

Personal experience and opinion of junior doctor burnout

Simone Watkins

I write in response to the article “Do robots get burnout” published in 2017 by Frank Frizelle and Roger Mulder reviewing the current literature on doctor burnout. Their article alerts us to complexities of factors that contribute to junior doctor burnout. Burnout is a dynamic, multifactorial process for which systemic and individual risk factors are known.^{1,2} With this in mind, as well as my personal experience of burnout as a junior doctor, I urge medical schools to attend to the wellbeing knowledge and skills of their students.

Frizelle and Mulder suggest that burnout is more common in “the most dedicated, conscientious, responsible and motivated” doctors.³ As a top medical graduate I found this news reassuring. In 2011, when I became a junior doctor I quickly learned that my medical skills and knowledge would not be the primary area in which I was challenged. I struggled with inter-personal conflict, balancing relationships with long work hours, managing emotions involved with patient death, and coping with failure and disappointment.

Frizelle and Mulder state that the contributing factors of burnout in the modern workplace are: “1) workload and job demands, 2) efficiency and resources, 3) flexibility/control over work, 4) work-life integration, 5) alignment of individual and organisational culture and values, 6) social

support/sense of community at work, and 7) the degree of meaning derived from work.”^{1,4} I suggest we might add to this list further complexity with 8) individual personalities, 9) individual previous achievements and expectations.

I agree with Frizelle and Mulder that it is crucial to foster resilience in our medical professionals and I believe this should start within our medical training.⁴ Presently, medical students are ill-prepared to cope in certain situations—such as personal failure or the death of a patient—due to inexperience and insufficient skill-building. This suggests that more tangible evidence-based methods are required to promote resilience and positive coping strategies within the medical profession, especially within junior staff.⁴ Students need support in 1) establishing and maintaining realistic graduate expectations, 2) developing inter-personal skills and 3) embedding positive coping mechanisms. I expect this would go a long way towards reducing doctor burnout.

Finally, beyond medical school, senior doctors also have an important role and responsibility to prepare their successors to thrive—and not just survive—their junior doctor years. Senior doctors (indeed, all healthcare professionals) can share their struggles with junior doctors, as well as their coping strategies and successes. We are, after all, in this together.

Competing interests:

Nil.

Author information:

Simone Watkins, Professional Teaching Fellow, Paediatrics; Child and Youth Health, Faculty of Medical and Health Sciences, University of Auckland, Auckland.

Corresponding author:

Dr Simone Watkins, Professional Teaching Fellow, Paediatrics; Child and Youth Health, Faculty of Medical and Health Sciences, University of Auckland, Auckland.

s.watkins@auckland.ac.nz

URL:

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