

# Five Ways to Turn Burnout into an Opportunity

A physician burnout coach offers real-life suggestions to confronting burnout.

WITH DIKE DRUMMOND, MD

**D**ike Drummond, MD, a Mayo trained family doctor, is also a professional coach, author, speaker, and trainer whose sole professional focus since 2011 has been addressing the burnout epidemic in physicians. The CEO and Founder of TheHappyMD.com, Dr. Drummond hosts an online community of 16,345 physicians from 63 countries around the world. He spoke with *Practical Dermatology*<sup>®</sup> magazine about burnout and offered five realistic approaches to the dilemma.

## It starts with an ideal job description.

Ideally, every doctor has a written ideal job description. This is a description of how your practice would look in an ideal world. It is important to think about this, write it down, and always be tweaking your current practice to better match your ideal. Burnout is much less likely to happen when the doctor feels like he or she is consistently making progress on a path to a more ideal practice.

Burnout sneaks in when you feel like you are swinging in the breeze, that somebody has your puppet strings, you have no autonomy, and you are really not making a difference. Burnout is there for a reason. It is meant to be painful enough to motivate you to take action and change your practice.

The reason it's important to have an ideal job description and review it every quarter is because your ideal job description is fluid; it is a moving target. When you have your first child, your ideal job description changes. When your last child leaves the house and leaves you with an empty nest, it changes. When your financial planner says, "Hey, you can retire," it changes.

If you don't have an ideal job description, you have no target for positive change in your practice. You are living inside Einstein's insanity trap. Many doctors feel that changing your practice is impossible in your current job. My experience is that there is always wiggle room. If you know exactly what you want and you ask for it properly, there is always wiggle room.

## Burnout is an opportunity.

Since the Maslach Burnout Inventory was created in the 1970s, the average burnout rate for physicians across all surveys is about one in three. That rate is unacceptable, given burnout's powerful negative effects on patient care and physician health. Recently, the burnout rate has become much higher—more than 50 percent in several recent studies—because of multiple factors. These cut across all specialties and include EMR, increasing complexity of care, increasing patient sophistication and demands, and much more. Dermatology has not been spared from the burnout epidemic.

At its core, burnout is not a problem. It does not match the definition of the word problem. Problems have solutions. If you apply a solution to a problem, what should happen to the problem? Right, it goes away.

Think for just a moment: Is there one thing you can do one time that makes burnout go away forever? Ridiculous, right?

This labeling error is the fundamental misunderstanding of burnout that causes most doctors and physician leaders to struggle. The key here is to stop looking for a solution.

Burnout is actually a dilemma, a never-ending balancing act. You can't solve a dilemma; there is no one thing you can do to make it go away. You can manage a dilemma with a strategy. Every physician needs their own personal strategy to lower their stress levels and recharge effectively so that you maintain a positive energy balance. Remember that stress is not always from work. Let me take a busy doctor and give her a special needs child. Her stress may increase to the point of burnout simply because she can't recharge when she is away from work.

Everybody needs their own personal burnout prevention strategy, and everybody's strategy is going to be a little bit different. There are lots of tools to choose from—we teach 235 ways to prevent burnout.

Burnout is meant to be a pivotal place in your professional life that turns you back towards your purpose. It's

not a bad thing. It hurts and it's miserable. But the misery is what forces you to change. When an individual reaches a crisis point, where the little voice in your head says, "I can't take this anymore," you have the motivation to change. At that point it is critically important to focus on your ideal job description.

Burnout gives you the motivation to move on to a better place. The big challenge is that crisis point can also become a tipping point into depression, suicide, alcohol, or drugs if you have a personal or family history of these issues. But if you have an ideal job description from the get-go, and you're always working to make a more ideal job, those crisis points don't happen. They don't need to be there to teach you the lesson. Because you are on the path already.

### Focus on a target.

If there is a will, there's a way. Everything gets easier when you combine the will and a clear target to focus your efforts.

When I meet a doctor in our first coaching phone call, they want to tell me all about their situation. They want to tell me all the ways everything is messed up at this moment in time. I say to them, "Okay. Great. Hang on a second. I do want to hear about that. I just don't want to hear about it first. If you had a magic wand and could make your current job perfect for you, what would that look like? You already know what you want to run away from. I want to know what you would run towards if it was available. What is your ideal job description?"

Once you are clear on your target, you can start taking baby steps in that direction. Most of the time the doctor is convinced they will have to quit their current job to get what they want. In my experience, about 70 percent of the time the doctor stays put and builds a much more ideal practice without having to change jobs.

