THE BURNT-OUT DOCTOR

Dr Maria Phalime
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INTENTION

• Common understanding
• Reflection
“Not everything that is faced can be changed, but nothing can be changed until it is faced”

James Baldwin
WHAT IS BURNOUT?

“A psychological syndrome that arises in response to chronic interpersonal stressors on the job”

Christina Maslach, Wilmar B. Schaufeli, Michael P. Leiter. Annual Review of Psychology 2001 52:1, 397-422
DIMENSIONS OF BURNOUT

“E’ve got nothing left to give”
DOCTORS ARE GIVERS

Selfless Givers:

- High concern for others
- Low concern for themselves
- Set few or no boundaries
- Give to the point of exhaustion
DIMENSIONS OF BURNOUT

- Cynicism
- Negative attitude towards patients
- Irritability
- Callousness
- Detachment

Diagram showing:
- Depersonalisation
- Emotional Exhaustion

Chart showing the dimensions of burnout.
DIMENSIONS OF BURNOUT

- Emotional Exhaustion
- Depersonalisation
- Low sense of accomplishment

- “What’s the point?”
- Imposter Syndrome
DIMENSIONS OF BURNOUT

- Emotional Exhaustion
- Depersonalisation
- Low sense of accomplishment
CONTEXT OF BURNOUT
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- High patient volumes
- Long working hours
- Burden of disease
- Life & death decisions
CONTEXT OF BURNOUT

- Call roster
- Placement
- Resource constraints
CONTEXT OF BURNOUT

- Recognition
- Intrinsic reward – meaning
- Financial
CONTEXT OF BURNOUT

- Low levels of support
- Toxic work relationships
- Working away from loved ones
CONTEXT OF BURNOUT

Transparent policies and decision making
• Mismatch between personal & professional values
• Leaders who don’t ‘walk the talk’
• Work/home conflict
CONTEXT OF BURNOUT

- Mismatch between personal & professional values
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- High patient volumes
- Long working hours
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- Call roster
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- Values
- Workload
- Control
- Fairness
- Community
- Reward

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Transparent policies and decision making
Human Rights Commission slams ‘lack of progress’ in KZN oncology crisis

Alleged corruption behind Gauteng health crisis revealed

Med stockout crisis cripples North West

Internship placement delay causing headache for medical graduates

Life Esidimeni hearings: 'Not my fault they died'
Healthcare under fire

Strikes in Limpopo, violent protests in North West and crumbling cancer care in KZN. In the shadow of the Life Esidimeni tragedy, there is no shortage of provincial health crises and patients’ lives hang in the balance. How healthy is our health system? Here is a snapshot of some of the provinces that have made headlines.

NORTH WEST
More than a year after health workers say they raised concerns about healthcare and management in the province, unions embarked on a go-slow that led to widespread drug stock-outs. Protests recently gripped the area for weeks and shuttered some health facilities. Private investigators and the Hawks are currently reviewing R180-million in allegedly illegal tenders awarded to the Gupta-linked company Mediosa. Concerns have also been raised about deals with controversial ambulance service Buthelezi EMS and local private security firms, according to Spotlight and the auditor general.

GAUTENG
The department’s decision to remove almost 2,000 psychiatric patients from state-funded hospital care as part of the Life Esidimeni tragedy continues to hang over it. Families have begun to lodge compensation claims that are expected to total at least R206-million. Meanwhile, there have been serious concerns about cancer care in the province. Charlotte Maxeke Academic Hospital has frequently battled broken cancer treatment machines. Staff shortages have forced doctors to see patients into the early morning. In the past year, the sheriff has seized office furniture under court order for the non-payment of debts. The latest auditor general report showed Gauteng health took an average of six months to pay creditors.

