



## Intertwined: Burnout and Wellbeing

**Combating Physician Burnout: A Guide for Psychiatrists.** Edited by Sheila LoboPrabhu, Richard F. Summers, and H. Steven Moffic; American Psychiatric Association Publishing; Washington, D.C.; 2020; ISBN 9731615372270; pp. 325; \$ 60 (Paperback)

**Professional Well-Being: Enhancing Wellness Among Psychiatrists, Psychologists, and Mental Health Clinicians.** By Grace W. Gengoux, Sanno E. Zack, Jennifer L. Derenne, Athena Robinson, Laura B. Dunn, and Laura Weiss Roberts; American Psychiatric Association Publishing; Washington, D.C., 2020; ISBN 9781615372294; pp. 286; \$ 55 (Paperback)

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*Orandum est ut sit mens sana in corpore sano.*  
(One should pray for a healthy mind in a healthy body)  
—Juvenal (Roman poet).

Physician burnout and wellness are inextricably intertwined. When burnout is present, it is impossible to experience well-being. *Combating Physician Burnout: A Guide for Psychiatrists* and *Professional Well-Being: Enhancing Wellness Among Psychiatrists, Psychologists, and Mental Health Clinicians*, both published by American Psychiatric Association Publishing, explore these two interconnected areas. As we all navigate the uncertainty of the novel coronavirus pandemic, these topics have become some of the most important issues for physicians during our time.

Burnout has been the focus of intensive research and the subject of a number of publications, yet its definition is elusive. The most accepted definition is likely that of Maslach and Leiter [1]: “Burnout is a psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job” (p. 103). We know what burnout is not, though; for example, it is not compassion fatigue or depression. Burnout is clearly a problem with serious consequences for health care workers, especially physicians and psychiatrists, as the book *Combating Physician Burnout* points out. We are gradually becoming more aware of the negative consequences of

burnout not only for individual physicians but also for patient care and health care systems.

*Combating Physician Burnout* consists of five parts as follows: Introduction, the continuum of stress, burnout, and impairment; environmental factors leading to burnout; addressing and preventing physician burnout; and ethics and burnout. The book addresses burnout thoroughly, and in significant detail.

Although it is not entirely clear whether psychiatrists experience more burnout than physicians in other specialties, this book makes a strong argument for several unique stressors impacting psychiatrists: being part of a stigmatized medical specialty, being thought of as something other than a “real” doctor, being at risk from agitated and violent patients, facing potential and actual patient suicide, experiencing role diffusion, and working with limited resources.

Quite informative and intriguing (and relatively novel among other texts on burnout) is the second chapter, discussing the social context of physician burnout, especially considering the importance of interpersonal stressors in the mentioned definition of burnout. We are reminded that medicine has become a large and unwieldy system of hospitals, clinics, corporations, insurance companies, and other entities and an enormous part of our economy (e.g., 17% of the 2018 US gross domestic product). Physicians initially achieved autonomy, professional status, and affluence in this system, “Yet the same economic and political forces that brought physicians this power have driven further transformation of the healthcare system, which has resulted in deprofessionalization, commoditization, and a new role for physicians as service providers in a complex corporate market place”

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(p. 30). Furthermore, “The corporatization of medicine has resulted in a loss of physician autonomy, change in the doctor-patient contract, and new pressures on physician behavior” (p. 31). As the chapter concludes, “The trends that have shaped modern healthcare have been the context for the current problem of physician burnout” (p. 40).

As emphasized in Part II, a continuum exists of stress, burnout, and impairment. The serious consequences, such as negative effects on clinical care, physician impairment, and ultimately physician depression and suicide are well covered in this portion of the book. The discussion of suicide among psychiatrists includes risk factors (e.g., type-A personality, emotional demands), protective factors, and initiatives for prevention and intervention.

The part focused on environmental factors reviews work-home conflicts, electronic health records, physician satisfaction and burnout at various career stages, and finally burnout among medical students and residents. Some interesting points discussed include the well-known fact that numbers of women leaders in medicine are disproportionately low and the unclear relationship of satisfaction in medical marriages. I found interesting and novel the discussion of physician satisfaction and burnout at various career stages using Erikson’s development stages as a framework. With the use of case vignettes, this portion of the book nicely illustrated that environmental factors leading to burnout can be quite different at various stages of one’s career.

Finally, the discussion on managing and preventing burnout in physicians provides many useful tips, such as saying no to multiple demands (especially, do not say yes when you mean no and refrain from being overly apologetic) and how to master the constant onslaught of emails. A more specific review of burnout in psychiatrists divides burnout interventions into primary, secondary (e.g., organization-wide screening for burnout, building resilience, peer review and support, self-care), and tertiary interventions (e.g., stress management, addressing work environment, cognitive behavioral therapy, mindfulness, meditation, and computer-based interventions).