### Coaches are for the elite, and everyone else.

About 95 percent of people I work with are at their wit's end. They have been ruled by their workaholic, perfectionist programming, and they've been stuck in Einstein's insanity trap, doing the same thing over again and praying for different results until physically they can't take it anymore.

There is also five percent of people who say, "You know what? My life is good, but I want it to be amazing, awesome, like all the time with a smile on my face." So they come at it from that perspective.

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The second prime directive that nobody ever speaks about: Never show weakness. Asking for help, asking for a break, admitting that you are struggling—any of those things could be seen as an admission of weakness. So we are programmed very powerfully to never ask for help. It's actually much more in play with men than women, because there are strong gender differences in the symptoms of burnout. Just as men don't ask for directions when they are lost in a car, we don't ask for help when we could potentially use some.

Anyone who wants to actually take an intellectual understanding and turn it into a change in life has to

### KEY STRATEGIES

- Develop an ideal job description and update it regularly.
- Burnout represents a crisis point; The feeling of burnout is a signal of a need for change. Use the burn to help motivate you to new action.
- Develop targets based on your ideal job description and focus on them.
- Get help. Consider a coach.
- Consider a shadow or trial before actually making a change.

## Be Ready to Go Outside the Lines

When you are a doctor and you are in medical school and residency, all you have to do is what they train you to do. You stay within the lines, you follow the rules and you graduate.

After dermatology residency and a fellowship or two, you've been in the medical education system for at least a decade. By this time, you have completely forgotten that you have free will. You go get your first job, and they'll show you another set of lines you must stay within. They will call it "the way we do things around here." So you will work to stay inside your employer's job description. This will even-

tually become an uncomfortable constricting box for one simple reason: What are the odds that "the way we do things around here" matches your personal ideal job description? Zero.

Your ideal job description will take you outside the lines of "the way we do things around here," and that is OK. Write it down and take baby steps towards your target. This is one of the keys to long term happiness—and the avoidance of burnout—for physicians. A coach is a powerful tool to help you get clarity on what you really want and generate momentum to move in that direction.

change their actions. The most powerful way to change your actions is to be coachable and to hire a coach. Over your time, your phone calls will make sure that you keep your commitments to yourself. Take a new action, get a new result, repeat; all of it aimed at your ideal job description.

What I do as a coach is I help people build a burnout prevention strategy. Over a period of six to nine months, they take on two, three, or four different habits to lower stress, build life balance, or both. These little new actions produce new results and their energy levels and satisfaction rise. If they don't, we find them a new job. Their ideal job description guides the whole process.

### Don't rush in. The rise of aesthetics adds to practice stresses.

Many of the causes of burnout in dermatologists are no different than in any other specialty. The one exception is if they have a blended medical and aesthetics practice. When both the doctor and patient are striving for perfection rather than treating disease, it adds a whole new level of stress, especially if the physician and the patient are in disagreement about what perfection looks like.

While many dermatologists may enjoy aesthetic medicine—for cash flow and to break the tedium of medical patients—most are not fully equipped to manage the additional complexities of blended practice. Your new, blended practice requires leadership and sales and marketing skills you may need to learn as you go.

The growth of an aesthetic dermatology practice requires an expansion of your delivery team. With higher patient volumes and a bigger, blended team, you must become a more effective leader. Time management, del-

egation, and care coordination become issues that must be dealt with.

With aesthetic patients you will also need to talk to patients about money, perhaps for the first time. You have to be able to sell, which is a skill set most doctors have studiously avoided.

Before you leap into an expansion of your practice, I suggest you take it out for a trial run by shadowing. I've already talked about the ideal job description. In an ideal world, what would your practice look like? I tell people to write it down. Think about it. I encourage every physician to get some first-hand experience before making any substantial change. If you really think you want to expand your cosmetic offerings, then shadow somebody who has done that, and see if you really like it when you see it in action.

A shadow can shorten somebody's learning curve quite extensively. If you go shadow a colleague who's got an aesthetics practice and say, "Oh, that was horrible," then you've just avoided a whole bunch of brain damage right there.

When you ask to shadow another doctor, please come from your heart. "Hey I was thinking about aesthetics and you've got an aesthetics practice, can I come and just hang with you for a day?" I've never heard of any physician turning that down, ever. ■

*Dr. Drummond is author of the book [Stop Physician Burnout](#). [TheHappyMD.com](#) offers hundreds of free resources. Six physician coaches are always available at the website for a free one-hour discovery session. [Burnout Prevention MATRIX Report 2.0](#) contains over 235 ways to prevent physician burnout.*

