

Basic Certificate in Palliative Care
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Week-05
Lecture 04: Burnout in Health Care Professionals

Week number 5, lecture number 4. Hello friends, we are again on burnout.

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Of course, the title is burnout for healthcare professionals, but it is equally applicable for everybody. You have to take out a point or add some another point. It is for any professional working in any field, even it is applicable for students or for anybody, except the compassion fitting which we will talk about. Otherwise, the same principle applies everywhere.

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OBJECTIVES

3 Things and Practice

1. Discuss the concept of stress in the workplace and how it has evolved into the wellness conversation
 - **Recognizing the signs of professional exhaustion**
2. Discuss some core concepts of being well: resilience, happiness, mindfulness
 - **Practice...**
3. Discuss how to pass it on
 - **But, for the time being, mainly let's start with taking care of ourselves!**

Objectives, three things and practice. Discuss the concept of stress in the workplace and how it has evolved into the wellness conversation. See, nowadays since like more than a decade, you know we are not talking about wealth correction, we are not talking about health as such.

We are talking about fast, overall well-being and therefore, India has also adapted this particular concept and number of PHCs, primary health centres have been converted into health and wellness centres. This you will study in later part of this course, I think in week 11 or may be in week 12. So, the first point is we want to recognize the science of professional exhaustion and professional exhaustion, we are basically talking about doctors, but it is for everybody, whoever is professional. Discuss some core concepts of being well, resilience, happiness, mindfulness and discuss how to pass it on. But for the time being, mainly let us start with taking care of ourselves.

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Burnout in Healthcare

THREE DIMENSIONS

- 1. Emotional Exhaustion**
- 2. Feeling Low Personal Accomplishment**
- 3. Depersonalization of the Patient**

CONTRIBUTING FACTORS

- Professional isolation
- Working with a difficult population
- Long hours with limited resources
- Ambiguous success
- Unreciprocated giving
- Failure to live up to one's own expectations
- Personality Variables

Burnout in healthcare, three dimensions, emotional exertions, feeling low personal accomplishment. Why emotional exertion? Because every day in and out, they are generally dealing with sicknesses. Sick people come to them, mentally sick, physically sick and they remain with sick people all around. So, the whole environment is as such you know. Of course, they have studied that they should not be mentally attached to the patients, emotionally attached to the patient, but after all we are human beings.

Those doctrines are okay for study, but it cannot be followed 100 percent. When you see somebody pain and when we are talking about empathy, even not sympathy also we are talking about empathetic treatment, they will definitely get affected, feeling low personal accomplishment. This again there is something wrong with our medical teaching. It is being taught to them, even Dr. Geeta Joshi also said in some of her lectures that we are being taught in our college level medical graduation that our job is to cure and to see that the patient survives at any cost.

We do not want him to die. If that is the thing, people will die and therefore most of the doctors will feel that they died because that is their failure and that is where they feel low personal accomplishment. They take the blame on themselves. Now, to save themselves from this, they want to depersonalize themselves from the patient. Again that hurts to them up to what extent they can depersonalize.

People are doing it. In most of the hospitals, people are generally referred as patient number so and so. Patient means bed number so and so in the ward. What are the contributing factors? Professional isolation, working with a difficult population, difficult in that sense that most of the people are not so educated and particularly they know very very little about medical things. There is a need to explain to them.

They may not be able to understand after all who would understand the anatomy inside. Long hours with limited resources, ambitious success, ambiguous success, unreciprocated giving, failure to live up to one's own expectations and personality variables. These are the contributing factors where people in healthcare and in other professions also, they rush towards burnout.

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Burnout in Healthcare

- 1. Personality Traits:** type A, perfectionism, workaholism.
- 2. Gender:** female physicians with higher rates of depression and harder time with balancing work-life and family responsibility.

Burnout is a stronger predictor than depression for a lower satisfaction with career choice, and it is associated with poorer health. The greater the mismatch between the person and the work environment, the greater is the likelihood of burnout

Burnout in healthcare, personality traits, there are type A people and type A people are anywhere, everywhere, they want perfectionism, they are workaholism. They don't want to leave their work at all.

