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With Your Host

Allison Watts, DDS

Welcome to *Practicing with the Masters* for dentists with your host, Dr. Allison Watts. Allison believes that there are four pillars for a successful, fulfilling dental practice: clear leadership, sound business principles, welldeveloped communication skills, and clinical excellence. Allison enjoys helping dentists and teams excel in all of these areas. Each episode she brings you an inspiring conversation with another leading expert. If you desire to learn and grow and in the process take your practice to the next level, then this is the show for you. Now, here's your host, Dr. Allison Watts.

Allison: Welcome to *Practicing with the Masters* podcast. I'm your host, Allison Watts, and I'm dedicated to bringing you masters in the field of dentistry, leadership, and practice management to help you have a more fulfilling and successful practice and life.

> Thank you guys all for being here. I'm Allison Watts and I've got Dr. Clark Gaither here today, also known as Dr. Burnout. He's a board certified family physician in private practice in Goldsboro, NC. He has been in the full time practice of medicine for the past 24 years. Has it been longer than that now, has it been 26?

Clark: It's 25, well it will be 25 in September.

Allison: Okay. Dr. Gaither knows firsthand both the pain and the value of struggle. During his lifetime and 26 year career as a family physician he has faced and overcome many difficult challenges: fear of public speaking, alcoholism, professional burnout, and devastating personal tragedies. Not only has he learned to overcome, he has learned to embrace the glorious magnificence of change.

> Dr. Gaither is an expert in the identification, treatment, and prevention of job-related burnout after personally experiencing burnout himself. His primary focus is to help transform the lives of individuals who feel they are burned out by retooling their

mindset for success and unleashing their creative potential. He personally overcame a moribund fear of speaking, even in private, to become the North Carolina State Serious Speech Champion.

He battled alcoholism while in residency training in 1989 but went on to become the North Carolina Family Physician of the Year in 2002. He has also authored a bestselling book in 2015, called *Powerful Words*, inspired communication through emotional connections. You can learn more about Dr. Gaither by visiting his website, ClarkGaither.com. You also have Dr. Burnout, right?

- Clark: Yes. Either one will get you to the same location, that's right.
- Allison: Okay, well thank you so much for being here tonight.
- Clark: Listen, I appreciate the invitation.
- Allison: Yeah, we have a lot of people interested in this topic. I know you're a physician but the reason I reached out to you is because I feel like it's a problem in dentistry as well. I'm wondering too what you think about, I think the corporate thing that's happening in dentistry right now is going to make it even more so. I don't know, do you have a good idea where you'd like to start?
- Clark: I'll pick up where you just left off. I think you're absolutely right. As corporate entities absorb more practices or large groups are formed, it turns out it's the work environment that burns out individuals most of the time, it's like 90 percent of the time. You can take an on fire, passionate, purpose-driven dentist and put them in the wrong work environment and you will burn them out. I don't care how passionate they are about the profession.

It turns out there's certain mismatches that occur in the work environment that set people up for job-related burnout. It's only

about ten percent of the time that the individual actually burns themselves out either from problems that they carry into the workplace or other realms of their life that are being affected that are spilling over into their profession. But 90 percent of the time, it's the work environment that burns out the individual.

- Allison: So when you say work environment, what I think of in my practice, I have my own practice. I created, in a way, I mean obviously I've got team and patient, but I'm also creating my own environment.
- Clark: Yeah, it's less of an issue for individual or private practice because you can control things better. In the corporate world, you lose control. In fact, that's one of the six major mismatches. A lot of this work was done by Christina Maslach back in the 80s. In fact, she came up with the Maslach Burnout Inventory which is still used as the gold standard today for measuring that metric of job-related burnout.

In her book, *The Truth about Burnout*, she explains that there are about six major mismatches. There's more than six, but there's six major ones that create job-related burnout. One of them is lack of control. So are you a solopreneur? Are you a solo dentist in your own office then?

Allison: Yes.

- Clark: Well, you have, you know, everything stops with you or begins with you. So you can control your book, you can control how fast you see patients, you can control how many patients you see in a day, how many days you work. You're in charge of your staff. But if you were a dentist...
- Allison: Sometimes I think it's the other way around but we'll go with that.

[Laughter]

Clark: I had that thought in the back of my head when it came out of my mouth. Some days I wonder if run my office or if my staff runs my office. But I still sign their paycheck I guess. But think of a big corporate enterprise that perhaps has ten or twelve dental offices and the dentists work for the corporation and there's a manager or administrator.

