Eat Sushi, Be Happy
Priya Radhakrishnan, MD

As we are hurtling across the landscape of change in the practice of medicine, the reactions of physicians have been fast and furious. I have several colleagues and friends who are sitting back waiting for the storm surge to pass. Others however have wound themselves into a tight spiral ready to explode. Some have switched jobs in the belief that changing their places of work may shield them from what is coming. As a disclaimer, I must confess that the previous iterations of change did not make an impact on me. Today, however, I am frequently frazzled. Perhaps this is because my universe as I know it is physically changing. I have put down my pen and today am trying valiantly to type as fast I can with two fingers. While completing the PHQ9 depression scale, I am always scared that I might miss connecting to my patients, as their eyes fill up with tears on question 4 of the scale. I should probably invest some time in a typing class, but that would be at the expense of reading my quality reports. Multitasking: it comes naturally to my teen, I struggle with it.

As a result of our rapidly changing world, we are acting out in predictable ways. Our community is stressed. There is an entire variety of fight or flight responses. There is the Hermit Crab: the physician that closes the doors of his/her office. I often wonder whether they do so to work without interruptions, have had it and are likely to kill the next person that talks or simply want to catch a snooze. (I would hope that it is the last; there’s hope for those of us). Another common conduct is the effortless slide into the Victim role. “It’s not fair” is a common refrain amongst trainees and junior faculty. I have no control; everything is someone else’s fault. This one in particular is highly contagious, especially when schedules, dashboards or calls are being discussed. Another coping mechanism that is my favorite, simply because of its entertainment value is the Prima Donna. The gregarious or narcissistic physician who feels that it is his or her duty to inform the entire world what is really wrong and what to do about it. It involves pouting/theatrical gestures / or in extremes verbal diarrhea. Reality shows can come a distant second to this performance. Infant Terrible is another iteration of the angry doc; however this one is not amusing. It involves verbal volleys, often to innocent bystanders: students, medical assistants, even phlebotomists. (I would highly recommend that all infants terrible not mess with the phlebotomists. They have really sharp and often contaminated objects). I am sure I have skipped a few, the Apathetic, the Mad Man (or Woman) and the Accuser.

Mirror, Mirror on the wall, have I been one or have I been all?
I wonder whether we realize that we maybe slowly turning our workplaces into toxic wastelands. We need to examine whether we have lost control to the extent that we have relinquished our response to change. We have seen the true spirit of our community in the wake of the Boston Marathon. We have seen first-hand the higher calling that allowed the entire Boston healthcare community to work tirelessly for patients in the face of a disaster. Does it take a physical catastrophe to unite? How, then are we missing the slow cataclysm that is surrounding us? We must choose to take a proactive approach to change, take the bull by the horns, and still be in control. We need to start rapid response before we have to run the code blue on ourselves.

Last week, in my hurry to finish up my work before a looming deadline, I had to work through lunch. As I was typing away with my two fingers, hair on end, I felt a hand on my shoulder. It was my colleague, a woman with a willowy figure and the appetite of a sumo wrestler. After recovering from being scared witless, coming back from, in the matrix of my computer, I listened to her predicament. She had a long list of patients, as she was on call over the weekend, she really needed to eat in order to function well. Could I come with her to her favorite Sushi restaurant so that she could work happily on a full stomach? My initial response was to say no. I simply had too much to do. However, as my own pangs of hunger echoed in the silence that followed, it was obvious to the both of us that I was hungry. I stretched my cramped fingers, picked up my bag and joined her for Sushi.

Looking back, it was the best thing that I could have done. I reconnected with my colleague, heard all of the hospital gossip that I have not been able to catch up, ate some delicious Spicy Tuna Rolls, and went back a happy camper. We both continued our work with a renewed zest.

There is the real danger of the physician burnout, amplified by the rapid change and quest for productivity. Healthcare leaders, chairs and division chiefs are often placed in the unenviable task of “turning around” health systems that are in crises. Or my favorite: Using the Lean methodology and making do with less. As a result our health systems are constantly in flux. Physicians becoming nomads: trying our different jobs in their quest for happiness at the workplace and career fulfillment. As we examine health care costs, we need to factor continued on page 2
in costs due to physician turnover. Replacing one physician FTE can cost an organization upwards of $250,000. But ultimately if we choose not to engage and build, we are at risk of torching our professional homes.

As I look around, I find myself looking at the folks that are outperforming and marvel. One common theme seems to prevail. A simple secret to their functioning seems to be their ability to focus on the positive. It causes them to develop agility: their ability to roll with the punches, and go with the flow. Why is this characteristic non-dominant?

Perhaps the simple gesture of going out to lunch with an agile colleague can rub some fairy dust on the rest of us that occasionally need it and make the workplace happier. After all, the way to a doctor’s heart may be his/her own stomach. Once full, perhaps those of us that have not tried to research, understand and work on the problems that face our healthcare community can do so with less anger, less force and more effect. After all, a complicated clinical problem never stopped an internist. Why should our approach to change in healthcare delivery be any different?

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