

Chapter 14

Physician Wellness



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14.1 Healthy Lifestyles Are Hard to Establish During Residency and During a Busy Medical Career

You may have put aside many of the healthy routines of exercise and diet you initially established during your college years and medical school once you enter residency. Residency is very stressful on both your mind and body. Even with work-hour restrictions, little time is left outside of work to do more than try to catch up on sleep. The stress of this work takes an additional toll on your body, leading to higher levels of cortisol and stress eating.¹ Often residents forgo exercise during residency, and when coupled with the above, can gain significant amounts of weight.

So now you're entering the next phase of your life, the practice of medicine. This phase will last about 30 or more years. If you continue your habits of too much work, high stress, overeating, and little or no exercise, by the time retirement rolls around, your body will be a mess and your longevity will be reduced. You won't be around long enough to enjoy all that money you put away for retirement we discussed in Chapter 9!

You need to both start a new career AND a new lifestyle, focusing on healthy eating, appropriate exercise, and stress reduction. Do it for yourself and your family, they are counting on you. So, let's discuss this further.

¹<https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/stress/art-20046037>

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14.2 Healthy Eating

During residency, time is of the essence. Eating fast, grabbing food on the run, and even nibbling junk food that is in the resident's room or at the nursing station becomes the routine. Think holiday time when all those grateful patients and family bring chocolate, cake, etc. You may not even realize that you are eating it.

Hospitals are not known for providing a broad selection of healthy food choices. I (WF) did a fellowship at Children's Hospital of Philadelphia. A McDonald's restaurant was in the hospital lobby, presumably to provide an alternative and inexpensive food choice for families. Clinical obligations often came up during hours the cafeteria was open (their food wasn't that healthy either), so late evening trips to McDonald's were common. One or two Big Macs, fries, and a milkshake were the routine. Have you ever set a McDonald's shake down when something prevented its immediate consumption? It settled out to a foam layer over a watery base. I hope they've changed that now, but I never went to another McDonald's after leaving Philadelphia!

14.2.1 *What You Eat*

The first step in eating healthy is to slow down and think. Medical school does not teach much in the way of nutrition, so what is a healthy food choice?

1. If it comes from the ground, it's generally healthy. Think vegetables or fruit from a tree.
2. If it's in a package, the first thing to look at are the ingredients. Here are three things to think about before you open/purchase that package:
 - Are there greater than 10 ingredients?
 - Can you pronounce the ingredients?
 - What is the actual serving size (does the nutritional information match a SINGLE serving)?

If number two and three don't sit well with you – don't eat it! Default to number one. Remember, it's hard to change your taste buds, especially if you have been eating items that have a fair amount of sugar and salt. Most of the fast food contains these two elements. Your body adapts and craves these items, but they will bite you as you get older.

14.2.2 *What You Drink*

Grabbing that soft drink with caffeine was a staple for many. Those resident refrigerators were stocked full. It doesn't really matter if they were full of sugar or diet. Your body senses them both the same. More people with metabolic syndrome sip on diet soft drinks. Maybe it's coffee or tea – a better choice than soft drinks for sure.

After a long day or stressful day, you may find your alcohol consumption on the rise. Be mindful why you are drinking alcohol and how much. A DUI can cost you your license (see Chapter 7).

14.3 Appropriate Exercise

Exercise is always a challenge unless you are an athlete, and even then, it can be very difficult. There is the weekend athlete, they play hard, and often get injured and sidelined. Trying to manage work obligations, family obligations, and everything that comes in between leaves little time for exercise or other self-care activities. It's important to remember that exercise really is the bargain of a lifetime. It promotes longevity and can help you live longer with less disability. Inactivity leads to increase risk factors of cardiac and metabolic disease. Exercising today can help prevent you from taking medications later in life for high blood pressure, lowering cholesterol and maybe even type 2 diabetes meds.²

There are generally three common excuses for not getting exercise:

1. I don't have time
2. I'm not motivated
3. I don't know what to do

The first, I don't have time, is perfectly understandable. You get up, go to work, come home, have family obligations, or need to complete your day's work and then it's bedtime. Just like our work schedule, if you can find a time that you know will work (mornings are often best), you can start small and build up a routine that will last. Putting the time on your schedule/calendar to be sure you get out and move. It could be a short walk at lunchtime. People that move more tend to feel better, sleep better, and are healthier. You can even do "exercise hacks" during the day. Between patients, catch a few squats or push-ups against a counter or wall. A quick 5–10 minutes jumping rope (with or without rope) in the morning before your shower can be incorporated into your daily routine. Your blood will start flowing, and you will begin the day with more energy.

Motivation is a bit more difficult. Often when we are tired or depressed, it's hard to do anything except those items that are absolutely required. Motivation is fickle, it ebbs and flows when it comes to eating or exercising. We humans just aren't that strong, and we'll often give in to temptation. The best way to outwit poor motivation is to make something easy. For example, if you want to start walking or running, but in the morning, you find it's just too hard to get out of bed, you can take a few approaches.

- Put your alarm across the room and set it to give you some extra time to exercise.
- Have your gear set out the night before. Just seeing those shorts and shoes will make it easier to put them on. Once they are on, you have overcome half the battle.
- Now just do something – 1 minute or 1 hour, you are starting a new habit that will become easier each time you do it.

²Foreman, Judy. *Exercise is Medicine*. Oxford University Press, NY, 2020.