EASTERN CAPE
The auditor general found that the health department was one of three provincial health bodies that reported being in “serious financial trouble”, according to the auditor’s latest report. The province made headlines earlier this year after a psychiatrist at Tower Hospital alleged 50 people had died at the facility since 2010. City Press reported. A subsequent investigation into the facility about 90km outside of Grahamstown found inhumane conditions and patient rights violations, a South African Society of Psychiatrists report revealed.

LIMPOPO
This week, Democratic Alliance members alleged that about 28% of the babies born in the province’s Maphutha Malatji Hospital in Phalaborwa die every month, said the party after a facility visit. Earlier this year, dozens of health workers protested late payments and unpaid overtime. The health department ended four years of administration by the national government in 2015. The department did not respond to requests for comment.

MPUMALANGA
The auditor general found the province had racked up R1.6-billion in irregular expenditure, most of which was because it didn’t follow procurement policies. For instance, the department allegedly contravened the provincial treasury and the law when it awarded an emergency medical services contract to Buthelezi HEMS, a joint venture between controversial private ambulance company Buthelezi EMS and HALO Aviation, reports Spotlight.

KWAZULU-NATAL
Durban’s last public oncologist left in June 2018, leaving only three specialists in the province. People now wait up to a year for an oncologist appointment, a recent South African Human Rights Commission hearing revealed. The South African Medical Association also accused the province of, for instance, freezing posts, regular drug shortages and a lack of essential equipment such as gloves. The national health department has procured new cancer treatment machines, and the province has begun to outsource treatment.
DOES IT MATTER?
WHY IT MATTERS:

1. Increased medical errors
2. Breakdown in doctor-patient relationship
3. Low staff morale & dysfunctional work relationships
4. Absenteeism & high turnover
5. Physical and mental health issues
When *doctors* burn out...
When doctors burn out...

Patients receive burnt-out care
WHAT DO WE DO ABOUT IT?
RESILIENCE TRAINING “TREATMENT”

- Focuses on individual; ignores the context
- Contributes to stigma of burnout as personal failing/weakness
- Sends the wrong message - “It’s not your environment, it’s you”
- Futile if people continue to work in same contexts
- Doctors don’t need more toughening up
BURNOUT IS AN OCCUPATIONAL HAZARD OF THE PRACTICE OF MEDICINE
APPROACH

- Address the drivers of burnout in the workplace
- Promote well-being and performance
NOTE:

1. There are no quick-fixes

2. No blame game. Doctor well-being is a shared responsibility

3. Design well-being strategies that encompass BOTH individual and organizational interventions

4. Leadership is key
# APPROACHES TO ADDRESS BURNOUT

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<thead>
<tr>
<th>DRIVERS OF BURNOUT</th>
<th>INDIVIDUAL</th>
<th>ORGANISATIONAL</th>
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<td>Transform mindset of “selfless giving”</td>
<td>Acknowledgement &amp; assessment of burnout in the workplace.</td>
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<td>Build self-awareness to recognise signs of burnout</td>
<td>Creative workload management</td>
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<td>Nurture primary relationships</td>
<td>Culture of no-tolerance to bullying</td>
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<td>Focus on what’s working</td>
<td>Safe working hours</td>
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<td>Meaning and engagement</td>
<td>Advocacy – DoH, HPCSA</td>
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<td>PERFORMANCE &amp; WELL-BEING</td>
<td>Build skillset in personal performance &amp; well-being: sleep, nutrition, energy management, self-compassion</td>
<td>Peer support programmes</td>
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<td>Training – leadership; communication; teamwork</td>
<td>Social activities</td>
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<td>Coaching &amp; mentoring</td>
<td>Culture of caring for one another</td>
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<td>Ongoing feedback &amp; refinement</td>
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WHERE TO FROM HERE?

• Keep the conversation alive to raise awareness and reduce stigma

• Implement interventions in your work units

• Targeted research
  ✓ Better understanding of the problem
  ✓ Assess effectiveness of interventions
HOW ARE YOU DOING?
THANK YOU!

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