



Up in the air

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Maintaining a balance between work and other areas of life is never easy for GPs.



Just one more patient; one more committee meeting; one more phone call; one more case study.

It is easy for doctors to keep adding that 'one more' thing to their day. There is, after all, always something else to do.

What many GPs seem to discover, however, is that doing that little bit extra can be a slippery slope and, before they know it, it is all getting on top of them.

'I have experienced being burnt out and being depressed. I think that we don't really realise it at the time,' Dr Jonathan Ramachenderan, a procedural GP anaesthetist, told *Good Practice*. 'We think we're doing quite well because we're doing good things, helping out by maybe doing research, being involved in committees, working hard towards a certain qualification.'

'At the same time, we're being stretched by our families because we may have young kids, or may be going through a difficult period in our relationships.'

'So [being burnt out and depressed] pushed me into reevaluating what was important. I was working too much and I was chasing after the wrong things. Being distracted by this committee, that research, trying to be all things for everyone.'

Given GPs are pulled in so many different directions by so many forces, difficulty in maintaining this type of balance is nothing new for those in general practice. The point was clearly illustrated, however, in the RACGP's recent benchmark report, *General practice: Health of the nation 2017*, which provided an often-fascinating snapshot of Australia's current state of patient access to general practice, the role of the GP, and the broader general practice workforce.

Among one of the report's more eye-opening insights was the fact that 64% of GPs cited the difficulty in maintaining work-life balance as the key issue when running a practice.

'Sometimes there is a little delay in that where you realise, actually, we are quite busy and I am struggling to fit it all in,' Dr Columbine Mullins, GP and a sole practice owner, told *Good Practice*. 'It's about acknowledging that and making changes.'

Work-life health

In the case of those who run a practice, an initial lack of knowledge in the general day-to-day of owning and operating a busy small business is usually among the main culprits in tipping the work-life balance in the wrong direction.

'Early on, yes, I worked a lot harder in my practice than I do now,' Dr Rashmi Sharma, who has been a practice owner for close to two decades, told *Good Practice*. 'I think you have to

do that in the early years to consolidate and get your vision for the practice embedded.

'But that does become easier with time if you have the processes in place.'

With no previous experience in the business and administrative side of general practice, Dr Mullins faced something of a steep learning curve when she assumed control of her practice. The need to undergo accreditation almost immediately was a baptism of fire, but with experience – not to mention more doctors on hand in the practice – life has become more manageable.

But that does not mean, according to Dr Mullins, the scales are always in balance for each and every day.

'I am a bit more confident about the processes and have things set up better, but it is a constant reflection process of "am I getting exhausted?"' she said.

Dr Mullins has certainly managed to get the types of processes Dr Sharma mentions in place, but that is not to suggest her typical day is an easy one. Actual time with patients – time as a doctor, not a business owner – is scheduled in the same way as everything else.

'I tend to get to work about an hour before everyone else and run through the emails and things that have come through, then have a chat with the practice manager about any other things that have come up,' she said. 'Then I will look at all of my results, and I overlook the registrar results. If the other doctor is away I will check her results.'

'I then dedicate time for seeing my patients. It's pretty straightforward but, as often happens through the day, I check my emails and try to respond to things quite quickly. >>



Long-time GP Dr Rashmi Sharma worked harder as a new practice owner, but continued growth and better workplace strategies have helped to create a better balance.

>> 'If I do that the work gets done, if not it tends to get left. So the day is often interrupted by bits and pieces like that.'

'If I have big projects or things that need to be sorted out, often I will try and hold that over until the Tuesday, when I am not clinically seeing patients.'

'I will often spend a little bit longer working in the evening on things like payroll and bills; I like to oversee all of the stuff like that. There is always extra bits and pieces, like contracts and things like that that come up.'

'It is a bit of a juggling act.'

Family health

If life as a GP is often a juggling act, it stands to reason that family would represent one of the balls in the air for many.

