

More than just 3 dogs: Is burnout getting in the way of knowing our patients?

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Do you ever leave work thinking “Why do I always feel so tired after my shift?” “How can I overcome this fatigue?” “Is this what I expected?” “How can I get over the dread of so much administrative work when I want more time for my patients?” As clinicians, we face these and many other questions every day. These questions are the result of feeling entrapped in a health care system that has forgotten that clinicians need enough time to get to know and connect with their patients. Burnout is real, and relying on wellness activities is not sufficient to overcome it. Instead, taking the time for some introspection and self-reflection can help to overcome these difficulties.

A valuable lesson

Ten months into my intern year as a psychiatry resident, while on a busy night shift at the psychiatry emergency unit, an 86-year-old man arrived alone, hopeless, and with persistent death wishes. He needed to be heard and comforted by someone. Although he understood the nonnegotiable need to be hospitalized, he was extremely hesitant. But why? After all, he expressed wanting to get better and feared going back home alone, yet he was unwilling to be admitted to the hospital for acute care.

I knew I had to address the reason behind my patient’s ambivalence by further exploring his history. Nonetheless, my physician-in-training mind was battling feelings of stress secondary to what at the time seemed to be a never-ending to-do list full of nurses’

requests and patient-related tasks. Despite an unconscious temptation to rush through the history to please my *go, go, go!* trainee mind, I do not regret having taken the time to ask and address the often-feared “why.” Why was my patient reluctant to accept my recommendation?

To my surprise, it turned out to be an important matter. He said, “I have 3 dogs back home I don’t want to leave alone. They are the only living memory of my wife, who passed away 5 months ago. They help me stay alive.” I was struck by a feeling of empathy, but also guilt for having almost rushed through the history and not being thorough enough to ask why.

Take time to explore ‘why’

Do we really recognize the importance of being inquisitive in our history-taking? What might seem a simple matter to us (in my patient’s case, his 3 dogs were his main support system) can be a significant cause of a patient’s distress. A patients’ hesitancy to accept our recommendations can be secondary to reasons that unfortunately at times we only partially explore, or do not explore at all. Asking why can open Pandora’s box. It can uncover feelings and



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Disclosure

The author reports no financial relationships with any companies whose products are mentioned in this article, or with manufacturers of competing products.

doi: 10.12788/cp.0119



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Clinical Point

Understanding our patient's needs and concerns promotes empathy and connectedness

emotions such as frustration, anger, anxiety, and sorrow. It can also reveal uncertainties regarding topics such as race, gender identity, sexual orientation, socioeconomic status, and religion. We should be driven by humble curiosity, and tailor the interview by purposefully asking questions with the goal of learning and understanding our patients' concerns. This practice serves to cultivate honest and trustworthy physician-patient relationships founded on empathy and respect.

If we know that obtaining an in-depth history is crucial for formulating a patient's treatment plan, why do we sometimes fall in the trap of obtaining superficial ones, at times limiting ourselves to checklists? Reasons for not delving into our patients' histories include (but are not limited to) an overload of patients, time constraints, a physician's personal style, unconscious bias, suboptimal mentoring, and burnout. Of all these reasons, I worry the most about burnout. Physicians face insurmountable academic, institutional, and administrative demands. These constraints inarguably contribute to feeling rushed, and eventually possibly burned out.

Using self-reflection to prevent burnout

Physician burnout—as well as attempts to define, identify, target, and prevent it—has

been on the rise in the past decades. If burnout affects the physician-patient relationship, we should make efforts to mitigate it. One should try to rely on internal, rather than external, influences to positively influence our delivery of care. One way to do this is by really getting to know the patient in front of us: a father, mother, brother, sister, member of the community, etc. Understanding our patient's needs and concerns promotes empathy and connectedness. Another way is to exercise self-reflection by asking ourselves: How do I feel about the care I delivered today? Did I make an effort to fully understand my patients' concerns? Did I make each patient feel understood? Was I rushing through the day, or was I mindful of the person in front of me? Did I deliver the care I wish I had received?

Although there are innumerable ways to target physician burnout, these self-reflections are quick, simple exercises that easily can be woven into a clinician's busy schedule. The goal is to be mindful of improving the quality of our interactions with patients to ultimately cultivate our own well-being by potentiating a sense of fulfillment and satisfaction with our profession. I encourage clinicians to always go after the "why." After all, why not? Thankfully, after some persuasion, my patient accepted voluntary admission, and arranged with neighbors to take care of his 3 dogs.



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