

Beyond Well-being: Sartre, Aristotle & More Than Walking

Benjamin R. Doolittle, MD, MDIV
Yale University

Disclosure:



Disclosure





Objectives:



Evaluate the present state of physician burnout and thriving



Consider perspectives of the human condition from Satre, Aristotle, and others



Reflect upon one's own model for human thriving



What burnout is....

Maslach Burnout Inventory

“Erosion of the Soul”

Emotional Exhaustion

The 14th hour of clinic session

Depersonalization

“Pneumothorax after line – who cares?”

Lack of Accomplishment

“Decay of Purpose”



Burnout is not depression

- Highly Correlated (.26-.50)
- Job-Related
- No Psychomotor sx
- No Anhedonia
- No Guilt

Pers & Ind Diff 30(2001):873-880



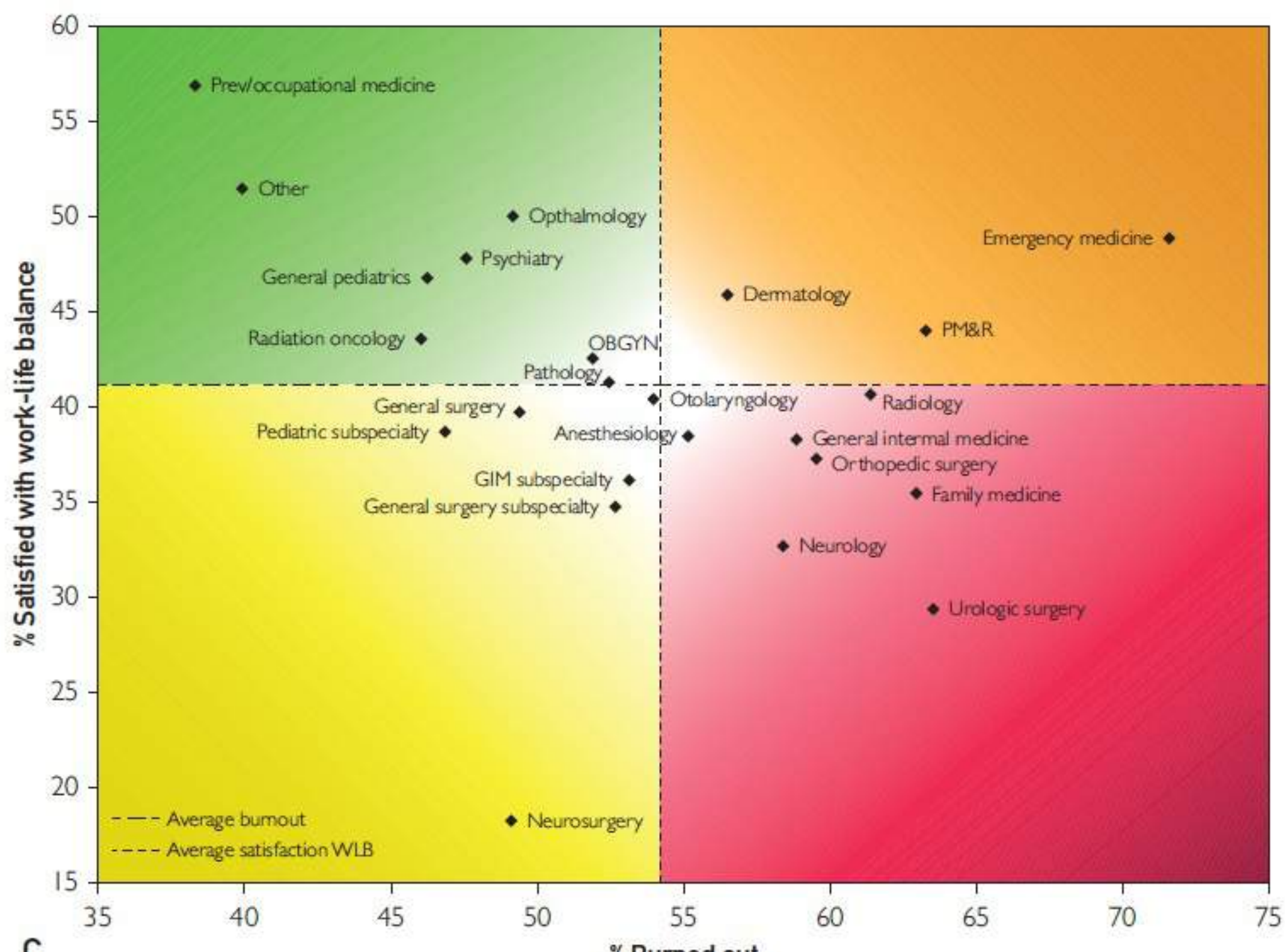
Who gets burned out?

