rate is higher than in the general population. According to the Medscape survey, some of the causes of burnout in physicians are:

• too many bureaucratic tasks ranks first
• too many hours at work
• insufficient income
• increasing computerization
• the impact of the Affordable Care Act (ACA)
• being a female physician
• being a younger physician

Psychiatrists in particular have the accumulated stress of stigma and the escalation of
anti-psychiatry critics.  
Burnout not only affects us, but it also can affect our patients negatively. Although our expertise and dedication still allows us to help others, even when our own well-being suffers, at least temporarily, burnout in general can be correlated with medical errors, malpractice suits, and lower quality of care.  
Burnout can interfere with our personal relationships. We can affect our loved ones adversely and/or they can help us.  
Since the glass of physician well-being is only half empty, there is room and hope to fill it again. Perhaps psychiatrists can be the missing ingredient. Not only are we more satisfied than most physician specialties, but through some of our expertise on prevention, we should know more about how to improve the well-being and mental health of all physicians. The self-knowledge we obtain as part of our professional development helps us to protect our own mental health as well.  
The opportunity to decrease burnout is emerging. The ACA, despite being an identified stressor due to the changes in practice that it is causing, supports the increasing integration of psychiatrists and psychiatry into the rest of medical practice. As such, not only can we help other physicians with the psychiatric problems of their patients, but we can be there for the physicians themselves. We can provide much nourishment with meditation, ventilation, and education, along with a box of chocolates.  
Are you burned out? If so, why do you think you are? If not, what helped prevent burnout? Have you helped colleagues reduce their burnout? Please let us know, and enjoy your Valentine’s Day.  

References:  

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