

# Burnout and work–life balance: getting personal

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Will you share your burnout story with me? There is a significant chance that you have one. The General Medical Council's survey showed that 24% of trainees and 21% of trainers in the UK feel burnt out to a high or very-high degree because of their work.<sup>1</sup> Global studies indicate that approximately one-third of physicians are experiencing burnout at any given time.<sup>2</sup> A more recent systematic review found that there was marked variation in the definition of burnout and that the prevalence of burnout in physicians ranged from 0 to 80%.<sup>3</sup>

There is no doubt in my mind that as healthcare professionals we are at risk of burnout. The combination of a caring nature and tendencies towards selflessness and perfectionism are a perfect recipe for burnout: 'overwhelming exhaustion, feelings of cynicism and detachment from the job, and a sense of ineffectiveness and lack of accomplishment'.<sup>4</sup>

So, you are likely to have a burnout story but are you comfortable sharing your personal tale? Firstly, you would need to take off your superhero eye mask and cape, and climb down from 'Healthcare Heights'. And are there not more exciting and heroic tales to tell? – of lives saved, spectacular feats accomplished during a night shift, of running the busiest clinic single handed ... And what about the stigma and loss of face by sharing your weakness? – it is not really very fitting of a physician, is it?

So, I'll tell you *one* of my burnout stories – I'm not proud. I was sharing what should have been a precious bedtime story with my two young children, yet I felt incensed because they were not going to sleep quickly enough. Why was I angry? – because all I wanted to do was check my email and get on with some work. The anger melted and was replaced by overwhelming sobs and floods of tears, and I realised what a terrible position I had found myself in. It is at moments like

this that we should realise the balance is wrong and that we do have a choice. How often do we put too much pressure on ourselves? No one had ever told me that I must work every evening; so how had I slipped into this routine?

I made a choice at that time – to stop working in the evenings and to take more exercise. I also chose to speak to my line manager, and I discovered that I could take some parental leave. Paradoxically, I began to achieve more at work and at home.

But work–life balance is not about having children, or being female, or working less than full-time. We *all* have different roles to balance: doctor and partner; academic and clinician; physician and educator; care giver, homemaker and marathon runner (insert other hobby here). How we choose to balance these roles is personal: there often is not a simple dichotomy and many of you will prefer to live in shades of grey rather than black or white. For me, when it comes to work–life balance I prefer the black–white approach: work is for work (not booking the car for a service) and home is for home (not checking work email, and keeping mentally and physically fit).

It is easy to blame 'the organisation', 'the profession' or 'the culture' for our wellbeing – or lack thereof – to the extent that 'resilience' can even become a 'dirty word'.<sup>5</sup> But I believe that we have some personal responsibility for our wellness. This responsibility is not because we are healthcare professionals, but because we are human and we have a responsibility to ourselves. I believe that healthy work–life balance is key to avoiding burnout. And I believe that burnout is one of the biggest threats to ourselves, our profession and to the sustainability of patient care. However, to improve your work–life balance you must identify both a need *and* a desire for improvement. I am not claiming that this is easy. Further reading would tell you that this is not a problem with a single

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solution; this is a dilemma.<sup>6</sup> Dilemmas are not *solved*; they are *managed* through choice and consequences.

Here are some of the personal dilemmas my colleagues have shared, and how these might be managed:

- I do not have time to go for a run (read a novel etc.). There are over 10,000 min in a week, so if you cannot spare 20 min to go for a run (or read a novel) then there is a serious problem. What do you *choose* to spend your time doing instead? Now is the time to make a different choice.
- I do not want to work in the evenings, but there is no time at work to do everything that needs to be done. Who defines what 'needs to be done' – is it you, or your manager? Are you doing things for your own satisfaction or perfectionism rather than for essential benefit to patient care? Do you really need to type a 2-page email when a conversation may be better? Must you join another committee? What would be the real consequences if you had not worked from home last night? – try it and see. I have, and nothing bad has happened.
- Working every evening has become too normalised in my department. There is an on-call system for a reason – trust in your colleagues and delegate. You could arrange a departmental educational session on burnout and work–life balance. People ask how we can change the culture – you are the

culture. Set and manage expectations – be realistic about what can be achieved in your job plan. Find a mentor from another department or area.

- I read that stressful email when I was ... trekking in the Himalayas. In this digital age we can be constantly connected to our work. How about removing work email from your mobile phone? Or blocking notifications on your mobile phone and changing the email setting to 'fetch' instead of 'push'? Ensure you have a nonwork email account for personal affairs, and use an out-of-office reply for your work account when you are absent. And please do not boast about the exotic places you have been foolish enough to check your work email!

In sharing personal stories we can show others that we are human, and we can hopefully find and share some solutions. **1**

### Recommended further reading

- Bostock C. Step away from that email...12 ways to keep work out of your home life <https://www.bma.org.uk/connecting-doctors/b/work/posts/step-away-from-that-email-12-ways-to-keep-work-out-of-your-home-life>
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- 4 Maslach C, Leiter MP. Understanding the burnout experience: recent research and its implications for psychiatry. *World Psychiatry* 2016; 15: 103–11.
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- 6 Drummond D. Physician burnout is NOT a problem. <https://www.thehappyd.com/blog/physician-burnout-is-not-a-problem> (accessed 15/03/19).