- Older vs Younger?
- Married vs Single?
- Women vs Men?
- Kids?
- Ethnicity?
- Hours? Practice Setting?
- Patient Contact?
- Teaching/Publishing/Continuing Ed?



Burnout influences

- Increased Use of Drugs & Alcohol
- Marital and Family Problems
- Depression & Insomnia
- Job Turnover & Absenteeism
- Loss of Income
- Quality of Care
- Unprofessional Behavior



Problem:
We are
burned
out with
burnout

Prevalence → unchanged!

Bad downstream effects: medical errors, turnover, mental health

Surveys....poor response rate (do we even know how it is?)

Problem: We are burned out with burnout



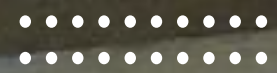
Intrinsic factors - resilience, mindfulness



Extrinsic factors – EMR, leadership, friendship



Interventions? - Program vs Culture



Existentialism: A model of our times?



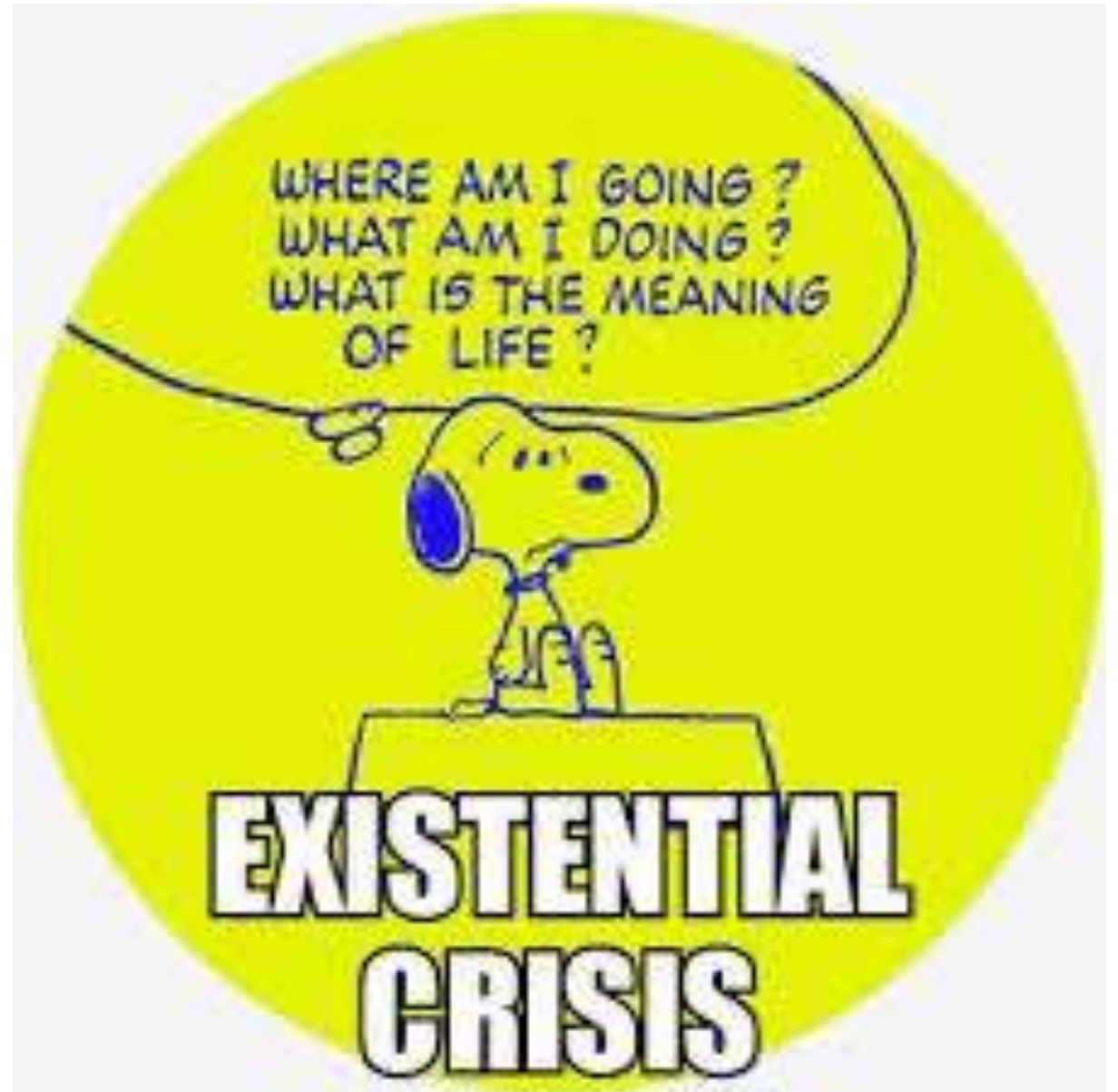
Existentialism



- Post-WWII philosophic movement
- Freedom & Authenticity – What does it mean to exist?
- Anxiety – “It is certain that we cannot escape anguish, for we are anguish.”
- “Nothingness lies coiled at the heart of being like a worm.”
- “I exist, that is all, and I find it nauseating.”
- “Hell is other people”

Existential crisis?

- Dissonance between identity and perceived reality
- Emotional – Anxiety
- Cognitive - Loss of meaning
- Behavioral – Withdrawal/Isolation





Is anyone
happy in
medicine?
Why?

Yale
Flourishing
Project:
Ask happy
physicians

- Qualitative Interviews
 - NOT burned out → two question instrument
 - “How often do you feel burned out from work?”
 - “How often do you feel you have become more callous to people since you took your job?”
 - Thriving → 0-10 Participants >7
 - “how satisfied are you with your life?”
 - “how satisfied are you with your career?”



