

Challenges in treating physician burnout: The psychologist's perspective

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Background

Burnout is a multidimensional stress syndrome that is particularly prevalent in physician populations. Yet, physician burnout can have serious professional and personal consequences. According to the literature, both individual-focused and structural or organisational solutions are required to reduce physician burnout. However, little research has been done on the individual psychological support that can be provided to distressed physicians. Furthermore, the literature shows that physicians do not tend to seek help when necessary. Although they impact treatment outcomes, these impeding factors and underlying mechanisms have been understudied.

Aims

- to identify the specific challenges to treat physician burnout
- to explore the origins of these challenges from the perspective of clinical psychologists

Method

Population

Psychologists who had treated at least two physicians with burnout (n=12). Diversity in terms of gender, job tenure and localization were sought.

Data collection

Semi-structured interviews were conducted. The interview guide was focused on the psychologists' experience about three main themes: specific challenges, their origins and potential solutions.

Data analysis

The analytical framework was defined depending on the interview guide: challenges, origins, and potential solutions. Researchers performed thematic analysis.

Results

Two specific challenges

Reluctance to seek help from health professionals - tendency to go at more severe stages of exhaustion

'I often hear about physician burnout, but I have few physicians among my patients'

'They're waiting longer than other patients. When they consult, they are in a deeper exhaustion.'

Feeling uncomfortable in the role of patient - difficulties to accept treatment

'At best, I am a colleague. They never accepted to be my patients.'

'The creation of the therapeutic relationship is very, very sensitive.'

with three possible causes

No assignment to a general practitioner

'A physician doesn't ask for help from another caregiver. They can treat themselves. It's very difficult to say, 'I cannot treat myself''.

Feeling guilty about reducing their workload

'They have a power over other people. For some physicians, that means that they have to balance that power by being available for patients always.'

Tendency to confuse professional and personal engagement

'For other professional, there are sometimes the openness to think 'I could change job'. For physicians, that never happens.'

and contributing factors

Medical education

'They are trained to endure a lot of things. They have to bite the bullet and not complain'

Professional culture

'Everybody dreams that his child become a physician. It's wonderful to save lives! So, when you become a physician, you need to love your job and never reconsider it.'

Image of the profession in the wider community

'There is a societal vision of the physician's role: self-sacrifice for other people'

Avenues for intervention

Introduction of the notions of self-care and vulnerability during medical studies and continuous training

Implementation of support groups

Development of specific training programs

Change of professional culture

Conclusion

To our knowledge, this study was the first to approach physician burnout from the perspective of professionals who provide physicians with psychological help. This method allowed us to explore specific challenges to treat physicians and the possible roots of these challenges.

Further studies are needed to explore how medical education and professional culture can be changed to reduce the risk of physician burnout and facilitate care when it nonetheless arises.