



Your Best Life

Your Best Life: Coping With Emotional Pain in a Demanding Work Environment

John D. Kelly IV MD

Burnout rates among orthopaedic surgeons are inordinately high [1, 2], and the steady erosion of autonomy, has taken its toll on the psychological well-being of practitioners. Surgeons face a high volume of patients, excessive administrative tasks, financial issues, and implausibly high

expectations of success [2]. The result is physical and emotional exhaustion, and a personal life that is often pushed aside in favor of professional achievement. Emotional distress among our colleagues can lead to anxiety, depression, substance abuse, or even put our patients at risk. Indeed, these are challenging times to be a surgeon.

When a surgeon suffers emotionally, the collateral damage extends to patients, friends, family, and loved ones [10]. Behavioral problems and dysfunctional thinking, left untreated, tend to worsen over time, and may lead to destructive behaviors that will likely bleed into one's personal and professional life.

As we reflect on our own dealings with professional stress, what comes to mind? In my own personal experiences, and in conversations with peers, the most intense triggers of emotional distress often include the profound sense of responsibility for the life and health of one's patients, the difficulty forgiving oneself when, through error

or bad luck, a patient is harmed, and the struggle in coping with harsh self-judgment. Tempering our reactions to mistakes, and managing the seemingly ever-present tendency for self-reproach, may help us avoid descent into despair.

While we cannot readily change many of the challenging external stressors, we can radically transform the way we perceive our environments. Knowledge of ourselves and why we may react to certain stressors is the first step to successful navigation of a demanding life.

Listen to Your Body

How do we recognize the difference between a bad day or week, and something more severe? Our bodies hold many clues. Poor quality of sleep, lack of energy, and weight loss or weight gain are just some of the indicators that we may be anxious, depressed, or burned out. Muscle spasms, blepharospasm (eyelid fasciculations), stomach distress, acid reflux, back pain, and headaches all may denote that a change is necessary. Loss of libido is also reliable index of excessive stress or burnout.

A Note from the Editor-in-Chief:

I am pleased to present the next installment of "Your Best Life," a new quarterly column written by John D. Kelly, IV MD. Dr. Kelly is an Associate Professor of Clinical Orthopaedic Surgery at the University of Pennsylvania. His column explores the many ways that busy professionals—surgeons and scientists—might find peace, happiness, and balance both at work and in their personal lives.

The author certifies that he, or any members of his immediate family, have no funding or commercial associations (eg, consultancies, stock ownership, equity interest, patent/licensing arrangements, etc) that might pose a conflict of interest in connection with the submitted article.

All ICMJE Conflict of Interest Forms for authors and *Clinical Orthopaedics and Related Research*® editors and board members are on file with the publication and can be viewed on request.

The opinions expressed are those of the writers, and do not reflect the opinion or policy of *Clinical Orthopaedics and Related Research*® or The Association of Bone and Joint Surgeons®.

J. D. Kelly IV MD (✉)

Perelman School of Medicine at the University of Pennsylvania, 34th and Spruce St., Philadelphia, PA 19104, USA
e-mail: john.kelly@uphs.upenn.edu

Your Best Life

Another common sign of burnout is depersonalization, whereby an individual merely goes through the motions of one's vocation with no emotional investment. Social and emotional withdrawal may suggest real pain. Conversely, but equally destructive, is perfectionism, which derives from anxiety or self-esteem issues [8]. Perfectionism, and all its attendant negative effects on happiness, is a common consequence to deep feelings of inadequacy [5]. The same perfectionistic tendencies that drive a premedical student to ace all of his or her subjects, also puts them at risk for continual discontent and dissatisfaction. Finally, any behavior in excess—gambling, golfing, and even exercise, may indicate emotional unrest. Left unchecked, these issues can result in acting out in the form of erratic angry outbursts or drug and alcohol abuse.