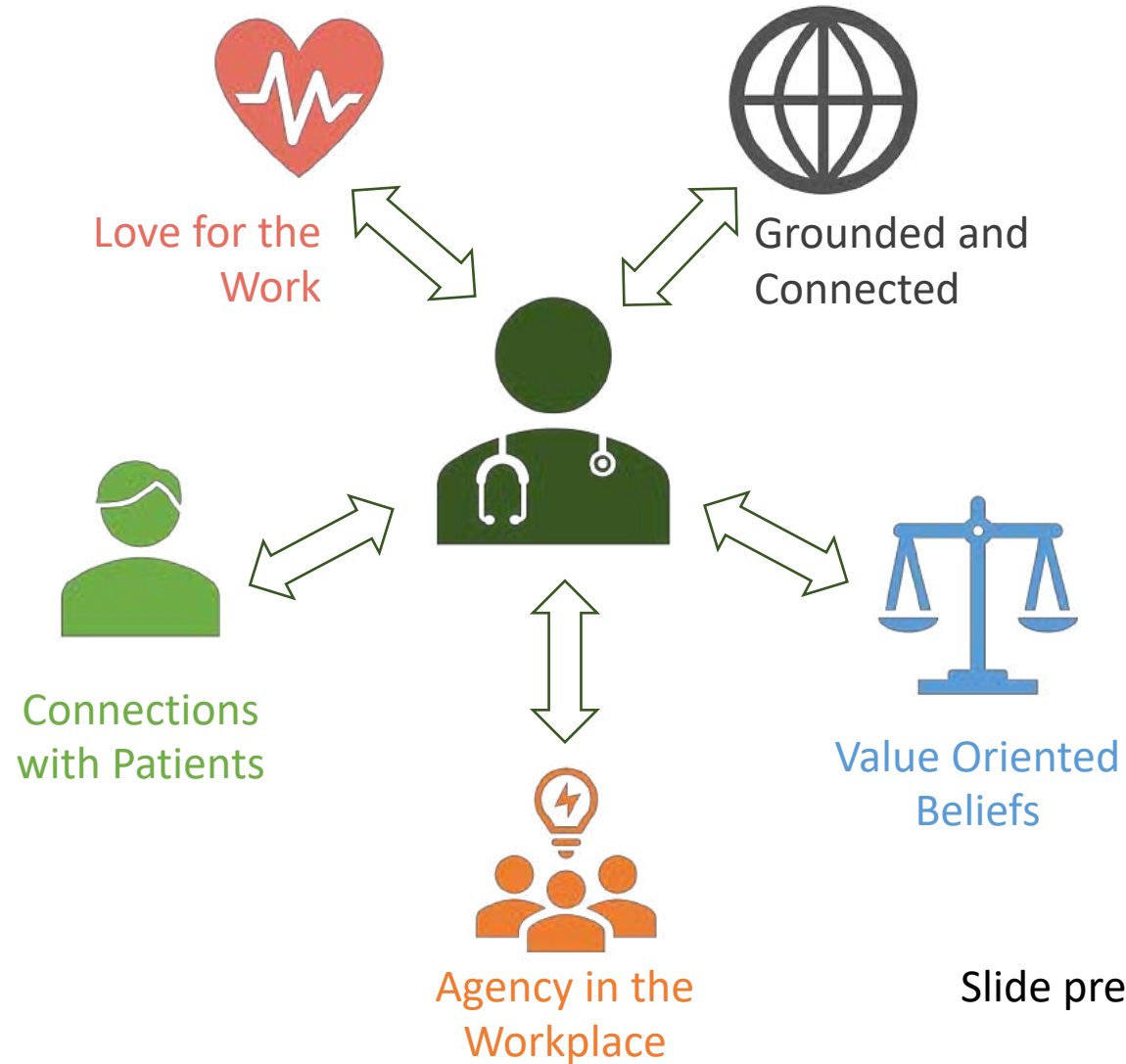
Yale Flourishing Project

- Participants (92 total)
 - 32 Primary Care Physicians
 - 23 Emergency Department Physicians
 - 37 Resident Physicians *in Medicine, Pediatrics, Med-Peds*

J Gen Intern Med 2021;36(12):3759-3765.

J Gen Intern Med 2022 Jun 16;1-7. *Online ahead of print*

Yale Flourishing Model



Slide prepared by Katherine Gielissen, MD



Eudaimonia – Flourishing Aristotle

- Eu - well/good
- Daimonia – spiritedness, blessedness
- The Aristotelean mean:
Stoics/Virtue vs Epicureans/Pleasure



Who can
teach us
about
flourishing?



MORE THAN WALKING

SIGN UP

SUBMIT A VIDEO

REQUEST HELP

MESSAGE A MENTOR

- Morethanwalking.com
- Peer support program for people with spinal cord injuries
- 28 interviews, all wheel-chair bound



More Than Walking ~ Model

Sense of Achievement

“I wouldn’t be the man I am today if I had not been put in a wheelchair 16 years ago, and if I never walk another day on this earth, I am grateful for the man it has made me.”

38-Year-Old, C4-5 Incomplete Quadriplegic, 16 Years Post-Injury

Adaptive Emotional Responses

“I don’t need to walk to be happy. I just need to be me to be happy ... I will tell you boldly how it is, and that is just the way I am ... nothing has changed about me except for my means of transportation.”

54-Year-Old, T10-11 Complete Paraplegic, 28 Years Post-Injury

More Than Walking ~ Model

Giving and Receiving Support

“Because of my injury, it’s very limited, some of the things I can do physically, but I still have a voice, and I still have a passion. And if there is anybody that I can help out on this planet I will do so.... I’m always here to help.”

52-Year-Old, C3-4 Incomplete Quadriplegic, 5 Years Post-Injury

More Than Walking ~ Model

Maladaptive Emotional Responses

“If you stay to yourself and don’t talk to anybody when people are reaching out trying to have something to do with you, you will eventually be left there by yourself and not have anybody.”

38-Year-Old, C4-5 Incomplete Quadriplegic, 17 Years Post-Injury

Negative Situational Factors

“The main barrier is having people not see the chair and see the person that I am and not the disability.”

47 Year-Old L1 Complete Paraplegic, 15 Years Post-Injury

Some final questions....

Is existential crises the new norm?

There *are* flourishing physicians – can we teach this?

Are there values that we need to emphasize?

Can we incorporate lessons from More Than Walking?

Other thoughts?

Many thanks!



**It Doesn't Get
Any Better
Than This**