

From one doctor to another: here's what you can do about burnout

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Burnout is not solely related to personal resilience. We recruit talented young women and men, and train them to be the best physicians possible. Then, the nature of the institution of health care puts numerous barriers in the way of providing timely, quality care. To me, *this* is a fundamental issue causing physicians to experience the symptoms of burnout. Here's what you can do...

Individual

Develop your own resilience through things like regular physical activity, proper diet, sleep, and meditation. Find out what you need and make that a priority. Write, do yoga, play a Tibetan singing bowl—find your inspiration.

Ensure that you have control over your schedule. Schedule protected time to allow you to do the non-work activities that make life meaningful for you. Yes, you are in charge of your schedule. If you are looking for someone to blame, look in the mirror.

Learn to say the most important word in life: **no**. Say it again, with feeling. Learn to say it to your family, friends, colleagues, patients and administrators as needed. You will get better with practice. The institution of health care will try to take advantage of you and use you as

"free expansion room"—your time is valuable—ensure the system pays you for it. The system needs to value *you* and invest in *you* if it wants to survive. It will because it needs to survive, just like us. Need help saying no? Try this resource called *How to say no to anyone* (<https://www.careerfaqs.com.au/news/news-and-views/how-to-say-no-to-anyone>).

Why are you in medicine? What is your *WHY*? Read Simon Sinek's *Start with Why* (https://www.amazon.ca/Start-Why-Leaders-Inspire-Everyone/dp/1591846447/ref=sr_1_1?gclid=Cj0KCQjwvdXpBRCoARIsAMJSKqK1CzWnXaB-8YR-VhITFWnUIRUBTzKqSoTHRaqn8Gbi1RgOLK1YAqcaAtsIEALw_wcB&hvadid=229994475793&hvdev=sa_l&hvdid=299963151282&hydadcr=16961_10238145&keywords=simon+sinek+start+with+why&qid=156381). It will be one of the best 3 hours you spend reading. The things you thought were important to you may not be as important as you thought. Finding meaning in life should be a meaningful priority for us.

My colleague, Dr. John Crosby is a very wise physician. He writes a wonderful guide to physician burnout and practice management, which I believe is one of the most relevant (and best written) articles for the Canadian practitioner. *All* physicians should read this. He should teach this in medical school. I won't repeat what he says, but you can find it here (<http://oakvillesurgery.com/files/CrosbyBurnout.pdf>).

Read more about the problem through the numerous resources we have on our Department of Surgery website (<http://oakvillesurgery.com/energy.html>).

Institutionally

Politics is fundamentally about “who gets what.” If you are committed to improving the organizational and personal issues leading to burnout and moral injury, you need to get involved in the management of your institution. That means getting involved in administration and leadership to make things better for physicians, staff and patients.

- Ensure that you have a say in the expansion and allocation of resources. Hire more physicians—share the workload and develop creative ways to divide available resources. You will be surprised how well you can adapt to a slightly lower income.
- Use technology to automate the paperwork and processes that needlessly occupy physician time.
- Learn how to implement change—it is a lot harder, but more satisfying than you thought. Do you love going to work? If not, make changes so that you do.
- Learn the clinical prioritization process at your hospital to learn how new surgeons, OR days, equipment and outpatient time are allocated. Then get involved and help drive the process.
- Get to know your local hospital fundraising foundation, and work with them to inform your community about how a donation to the hospital will advance health care.

- Get to know your local mayor and member of provincial parliament—they cannot do their job, advocating for your hospital and obtaining more resources without your help.

Remember what Peter Drucker said: "The best way to predict the future is to create it." Start now.

What we have done

A day on-call and in the operating room can feel like a war zone at times. On-call duties are disruptive to your elective practice, sleep and health. A recent study (<https://www.mdedge.com/vascularspecialistonline/article/176686/trauma/surgeons-1-call-night-equals-3-sleep-disrupted-nights>) showed that it takes 3 days to recover after a night on call. Minimize your on-call duties, cover no more than 24 hours at a time.

We started an Acute Care General Surgery Service and hired 3 general surgeons at the same time. They cover daytime call Monday to Friday, and we all share the nights and weekends. This was one of the best things to happen to my practice. Patients get to surgery and home faster, our acute care surgeons are dedicated to covering the ER and have dedicated OR, imaging, and outpatient time.

In addition, we are hiring 10 new surgeons of different specialties over 2 years to address issues related to wait times and volume of work. Does this reduce a surgeon's income? This is something we need to be open to talking about. A wait-list of 1 week, 1 month, or 1 year has no effect on your income, but it drastically affects patient wait times for surgery and their satisfaction.

Having more free time allows you the flexibility to spend more time seeing patients in the office, take more open elective OR time that may be available, pursue other income opportunities, or choose to enjoy the additional time to pursue other interests.

Surprisingly, I am not as indispensable to the hospital and to my patients as I once thought. Patients want high quality healthcare and a great patient experience, and fundamentally it doesn't matter if it comes from me. With ACS, patients get their consult and surgery, and get home faster with great care and experiences.

I can attend to my elective duties with no pages from the ER, or inpatient floors. We are in the process of hiring a physician assistant (PA) to support the wonderful work of our ACS service to ensure that they do not suffer burnout.

We have created diagnostic assessment programs for breast and colon cancer to expedite the diagnosis and treatment of patients. We have introduced a new Virtual Care Program to make it easier to communicate with patients using Reacts.

Our coordinator of staff wellness, Louisa Nedkov, has been working with us to enhance physician wellbeing by raising awareness about burnout and wellness, developing educational rounds and creating a surgeon peer support network. She is helping us start a

guided meditation program to help physicians, staff and patients. Guided meditation is powerful, and easier than you may think.

You may like our recently published article, where we further explore the topic of burnout, here (<http://www.oakvillesurgery.com/files/burnout-r.pdf>).

The institution of health care needs to understand that its very survival depends on an existential pivot to focus on the wellness of caregivers. Share what you learn by writing and publishing so that the rising tide may lift all boats. As we support each other, we will all learn that empathy will be the key way to move ahead, together.

About the author

Duncan Rozario M.D., FRCSC, FACS is the Chief of Surgery at Oakville Trafalgar Memorial Hospital and Medical Director of the Oakville Virtual Care Program. He specializes in the management of breast and colorectal cancer, hernia repair, laparoscopic gallbladder surgery, colonoscopy and gastroscopy, on-call emergency room coverage and minor procedure in outpatients. He is also the Assistant Clinical Professor (Adjunct) for the Department of Surgery of McMaster University.



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