The last common excuse is, I don't know what to do. We are told we need 150 minutes of exercise a week. What type, how often, how much at one sitting? You may think you need to attend an exercise class or go to the gym for 1 hour. When you don't have 1 hour, guess what happens? It doesn't happen.

Think differently to redesign your activities to fit your schedule and that of your family. If you have kids, can you take them with you for a walk, play ball with them, or go swimming? Getting exercise together creates a bond and sets good habits for younger children that will take them into adulthood. Is there something you can do with your partner or friends? Maybe it's a bike ride, game of tennis, or even ice hockey. These activities will help with social engagement, get you mind off work, and can lead to a generally brighter outlook on life and your patients.

We can always work harder and longer. But it is your day and you have choices regarding how you allocate your time and activities. Just like in finance and asset allocation, the same goes with what we choose to do during the day and evening. Maybe it's time to do a little shift in your personal asset allocation. We have yet to hear someone bemoan that they wanted on their tombstone –“I should have worked harder.” We have seen so many friends and colleagues that spent all their time working in medicine only to regret the time they missed with their family and friends and the ability to just notice the world and all it has to offer. Time goes faster than you think, and each minute lost can never be regained. Even a walk around the block to smell the fresh air and look at the flowers will have positive benefits to your health and mental status.

14.4 Stress Reduction

We know stress is bad for your health. High levels of the various stress hormones and mediators, especially cortisol, can negatively impact a variety of organ functions, especially the brain and cognition, cardiovascular, immunity and metabolic function. For female residents contemplating pregnancy, they can negatively affect your pregnancy and the fetus. You studied all this in medical school. Now it's time to apply it to your health.

Perhaps the best way to mitigate stress is routine exercise. Practices of yoga and meditation are also effective, but out of the scope of this chapter. Adequate sleep is another key to stress reduction. While you probably learned a lot about stress hormones and mediators in medical school, chances are you learned little about sleep and its importance in health and stress reduction. A good book about sleep is a recent text by Matthew Walker, PhD, footnoted below.³

³Matthew Walker, PhD. *Why We Sleep*. Scribner, NY, 2017.

14.4.1 The Many Causes of Physician Burnout and How to Avoid or Mitigate It

Let's assume you've taken care of yourself as we've discussed above. Burnout is still a risk. There's a lot of discussion these days about physician burnout. It's very real and is the topic of books, journal articles, survey results, social media, and other communications.

Populations of physicians have been surveyed by the Maslach Burnout Inventory and other less formal questionnaires. This survey has three subscales to evaluate the domains of emotional exhaustion, depersonalization, and low personal accomplishment.⁴ It is also associated with depression and suicidal ideation.

Utilizing this survey and other indicators of burnout, Shanafelt et. al.⁵ published that physicians had the highest rate of burnout of other types of employment with nearly 46% of physicians having at least one symptom of burnout. Their article observes that those in family medicine, internal medicine, and emergency medicine have the highest levels. They also asked questions about depression and suicidal ideation as well as satisfaction with work–life balance. Also, 37% and 6.4% of responders, respectively, reported depression and suicidal ideation, and 37% of physicians were dissatisfied with their work–life balance. Those specialties with lower work hours and better work–life balance reported the least amount of burnout. There is a message here!

So, what are the specific causes of this high level of burnout, in addition to the obvious work–life imbalance? On a recent survey of physicians in our Children's Hospital⁶, the most common causes listed by our physicians in order of were as follows:

- No control over my workload
- Lack of shared values with organization leadership
- Lack of autonomy in my job
- After-hours workload
- Too much time spent on bureaucratic tasks
- EHR or other IT tools hurt my efficiency

In addition to issues related to work–life balance, specifically after-hour workload, a recurring theme is lack of control over the physician's work with excessive bureaucratic burdens imposed on the practice of medicine. An Electronic Health Record (EHR) reducing efficiency doesn't help.⁷ Putting into perspective, however, the EHR has become irreplaceable in today's highly data-driven health care.

⁴Maslach C, Jackson S, Leiter M. Maslach Burnout Inventory Manual 3rd ed. Palo Alto, CA: Consulting Psychologists Press, 1996.

⁵Shanafelt, et. Al. Arch Intern Med 2012;172(18):1377-1385.

⁶Children's Hospital Orange County, ARCH Collaborative survey, 2021.

⁷Kroth, P, Morioka-Douglas, N, et. al. Association of Electronic Health Record Design and Use Factors With Clinician Stress and Burnout. JAMA Network Open. 2019;2(8):e199609

Whatever EHR you are using, become an expert at using it to improve your efficiency.

All physicians (including you) will likely experience some degree or type of burnout throughout a career in medicine. So, the question is how you can avoid it or at least minimize its impact on your life and practice.

Establishing good work–life balance, along with a healthy lifestyle incorporating exercising, a healthy diet, and stress reduction as covered earlier in this chapter, is key to a successful long-term practice. This is especially important for those of you who have chosen one of the practices most prone to burnout, as mentioned earlier. As more primary care practices like family practice and internal medicine move to an employment model, establishing work–life balance may be easier for the practitioner, but other issues like lack of autonomy and control of workload may become an issue.

Sometimes, burnout can't be managed, and a career change is the only alternative. Chapter 13 provides the practitioner with several nonpractice alternatives to consider.