Some people work in the office till 9, 10 o'clock and again thereafter they carry some work at home also. This is workaholism. Everything whatever they want to do, they have

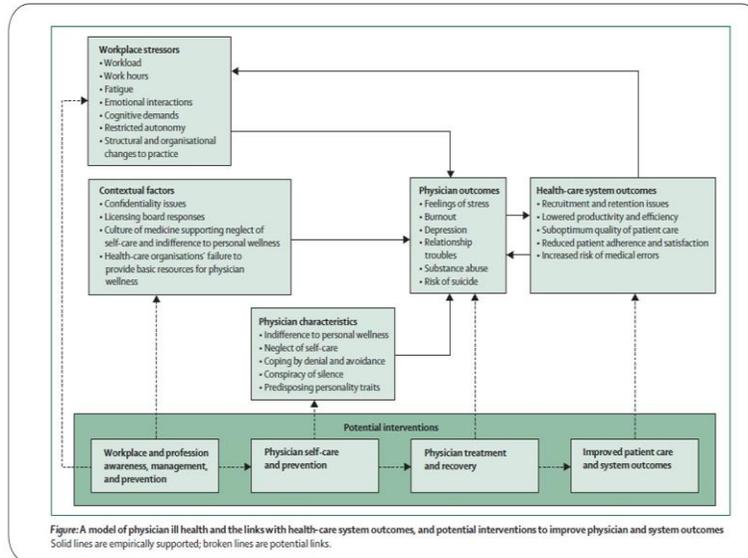
got to be perfection, achieved and such people tend to produce lots of stress about themselves. Of course, they also undergo lots of stress but not only that, the people who are working along with them, they also become stressful because the same type of work is being demanded from his peers, from his juniors and from the people working around. It's a personality trait. What can you do about it?

Gender, female positions with higher rates of depression and harder time with balancing work life and family responsibility. This is a problem. So many girls, they complete their medical graduation, they become MBBS doctor. Thereafter they get married and once they get married, what is that the family comes up? When family is there, luckily or unluckily whatever it is, in our system, in Indian system, a wife has to look after the home also as well as the work also and these doctors, women doctors, they get trapped in that particular thing. They can't because they are so emotionally attached with their children and family that they can't throw away that responsibility of home and just work in the clinic.

No, it is not possible again for them and if they start working full time in clinic, then here they are ignoring the responsibility at family. So the genders particularly in professional roles, particularly for health professionals, it is a terrible task to select one out of two and same is true for women working in other fields too because there also they have to basically select between work and life. Burnout is a stronger predictor than depression for a lower satisfaction with career choice. You don't like a particular job, but still you have to pull on. You can't come out of it because you have got certain responsibilities as a family man, as a social person to fulfill.

What will you do? If you just chuck the job, resign where the money to come. So you continue to work over there. You don't like to work, but still you are working. You don't have any satisfaction with your career profile, career choice and that particular thing that lower satisfaction with career selection, career choice, what it affects your health, slowly and slowly you become sick. The greater the mismatch between the person and the work environment, the greater is the likelihood of burnout.

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Workplace stressors, contextual stressors, workplace and professional awareness management preventions. Here physicians characteristics, physicians outcome, healthcare system and outcomes. This diagram is very good. You can see it. We will be putting this presentation in the reference materials.

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The cost of a burned out doctor...

- **Effect on patient care and safety**
 - Patient medication adherence
 - Physician recommended evidence based screening and health counseling reduced when physicians have poor personal health
- **Reduced workplace productivity and efficiency**
- **Cost of replacing a physician**

(Wallace, 2009)

The cost of a burned out doctor. What is the cost on society on a nation? First let us see effect on patient because after all we are producing so many doctors for whom? For the

patients so that our health system is improved. The doctor to patient ratio can improve. Effect on patient care and safety, patient medication adherence. Burned out doctor is burned out.

So he is unable to give proper care in diagnosis, in treatment plan and other things because he himself is unable to treat himself. Physicians recommended evidence based screening and health counseling reduced when physicians have poor personal health. Most of the doctors when they fall sick, they do not refer themselves to the doctors. They say okay, it will get okay. Sab Thik Ho Jayega (Hindi phrase meaning everything will be fine). How the hell it can get okay? When it is not getting okay with other patients, how will it get okay with the doctor? So finally, he falls sick and sickness slowly and slowly increases.

Tension increases, stress increases and the last thing is that he gets burned out. Reduce workplace productivity in efficiency. He becomes sick, he is stressful, naturally his output at his clinic will reduce. He will be able to see lesser number of patients and lesser number of patients means lesser income. Finally this physician he has to resign the job, he is working in some hospital because he is unable to produce the result.