At the beginning, the book *Professional Well-Being* struggles a bit with a similar issue as the *Combating Physician Burnout* book: the lack of clarity in defining *well-being*. One definition mentioned states, “*Wellness* refers to being in a good-quality state of health or being, typically subsequent to purposeful, consistent self-care behaviors” (p. 29). Nevertheless, the authors remind the reader that “Mental health care, at its core, is about promoting the psychological health and overall well-being of patients” (p. 3) and that there is a “growing recognition that when psychologists and psychiatrists are healthier, their patients benefit too” (p. 5). A very important comment addresses the overlap of burnout and well-being: “There are also legitimate concerns that the emphasis on the burnout construct can overshadow several critical wellness issues. First, the construct of burnout may be

used to describe a wide range of symptoms that warrant differential treatment. The seriousness of clinical depression or suicidality, for example, can be obscured by the use of such a broad term. Second, defining a negative outcome like burnout provides inadequate guidance about what optimal functioning should look like. The goal of avoiding burnout is now seen as just a small component of a more important positive objective: enhancing professional engagement” (pp. 11, 12).

The first of the two parts of this book, “Well-being and Wellness: An emerging Imperative for the Health Professions,” focuses on issues such as professional and developmental milestones, burnout and clinician mental health, approaches to mental health care for fellow clinicians, social challenges for clinicians-in-training, systems and supports for clinician wellness, and legal and ethical issues in the context of impairment and recovery. Clearly, this part leaves no stone unturned related to well-being.

Similar to the discussion of development in the book *Combating Physician Burnout*, the discussion of developmental milestones in this volume is interesting. The discussion of systems and support for clinician wellness rightly points out that professional wellness is a systems issue and that “Professional well-being is not the sole responsibility of the individual health care professional” (p. 123). It also points out the challenges of addressing wellness in low-resource settings and makes a business case for clinician well-being. A discussion of the well-being of clinicians in solo practice who have no support is missing and would have been a valuable addition. The last chapter of this section of the text (Chapter 7, “Legal and Ethical Issues in the Context of Impairment and Recovery”) emphasizes, “Mental health professionals must be aware of the ethical and legal obligations to identify impairment” (p. 165), using several case examples as starting points of discussing legal and ethical issues.

The second part of the book, “Well-Being and Positive Self-Care: Practical Approaches for Psychiatrists and Mental Health Professionals,” covers the following seven general areas: preventive health care strategies for fostering positive self-care and resilience, mindfulness and spiritual well-being, nutrition and physical activity, sleep, relationships and social connection, psychiatric care and psychotherapy, and meaningful professional contributions. In considering these approaches, the reader should be reminded that “Wellness campaigns can be criticized for placing too much emphasis on a predetermined set of solutions and dismissing individual diversity” (p. 21). The authors also emphasize that the goal of this part “is much greater than simply preventing burnout and negative outcomes; the goal is to support psychiatrists and psychologists in living healthy and fulfilling lives with meaningful personal connections and professional contributions” (p. 169). It “focuses on practical steps that mental health clinicians take to better care for themselves and to promote

their own resilience” (p. 169; here, “*Resilience* refers to the ability to adapt to a challenge, cope with a source of stress, or recover from an experience of adversity”). Most of the advice is practical and described using case examples (e.g., very concrete examples of physical activity and scheduling of meals).

As while reading the book *Combating Physician Burnout*, I was intrigued by the discussion of relationships and social connection in *Professional Well-Being*. The authors assert that strong social connections are correlated with several health promoting factors, as they may speed recovery from illness and disease, strengthen immune function, increase longevity, increase self-esteem, reduce risk of anxiety and depression, and create a positive feedback loop between social, emotional, and physical well-being (p. 236).

Finally, two quotes related to meaning in work are important: “Regardless of the type of work actually done on a daily basis, a sense of connection between work and a higher purpose may be one of the most important contributors to job satisfaction” (p. 265), and “The more clarity there is about the aspects of work that are personally meaningful, the easier it is to take actions to follow these passions and make sure meaningful professional contribution is a key part of one’s work life” (p. 266).

Chapters in both books end with an important and similar yet different feature: *Combating Physician Burnout* with summarizing key points and *Professional Well-Being* with questions to discuss with colleagues and mentors. Both are useful for educators who would use these books for teaching and promoting well-being as well as for self-care.

Both books are good, practical, well-written texts on their own, but even better as complementary readings that enhance the importance of each other. They are recommended reading for educators and all who are interested in burnout and well-being. Although both books mention it, we need to remind ourselves that the great elephant in the room behind much of burnout which is impeding our well-being is the profound change of our profession to an industry driven by managers and chief financial officers. These two texts unquestionably will help us combat burnout and address well-being. We need to get closer to the root of these problems, however, to turn this “industry” back and improve our current health *care* system in order to take better care of ourselves and our patients.

### Compliance with Ethical Standards

**Conflict of Interest** Dr. Balon is a member of the APA Publishing Editorial Board and receives royalties from books he has authored and edited.

### Reference

1. 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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