If You See (Or Feel) Something, Say Something

Whether it is perfectionism or emotional detachment, surgeons are at particular risk for emotional strife, and it is incumbent upon us to approach a beleaguered fellow surgeon in need of support. We must kindly—but firmly—inform our colleague that we recognize inner strife and that we are

there to help him or her. Maybe a colleague just needs to talk through a stressful situation in his or her life. But maybe the circumstances are more severe. Suicidal ideation is common among surgeons [11]. In fact, a survey found that one in 16 US surgeons reported suicidal ideation in the previous year. The survey also found that only 26% of surgeons with suicidal thoughts sought psychiatric or psychological help [11], compared to 44% in the general population. Young physicians are particularly vulnerable to suicidal thoughts. According to a study by Goebert and colleagues [4], 9.4% of fourth-year medical students and first-year residents reported having suicidal thoughts in the previous 2 weeks.

If a colleague discloses to you feelings of depression or suicide, take the conversation seriously. Whenever one suspects even a hint of suicidal thinking in a colleague, immediate help is necessary. Do not assume that tomorrow will be better. Do not minimize it. Some warning signs include, making hopeless statements, anxiety, mood swings, isolation, or increased use of alcohol [12]. Help can take on many forms—express hope to the individual, or assist the person in reaching out to counselors or a suicide prevention hotline [12].

Unfortunately, many of us know of a colleague (either personally or as an

acquaintance) who took his or her own life. Such losses often force us to take stock of our own emotional well-being. If these types of thoughts ever plague you, acknowledge that dysfunctional thinking has a stronghold on you and recognize that without treatment, profound consequences to you and your loved ones may ensue. Depression is treatable, but it does not merely go away spontaneously. In these times of anguish, do your best not to believe a thing your mind tells you and seek counseling immediately.

Aversion to Getting Help

Depression is the result of dysfunctional and distorted thinking, and a trained therapist is necessary to fully appreciate this truth. A skilled counselor or therapist may afford us the opportunity to correct dysfunctional thinking and equip us with tools and strategies to handle stress.

Yet, in my experience discussing the possibility of therapy with colleagues, many do not acknowledge the inner pain, and thus, are hesitant or adamantly against any form of therapy. The mere mention of a therapist may serve as a deterrent to seek help. Pride and the perception of failure seem to be two important roadblocks. Sadly, some fear the stigma of seeking counseling. Many actually fear their

Your Best Life

medical licensure would be at risk if their personal concerns were discovered [3, 9]. Of course, this is essentially a nonissue, as counseling sessions are held in the strictest confidentiality with no access rendered to administrators or superiors.

Seeking help is a sign of strength. When we recognize that we are not living our best lives and admit to the need for change, we are courageously facing difficulties head on and not languishing in denial. If resistance is sensed in a beleaguered colleague, the mere act of listening and remaining a loving presence will bring some solace.

Efficacy

All forms of therapy have distinct advantages and select disadvantages. Depending on one's needs and personality, a tailored approach will likely prove most effective. Large, university-type settings usually offer intake evaluations, whereby each patients' needs and desires are recognized so that an appropriate counselor and style of therapy can be assigned. There are varied forms of counseling methods ranging from psychoanalytic to behavioral approaches. Busy surgeons will welcome the fact that Freudian psychoanalysis, couches, and long journeys into one's childhood are

rarely used in a contemporary setting. Evolved and modern counseling for medical professionals usually focuses on providing the individual with a cognitive-behavioral toolkit, and, where indicated, discussing the use of antidepressants, which can be effective even in transient or situational circumstances. All successful forms of therapy seem to share a common theme: Correcting dysfunctional thinking. Mastery of our minds holds the key to managing stress and maintaining peace. A skilled therapist can help accelerate our personal growth and aid our journey to a more peaceful and joyful life.

Cognitive behavioral therapy is effective in the treatment of depression and anxiety [6]. Cognitive behavioral therapy is predicated on the recognition of cognitive distortions—incorrect thought our brains manufacture in response to stress. The practice of substituting accurate, realistic thoughts when distorted thinking arises can prove transformative. A common type of cognitive distortion is “all-or-nothing thinking” whereby one perceived negative event is thought to generalize to one's entire life. For example, one errant move in surgery can lead one to think, “I never perform this step correctly.” A more rational thought such as, “I learn from my mistakes and am improving each case” can be substituted and avert an emotional downturn.