If he is having his own clinic, he might have to shut down the clinic. Now you just see how much nation, how much society is spent to produce a doctor. Now this doctor instead of helping the society on health matters, he just resigns, goes back to the home, the complete money is just wasted out. The cost of burned out doctor is very huge and if he keeps on working the same condition, then it is not very useful to the patients also. Patients will not be happy.

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BURNOUT

Being Well While Being A Doctor!

**Why is it
happening to
doctors? To the
people who
choose to
become
doctors?**

“I swear by Apollo Physician and
Asclepius and Hygieia and Panacea
and all the gods and goddesses,
making them my witnesses, that I will
fulfil according to my ability and
judgment this oath and this
covenant:”

Hippocratic Oath

Burn out, being well while being a doctor. Why is it happening to doctors, to the people who choose to become doctors? It is happening to so many. It is happening to engineers. It is happening to other specialist also. It is happening to doctors because doctors specifically take this oath.

They call it Hippocratic oath. Now the time has come that we must change this Hippocratic oath and something make it little more sensible in our Indian context. I swear by Apollo physician, their physician and so and so and all the Gods and Goddesses making them a witness that I will fulfill according to my ability and judgment this oath and this covenant. And by keeping hands on these Gods, he takes the oath that I look after the patient and patient's welfare is my first priority. This is the oath he takes and this oath goes into his mind and therefore he just works for patient safety, patient safety and finally he neglects his own safety. He becomes workaholic and just cannot come out from that loophole.

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Declaration of Geneva of the World Medical Association

Adopted 1948, Amended 1966 and 1983)

- I solemnly pledge myself to **consecrate my life** to the service of humanity;
- I will give my teachers the respect and gratitude which is their due;
- I will practice my profession with conscience and dignity;
- The health of my patient will be my first consideration;
- I will respect the secrets which are confided in me, even after the patient has died;
- I will maintain by all the means in my power, the honor and the noble traditions of the medical profession;
- My colleagues will be my brothers;
- I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient;
- I will maintain the utmost respect for human life from its beginning even under threat and I will not use my medical knowledge contrary to the laws of humanity;
- I make these promises solemnly, freely and **upon my honor**.

Even declaration of Geneva of the World Medical Association adopted in 1948 gives out this and it also impresses upon the doctor that you will work for the welfare of the people, particularly patients. I pledge myself to consecrate my life to the service of humanity. The health of my patient will be my first consideration. I will maintain utmost respect for human life from beginning even under threat and I will not use my medical knowledge contrary to the laws of humanity. For him, the patient's safety, patient's wellbeing comes first.

He doesn't want that patient should die at any cost and that brings lots of stress to him.

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**FRAMEWORK FOR LINKING CULTURAL NORMS IN MEDICINE
WITH BURNOUT FACTORS AND POTENTIAL INTERVENTIONS**

Positive value	Negative potential	Burnout factor(s)	Potential mental training interventions
Service	Deprivation	Compassion fatigue Entitlement	Reframing Appreciation and gratitude
Excellence	Invincibility	Emotional exhaustion	Mindful self-compassion Inner critic awareness
Curative competence	Omnipotence	Ineffectiveness Cynicism	Self-awareness Generous listening
Compassion	Isolation	Depersonalization	Connection and community Silence as energizing

(Nedrow 2012)

Framework for linking cultural norms in medicine with burnout factors and potential interventions, what sort of interventions we can do so that the burnout in this particular profession is reduced. Service, negative potential is deprivation, burnout factors, compassion fatigue. Let us take the compassion fatigue also. Compassion fatigue is this sort of fatigue which is being produced because doctors are devoted and they are supposed to work on compassion.

Compassion is the main factor, empathy and compassion. In fact, there are so many professions which works on compassion. Firefighters, police people, whenever something happens, police people are the first one to go over there. Social workers, when something happens, some natural calamity, social workers, they just rush to the spot. Now, all these people, they are the first responders.

First responders, they are the first group of people to reach to that site and that is where they hear the stories of trauma from those affected people. Story of trauma is really difficult and you are witnessing also. So, now, this particular thing affects your psyche, affects your mind, affects your emotions and over a long period, it creates, we call it a secondary traumatic stress. The stress which has been produced, it is a secondary stress, it has been produced because of your profession, reaching over there and listening to the stories of traumatic people day out and day in and for so many years and this we call it

compassion fatigue. Reframing appreciation and gratitude, that is what people should do, but it is just not possible.