With the needs of patients and, by extension, a practice so often assuming pole position in the race for a GP's time, family is a common casualty.

'If you make yourself available there's always going to be people to see who you feel really need you. And it's hard to say no or to get them to see someone else,' Dr Mullins said. 'I have become better at setting boundaries and allocating time.'

'I have realised, for example, I haven't been taking my son into his classroom, so I am making changes to my diary so I am taking him into class. Whereas, before I was dropping him off and rushing off to see the first patient.'

'But it's very easy to put pressure on yourself to drop everything for your patients.'

When it comes to having a family, Dr Ramachenderan, who is married with three young sons, doesn't actually believe in the idea of a work-life balance. Rather, he

feels it is important to acknowledge that lack of balance and devote time to one and then the other, instead of trying to spread yourself across both and be all things to all people.

'It's a work-life imbalance because you either choose one or the other, you can't choose both. They both require a great deal from you,' he said. 'When you have young kids, for example, you might choose that first and that means being home at a certain time, not having meetings after a certain time, and saying no to a lot of things.'

'Then when that period is over, it's starting up again to accepting more different things.'

As a single parent, Dr Mullins is able to examine her work-life balance in the context of her son.

'I think you just have to keep reviewing how you are going – for me, that is how my son is travelling – pretty frequently because it's quite easy to get caught up in work,' she said. 'I think it is a really big challenge because you can start to get it wrong, get the balance not quite right, quite quickly.'

Self health

While Dr Mullins tends to maintain her own balances with detailed schedules, timetables and the like – 'I love my diary,' she said – Dr Ramachenderan takes a different, but no less structured, approach.

'It's not really about balance but more about self-care,' he said. 'Being a doctor means having intense human interactions and learning about people's secrets and their difficulties, and being put in very stressful situations.'

'I think that to be able to do that over a long period of time, being a GP especially because you're quite intimately involved in a

community, you really do need to design those self-care strategies for yourself and employ them every day.'

'It's not something that can be haphazard but I think it needs to become a habit. I firmly believe that it needs to be built into your day, if not week, if not month, if not year. I think it's our responsibility.'

Upon realising he had 'fallen into a hole', Dr Ramachenderan resolved to make some meaningful changes.

'I was just living a very distracted life,' he said. 'I didn't pass my Fellowship by, I think, 0.5% and that pushed me into a hole because I had to re-evaluate my life and say, "Why did this happen?"'

'As a result I simplified everything and realised that I needed rest. I decided that I needed to work a nine-day fortnight and try to always have Saturdays off for my family and just to replenish myself.'

'What I did was really take a sabbath, I rested and didn't do work things. That really helped.'

'But as well, the physical care was always really important – exercising was a big thing for me. The routine that I have at the moment is really good for me, getting up very early, spending time by myself exercising, then doing something I love like writing or thinking or reading, and then re-engaging with the family. Going through that routine has really added value.'

More dedicated time with his sons has also been key in restoring himself.

'I take my sons out every Saturday morning, one at a time, and I encourage them,' he said. 'I can't do that every day, but in the time that I have I try to maximise my encouragement and connect with them.'

Dr Mullins has also made efforts towards greater levels of self-care, but admits it can sometimes be difficult.

'I feel there is always this tightrope to walk as far as making sure my son is getting enough attention and input, and I am getting whatever work needs to be done, done,' she said.

Encouragingly, Dr Mullins' efforts to make more time for herself and her son have been met with considerable understanding. Her patients, it seems, appreciate that she is indeed human.

'They are often the first people to say, you need a holiday, you should go and do this with your son, or whatever,' she said. 'There has been a lot of goodwill from patients in that regard.' 🌟



From left: Dr Columbine Mullins has found patients to be understanding when discussing taking some more time for herself and her son; following his experiences with burnout and depression, Dr Jonathan Ramachenderan implemented a number of self-care strategies that he found 'really added value' to his own wellbeing.