Mindfulness-training programs have proven repeatedly to ease tension, reduce stress and increase a sense of well-being [7]. The practice of mindfulness or living in the present moment, reigns in guilt (a preoccupation with the past) and helps overcome anxiety (a fear of the future). Again, skilled therapists can accelerate mastery of the aforementioned disciplines.

Seeking help for oneself or guiding another to the right mental-health resources are acts of courage, strength, and compassion. These interventions can be life-saving, and, when indicated, certainly are life-improving.

Tomorrow, Try This

1. Ask yourself, “How happy am I?” If life has lost its zest or passion, if relationships are arid, and if your vocation is drudgery, seek help.
2. Listen carefully to your body. What is it trying to say?
3. Be mindful of changes in colleagues or friends, and of symptoms that you might be experiencing. Withdrawal, personality changes, and angry outbursts in a friend may warrant a conversation or even an intervention.
4. Talk to your spouse or partner and ask for honest feedback about your emotional state. If you have a serious concern for a colleague, tactfully contact their

Your Best Life

spouse/partner and inquire about the emotional climate at home.

References

1. Arora M, Diwan AD, Harris IA. Burnout in orthopaedic surgeons: A review. *ANZ J Surg.* 2013;83:512–515.
2. Balch CM, Freischlag JA, Shanafelt TD. Stress and burnout among surgeons: Understanding and managing the syndrome and avoiding the adverse consequences. *Arch Surg.* 2009;144:371–376.
3. Chew-Graham CA, Rogers A, Yassin N. ‘I wouldn’t want it on my CV or their records’: Medical students’ experiences of help-seeking for mental health problems. *Med Educ.* 2003;37:873–880.
4. Goebert D, Thompson D, Takeshita J, Beach C, Bryson P, Ephgrave K, Kent A, Kunkel M, Schechter J, Tate J. Depressive symptoms in medical students and residents: A multi-school study. *Acad Med.* 2009;84:236–241.
5. Henning K, Ey S, Shaw D. Perfectionism, the impostor phenomenon and psychological adjustment in medical, dental, nursing and pharmacy students. *Med Educ.* 1998;32:456–464.
6. Hollon SD, Stewart MO, Strunk D. Enduring effects for cognitive behavior therapy in the treatment of depression and anxiety. *Annu Rev Psychol.* 2006;57:285–315.
7. Kelly JD 4th. Your best life: Mindfulness-the end of suffering. *Clin Orthop Relat Res.* 2015;473:426–429.
8. Kelly JD 4th. Your best life: Perfectionism-The bane of happiness. *Clin Orthop Relat Res.* 2015;473:3108–3111.
9. Rath KS, Huffman LB, Phillips GS, Carpenter KM, Fowler JM. Burnout and associated factors among members of the Society of Gynecologic Oncology. [Published online ahead of print July 29, 2015]. *Am J Obstet Gynecol.* DOI: [10.1016/j.ajog.2015.07.036](https://doi.org/10.1016/j.ajog.2015.07.036).
10. Sargent MC, Sotile W, Sotile MO, Rubash H, Barrack RL. Quality of life during orthopaedic training and academic practice: Part 2: Spouses and significant others. *J Bone Joint Surg Am.* 2012;94:e145.
11. Shanafelt TD, Balch CM, Dyrbye L, Bechamps G, Russell T, Satele D, Rummans T, Swartz K, Novotny PJ, Sloan J, Oreskovich MR. Special report: Suicidal ideation among American surgeons. *Arch Surg.* 2011;146:54–62.
12. Tartakovsky M. What to do when you think someone is suicidal. Available at: <http://psychcentral.com/lib/what-to-do-when-you-think-someone-is-suicidal/>. Accessed October 19, 2015.