Positive value, they are excellent. Invincibility, they think they are invincible and then they get exhausted, emotional exhaustion. Here, we can teach them mindful self-compassion, inner critic awareness, curative competence, omnipotence, they think they are omnipotent, they can save everybody and when you call yourself omnipotent, that means, you are comparing yourself with God which is not. Here, what is required, some training on self-awareness and generous listening. Compassion, compassion then later on over a long period of service makes you isolated. Then burnout, what should you do? You become depersonalized, depersonalization. Here again we have to give them certain lessons on connection and community, silence is energizing.

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Compassion Fatigue (CF)	
DEFINITION	CONTRIBUTING FACTORS
“State of exhaustion and dysfunction (biologically, psychologically, and socially) as a result of prolonged exposure to secondary trauma or a single intensive event”	<ul style="list-style-type: none">• Helplessness: Feeling incapable of effecting successful patient outcomes• Confusion• Isolation• Exhaustion• Feeling of being overwhelmed by work

Compassion fatigue, state of exhaustion and dysfunction, biologically, psychologically and socially as a result of prolonged exposure to secondary trauma or a single intensive event. Secondary trauma, I told you, when you keep on listening to the traumatic stories of people who are encountering, who are suffering trauma, it can be because of calamity, it can be because of fire, it can be because of war and for the doctors, all these stories definitely come from the patient themselves and that is how that secondary trauma gets

formed into their mind. What are the contributory factors? Helplessness, they are incapable because this is the job. When fire has taken place, a fire fighter has to go there because this is his job, he is being paid for it, he has been trained for it and this is what people expect that during fire, fire fighters will be the first group of people to reach over there.

Similarly, police, similarly doctors, similarly soldiers, everywhere, they are always the first responders morally as well as by duty also, they are supposed to be first responders to the place. Confusion, naturally such situations there is always a confusion and they have to face the confusion except hospital where there is little discipline, patients come to the reception from there, immediately they are being taken to the traumatic wards and that is where they are being treated. In fact, in most of the hospitals there are trauma centers where the patients immediately they are being rushed over there. Isolation, then when they work in such situation they get isolated.

Exhaustion because of work, overtime. Doctors, they are generally on emergency duties and when we call it emergency duties means they can be called if a patient situation becomes dangerous and if he needs an urgent intervention in terms of operation or anything else, a doctor needs to get up from his bed and come rush to the hospital, time may be anything, situation may be anything. Feeling of being overwhelmed by worker, work, work, work, you know. So, these are the contributing factors and this is the definition of compassion fatigue, we call it CF.

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Compassion...

- Virtue? Moral Tenet? Fundamental to Provider-Patient Relationship? Role Requirement for a Health Care Professional?
- Compassion Satisfaction:
 - Positive sentiment the provider experiences when able to empathetically connect and feel a **sense of achievement** in the care-providing process
 - Positive reinforcement with patient's improvement and belief that provider **has made a positive impact**
 - Emotionally fulfilled by one's work in the **"human service fields"**

Compassion, what is a compassion? It is a virtue, we learn this in our first week that ladder sympathy, empathy, compassion.

It is a virtue, it is a moral tenet. Yes, yes, fundamental to provider and patient relationship. It is a fundamental thing. If there is no compassion in the heart of a doctor is not supposed to be a doctor at all. A doctor has to be a compassionate doctor, then only he can understand the needs of a patient. Patient of course, is a client or a customer or whatever you want to say in commercial terms, but the first thing a doctor must consider patient as a human being and then thereafter he must talk to him empathetically and provide compassion.

Role requirement for a healthcare professional is that, that he is always compassionate with the patients. Compassion satisfaction, when you are compassionate and you really like and work for your patients, the satisfaction what comes from it becomes compassion satisfaction and it is very very positive, you feel very happy. You feel very whenever you do your duty anywhere, yet any stage of your life in any station whether nothing is when you work somewhere no work is small and no work is big. As far as the work is concerned a peon is equivalent to the president or a prime minister because they are working in their own stations, own stage of life.

