

Physician Burnout Presents Differently in Male and Female Doctors

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Burnout is a chronic epidemic in physicians and a major threat to patient satisfaction and quality care. Recent research is showing that women and men experience burnout differently.

In this article you will learn the three cardinal symptoms of burnout and the differences in the presentation of physician burnout between men and women.

Numerous studies have shown that an average of 1 in 3 practicing physicians are suffering from symptomatic burnout on any given office day ... worldwide, regardless of specialty. There is good evidence to believe the physician burnout rate is higher in the USA than in other world markets simply because of the uncertain political and payment environment and the massive merger and acquisition activities across the country. As evidence, a recent study shows burnout rates in US physicians are now over 50%. (Mayo Clinic Proc, 2015 December 90:12, 1600–1613)

The three classic signs and symptoms of burnout are measured by a standardized evaluation; the Maslach Burnout Inventory (MBI) developed by Christina Maslach and her team at the University of San Francisco in the 1970's.

Here is Maslach's description of the experience of burnout: "... *an erosion of the soul caused by a deterioration of one's values, dignity, spirit and will.*" The three symptoms of the MBI are.

Symptom 1: Emotional Exhaustion

The doctor is tapped out after the office day, hospital rounds or being on call and is unable to recover with time off. Burnout is differentiated from "ordinary stress" by the inability to recover fully in the time away from work. Over time your energy level begins to follow a downward spiral.

As you near the bottom of your energy reserves, most physicians will begin to say or think, "I'm not sure how much longer I can go on like this".

Symptom 2: "Depersonalization"

This shows up as sarcasm, cynicism or a negative, callous, excessively detached response to your patients and job duties. Burned out doctors will begin to blame and complain about their patients and the patient's problems. In settings where burnout levels are high, these attitudes and behavior will be seen as normal or even a healthy process of venting.

Venting does feel good for a very short period of time. In psychodynamic terms, your sarcasm is actually a dysfunctional coping mechanism. It is an attempt to wall yourself off from the energy drain of patient care. However, consistent venting and compassion fatigue only accelerate your downward spiral for one simple reason, they violate the prime directive of healthcare – “*The patient comes first*”.

Symptom 3: "Reduced Accomplishment"

Here the doctor starts to question whether their practice has any meaning or purpose. A common thought at this time is, “*What’s the use?*” Another common piece of internal dialog at this stage is, “*I am worried if things go on like this I will make a mistake and someone will get hurt.*”

Gender Differences

As more female doctors move into the workforce, researchers are beginning to notice differences in the way burnout presents in men and women. If you think for a moment about the three scales of the MBI, you will probably be able to imagine the differences. Here is what groundbreaking research published in 2011 is showing. (Houkes et al. BMC Public Health 2011, 11:240)

The Female Symptom Pattern = 1, 2, 3

Women tend to experience the classic three-part symptom pattern of the MBI above - in the original order.

Stage One:

Burnout in female doctors starts with exhaustion. Women traditionally support others in numerous areas of their lives ... at home and at work. There is only so much energy and compassion to go around. Exhaustion of reserves and entering the downward spiral are the usual first signs of burnout.

Stage Two:

Cynicism, sarcasm and blaming patients are burnout step two for women. Cynicism is especially difficult for women to maintain for very long before stage three kicks in.

Stage Three:

“Reduced accomplishment” and doubting the quality of their practice and the difference their work makes in their patients’ lives tends to be the last symptom of burnout in female physicians.

The Male Symptom Pattern = 2, 1, ?

Stage One:

Men more commonly start with depersonalization and cynicism which serves as a coping mechanism for overwhelming stress. This is, again, a dysfunctional response to the inherent stress of being a doctor and is only a temporary relief. After all, these are the people we spent decades learning to serve.

Stage Two:

Exhaustion follows. The downward spiral worsens until they are tapped out. It is important to note that our medical education taught us to function for long periods of time “on empty”. This state of emotional exhaustion often is a chronic condition can be mistakenly interpreted as “a normal part of being a physician” by those suffering from burnout.

Stage Three:

By comparison to the female burnout pattern, men’s stage three is remarkable for its absence.

Male physicians are far less likely to question the quality of their work. This can lead to the classic chronically burned out, viciously cynical, 55 year old exhausted male physician who keeps going despite their obvious burnout because, *“Hey, I’m still practicing good medicine. I am still a good doctor.”*

This lack of the third MBI symptom often allows male physicians to continue practicing in denial of their distress despite the exhaustion and cynicism their coworkers, patients and family witness on a daily basis.

One final gender difference

Here is my experience after working as an executive coach with hundreds of burned out physicians. Another major difference between women and men is willingness to ask for help and support.

For many doctors, acknowledging burnout and telling someone else you can’t keep going like this feels like an admission of failure. It is an act of capitulation, surrender, collapse and giving up. Your internal dialog runs to phrases like these. *“There must be something wrong with me. Am I not tough enough? I have tried working harder and harder and things only get worse. This is crazy. Am I crazy?”*

Despite these feelings and internal dialog, women are much more likely to tell someone they are exhausted. They are much more likely to have a circle of intimate friends and actually ask for help and receive it. Asking for help is a natural progression of their existing relationships.

Men typically have a much smaller circle of friends and keep their emotions, especially ones of fear and inadequacy, tightly guarded. Men are much more likely to remain in denial, isolated, descending into a classic disruptive doctor pattern or suffering a burnout complication such as divorce, drug and alcohol addiction and suicide.

The bottom line:

When you notice these signs in yourself, take a breath and a break.

Recognize them for what they are - burnout. The downward spiral in your energy that does not reverse with adequate rest is a warning sign. You are approaching the cliff edge of burnout. This is a cue to step back, take better care of your own personal needs and create some boundaries for a more balanced life. You, your staff, your patients and your family will be glad you did.

When you notice these signs and symptoms in a colleague, reach out.

Tell them what you are seeing and ask how they are doing. Realize the normal initial response to your outreach – from both women and men – will be denial. Do not stalk them or make them think there is a target on their back. Do be persistent. As long as you see signs of burnout, please keep reaching out.

Let them know you are ready to listen, when they are ready to talk. Be there as a friend when they finally ask for your support. Your caring and persistence could save their career, their marriage ... even their life.