Work is equally important. So, as a doctor when you work with compassion and whatever may be the result on patients, you are satisfied. Satisfaction increases that I did my job 100 percent. Positive sentiment the provider experiences when able to empathetically connect and feel a sense of achievement. Patients and relatives come crying to you and when they leave the hospital, when they smile and thank you, that is a sense of achievement.

You rarely get anywhere in any other profession. Positive reinforcement with patients improvement and belief that provider has made a positive impact on the life. He has again regained his health and he is going back as a healthy person. Emotionally fulfilled by one's work in the human service field. This is a service to the humanity like army or other paramilitary forces. It is a service to the nation's security. The same way these people, doctors they work in the service of in the service in human field, human service fields.

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Compassion Fatigue
Post Traumatic Stress Disorder?

- Most empathetic, most likely to experience CF
- No quick fix for traumatized patients
- Challenging for the empathetic provider
- Participating in the patient's anguish
- **Hyper-arousal:** Disturbed sleep, irritability or outbursts of anger, hyper-vigilance
- **Avoidance:** "Not wanting to go there again" and the desire to avoid thoughts, feelings, and conversations
- **Re-experiencing:** Intrusive thoughts or dreams, and psychological or physiological trauma

CF compassion fatigue, post-traumatic stress order. This can lead to post-traumatic CS is basically if you want to say CS, CF is equivalent to burnout plus secondary traumatic, secondary traumatic stress. So, in a way compassion fatigue is much higher in intensity

than the normal burnout. And therefore, one must look into it and provide some treatment for it, otherwise doctors or health providers are gone, gone forever.

Post-traumatic stress orders, stress disorder. Most empathetic, most likely to experience CF. No quick fix for traumatized patients, challenging for the empathetic provider, participating in the patient's anguish. Hyperarousal, disturbed sleep, irritability or outburst of anger, hyper vigilance, avoidance, not wanting to go there again and the desire to avoid thoughts, feelings and conversations, re-experiencing intrusive thoughts or dreams and psychological or physiological trauma. This is a situation that we have done which doctors sometimes don't want to enter the hospital again. It becomes so drastic.

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Self Care: Doctors are miserable at this...

- **Less doctor visits for themselves**
 - Self-prescribe drugs (i.e. will not see a doctor)
 - Perceived (??) stigma around seeking help or support
- **Willing to work when sick...** and expect the same from colleagues (but not patients)
- **Denial and avoidance** – physician coping strategies
 - Poor record of mutual support and positive feedback in the field
 - Protecting the privacy of colleagues
 - Doctors are self-reliant, individually driven, achievers who are industrious and self-sacrificing

(Wallace, 2009)

So, what should they do? Self-care, but I said in my previous lectures, the doctors talk about care, provide health care to others, but they are very lazy about self-care. They are miserable at this. Less doctors visit for themselves, they generally take self-prescribe drugs. They know about the drugs and medications and other things. So, instead of visiting anybody else, they just take the drugs themselves.

And they think it's perceived, it is in the mind, it is not there actually. I mean, so when I may be a doctor and I am sick, it's better, it's professional to go to some another doctor and just consult, this is the thing, what do you say about it, you know. But here the positive stigma around seeking help or support. You are a doctor and you think that if I go to doctor for my sickness, no, it's stupidity, shame, which is false, false notion, wrong.

Even they are willing to work when sick. Denial and avoidance, sometimes they just deny it. Physicians, coping strategies, poor record of mutual support and positive feedback in the field, protecting the privacy of colleagues, doctors are self-reliant, individual driven achievers who are industrious and self-sacrificing. You know, this is what they think about it, but it is very, very harmful for them.

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Stress vs. Burnout	
Stress	Burnout
Characterized by overengagement	Characterized by disengagement
Emotions are overreactive	Emotions are blunted
Produces urgency and hyperactivity	Produces helplessness and hopelessness
Loss of energy	Loss of motivation, ideals, and hope
Leads to anxiety disorders	Leads to detachment and depression
Primary damage is physical	Primary damage is emotional
May kill you prematurely	May make life seem not worth living
Source: <i>Stress and Burnout in Ministry</i>	

Let's now come that we compare stress and burnout.

Characterized by over-engagement. They keep working, working, working and stress comes. And here when burnout takes place, they are so stressed out, so weak, so they start disengaging, they stop work, slowly and slowly, they reduce first, then they stop work, they may resign. Emotions are over reactive, here emotions are blunted. In stress, they produce urgency and hyperactivity, here burnout produces helplessness and

hopelessness because they reach to that particular stage that they cannot help themselves now. They don't have energy, loss of energy under stress, here in burnout loss of motivation, ideals and hope.

That means, this is something, motivation, ideals and hope, these are the factors which keeps us running and running in life, you know. We want to live more and more, but in burnout all these things, motivation, ideals and hope, they get reduced slowly and slowly. Stress leads to anxiety, disorders, burnout leads to detachment and depression. Stress, primary damage is physical and in burnout primary damage is emotional, may kill you prematurely, will make, may make life seem not worth living. These are the things, burnout is much dangerous, then of course both are dangerous that way.

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Heading off the rails...



What is burnout? You are heading off the rails. Your vehicle is, your train is going on the track very nicely, you have lots of satisfaction from your profession, lots of patients coming to you, you are satisfied, but all of a sudden because of CF, compassion fatigue, you get derailed, aapki gadi patri se utar jati hai (Hindi phrase meaning your vehicle derails) and that is where emotional accident takes place.

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Heading off the rails...	
Emotional exhaustion	Fatigue, insomnia, impaired concentration, somatic symptoms, repeated illness, loss of appetite, anxiety, depression, anger
Feeling low personal accomplishment	Loss of enjoyment, pessimism, sarcasm (in excess), isolation, detachment
Depersonalization of the patient	Apathy, irritability (with staff, trainees, patients), lack of productivity

Heading of the rails, emotional exertions, fatigue, insomnia, impaired concentration, somatic symptoms, repeated illness, loss of appetite, anxiety, depression, anger, these are all emotional symptoms. Feeling low personal accomplishment, this is totally personal because whenever you work somewhere in any professional field, the most important thing is job satisfaction. Job, when you get satisfaction in your job, that is job satisfaction and for that particular thing you keep going, you want to work harder and harder.

But here under compassion fatigue, it is low personal accomplishment. So, loss of enjoyment, pessimism, sarcasm, isolation, detachment, all these things happen. Depersonalization of the patient, apathy, irritability, lack of productivity. Earlier he started with compassion and now you just see he is going down, he is apathy now, he does not like patients.

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When it's more?

- Two weeks or more of persistently diminished mood, loss of motivation, feelings of guilt or worthlessness
- Persistent social isolation, changes in relationships
- Life interfering anxiety symptoms
- Use of alcohol, non-prescribed medications, illicit substances
- Sustained decline in function
- Changes in eating patterns or weight loss/gain
- Suicidal thoughts or self-harming behaviors



When it is more, two weeks or more of persistently diminished mood, two weeks, loss of motivation, feelings of guilt or worthlessness, persistent social isolation, life interfering anxiety symptoms, use of alcohol, non-prescribed medications, sustained decline in functions, changes in eating patterns or weight loss or gain, suicidal thoughts finally and self-harming behaviors.

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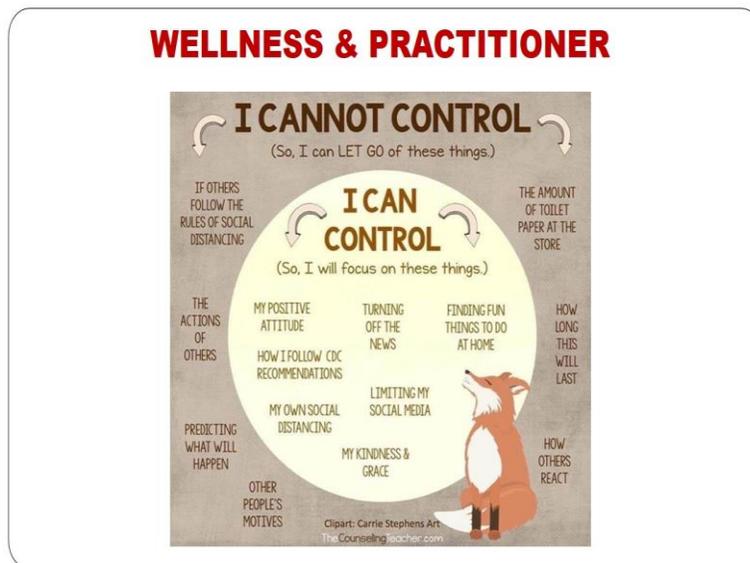
So, How to Avoid Burnout?

**Burnout and
Compassionate Fatigue
exist and they are
damaging, and
therefore we should be
well.**

- Has anyone ever taught you how to be well?
 - At work
 - In marriage
 - In balanced nutrition
 - In life...
- Who taught you? How did they teach you?
 - The impact of modeling

So, how to avoid burnout? Burnout and compassionate fighting exist and they are damaging and therefore we should be well. Has anyone ever taught you how to be well at work, in marriage, in balance, nutrition, in life? This is what I said in my lectures. There are certain issues which can bring lots of happiness in our life are not being taught to us. Other issues are being taught to us. Who taught you? How did they teach you the impact of modeling.

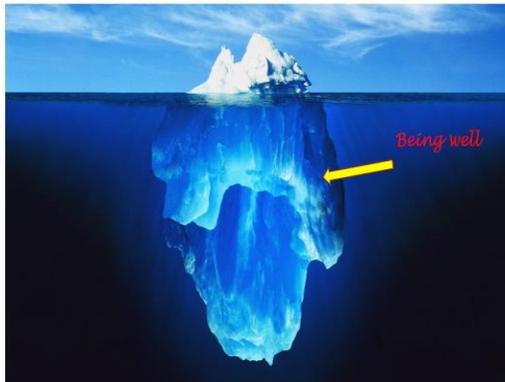
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Wellness and practitioners? Doctors just cannot control when they undergo compassionate fatigue.

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FIRST REQUIREMENT! Create Awareness!!



First requirement is being well, stabilize, swast, come down into your own self position.

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TEN COMMANDMENTS PHYSICIAN WELLNESS

- I. Thou shall not expect someone else to reduce your stress.
- II. Though shall not resist change.
- III. Thou shall not take thyself in vain.
- IV. Remember what is holy to thee.
- V. Honor thy limits.
- VI. Thou shall not work alone.
- VII. Thou shall not kill or take it out on others.
- VIII. Thou shall not work harder. Thou shall work smarter.
- IX. Seek to find joy and mastery in thy work.
- X. Thou shall continue to learn.

(©2014)

Ten commandments, physician wellness. You will not expect that someone else will come and reduce your stress. Self-management is the best management. Why should someone else come and just talk to you, yes this is what is happening. You understand you are well qualified, well educated.

You shall not resist change. Thou shall not take thyself in vain. Look after yourself. Have self-esteem. Remember what is holy to you and what is holy to everybody.

Holy to us is our own well-being first. If you are okay, everybody is okay. If you are healthy, then you can help others. There is a very nice book, I am okay. You are okay. Honor your limits. After all you are working through your body. Your ambitions may not have limit, but your body has got certain limits. Body will get tired. How can you work for 12, 13, 14, 15, 16 hours a day and that too continuously.

Thou shall not work alone. Make a team and start delegating responsibility. Don't take everything on yourself. Thou shall not kill or take it out on others. Because of stress and burden, you will not kill yourself and others.

Thou shall not work harder. Thou shall work smarter. And what is smart working is by means of delegation. Seek to find joy and mastery in thy work. And thou shall continue to learn. Continuous learning. This is what we said. When you seek to be a student, you seek to be a human being. Continue to learn throughout your life. And now you should learn that your health comes first, your well-beingness comes first, and then thereafter everything else.

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Choice is yours...

“Thou shall not expect someone else to reduce your stress.”

“Between stimulus and response, there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.”

- Viktor Frankl.
- Man's Search for Meaning

Choice is yours. Thou shall not expect someone else to reduce your stress.

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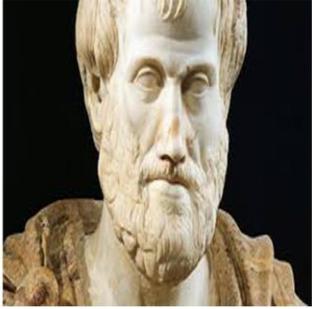
Create Wellness Habits!
Common Sense and Common Action

“Just because we know what to
do doesn’t mean we do it.”

Tetris

“We are what we repeatedly do.”

Aristotle



Common sense and common action. Just because we know what to do doesn't mean we do it. We are what we repeatedly do. This is all about burnout of professional doctors and particularly CF.

That is what we call compassionate fatigue. And this generally happens not only to doctors, but to all those who provide, who are first responders. They are the first group of people to rush to the situation and they listen to the traumatic stories which affect their emotional well-being. Thank you dear friends.