> So the dentist answers to them. So their book of business may not be under their control or the staff may not be under their control. So that's one of the first obstacles that some people hit in organized medicine or corporate medicine, when you have big hospitals, or big groups, or big dental groups. Lack of control is one of those mismatches. Do you want me to just go through those six mismatches and see if any of them sound familiar?

- Allison: Yeah, I think that'd be great. Now when you say mismatches, you're saying a mismatch between the person suffering the burnout and their environment?
- Clark: It's the individual and their work environment or workplace.
- Allison: Okay, yes. I'd love for you to go through those.
- Clark: Okay. The first one that was identified was work overload. I don't have to tell you, well in medicine I can tell you that we are stretched about as thin as we can be stretched now with work and things to do. It's probably getting that way in dentistry. A lot of that work may not be actual hands-on dentistry, it may be bureaucratic work. It may be shuffling paper and filling out forms and of course you've got the battles that we wage all the time with the insurance companies. So work overload is one.

Then on top of that, lack of control, which is the second one. The third one is insufficient reward. With big groups, market forces have forced businesses to get more efficient and efficient

translates to reducing costs. So they'll start cutting the rewards that people seek.

People seek tangible rewards from meaningful work. It's not always money. It could be security or recognition or benefits or the intrinsic satisfaction of the job. When people are working harder and harder and harder and they're getting less and less reward they begin to wonder, "Why am I working so hard?" It's like a very simple equation. More work plus less reward equals dissatisfaction. So that's the third one, insufficient reward.

The fourth one is one that people don't think about a lot but it's extremely important and that's breakdown of community. As some organizations get bigger and they grow too fast, too quickly, there's a breakdown in the character of the organization. Everybody can probably tell a story about some business that they really liked, it was kind of a mom and pop operation and they provided an excellent product or service and you knew everybody there.

Then they started growing and as they got bigger and bigger they lost something. They lost some quality that made them special. What that quality was was probably that sense of community. That sense of belonging. Not only among the employees, but the employees with the customer because maybe you saw new faces every time you went in and it just didn't seem like the same business anymore.

So the community becomes extremely important. If you're working in an office where you may not even know the person well that works in the hall across from you or in the office across town. You don't know anything about their life. You don't know anything about the problems they're having in their office or how they solve problems in the office. So that sense of

community becomes a key aspect of whether or not people feel like they belong to the job or they have some ownership in it.

The fifth one is absence of fairness. Dr. Maslach explained a workplace was deemed to be fair by the employees if they felt there was trust, openness, and respect. When all three of those were present, the employees feel valued. When they're absent, they felt like there was no fairness in the workplace.

It wasn't always about the CEO making a big fat salary and nobody getting a raise, it also had to do with does the worker feel like they are valued? Do they feel trusted? Do they trust the managers? And is there openness and respect? When those are present, people feel like they're being fairly treated and when they're not, they feel they're being unfairly treated and that can lead to burnout.

Then the sixth one is a big one I know in medicine right now and it's conflicting values. That's when basically you're being asked to do something that goes against your internal compass, your core being or your core values. You feel like they're being assaulted or you feel like you're violating your code of ethic every time you go to work because you're being asked to do things you would not do if you did not work there.

That will burnout people very quickly if they are conflicting values. If your company and organization says, "We provide excellent service and the customer always comes first" and you know behind the scenes that's not the case, then that's a big conflicting value.

So those six things: the work overload, lack of control, insufficient reward, breakdown of community, absence of fairness, conflicting values, those are the actual causes of jobrelated burnout as Dr. Maslach described them.

- Allison: It almost seems like you could—I know you have some preventative and some solutions for it. It almost seems right now as we're speaking that you could actually somehow infuse a little bit of each of these things to sort of counteract or prevent burnout. I didn't think about that when we were getting ready for the call but I just thought of it now. I mean, although some places you just can't, right? You just can't. Like corporate, I mean I'm not in the scenario.
- Clark: Well on the surface it seems like yeah, sometimes you're the David and corporate entity is the Goliath and since they're in charge you really have no control. My message has always been, okay, what are we in business to do?

You're in business to serve the public or provide a service or a product. It's got to be a good service or a product or people won't buy it. Or if you produce an inferior product, people are going to complain about it. You're going to have to refund people's money or do something over that you've already done because they weren't pleased with the results.

So my point has always been, if you do some things up front that cost very little money—imagine fewer customer complaints, imagine fewer employee complaints. Imagine more profits to the bottom line because people are wanting to come and take advantage of your product or your service.

All those things can be done because your employees feel good about who they work for. They feel valued. They don't feel like they're overloaded. They have some autonomy. They can innovate on the fly and make decisions themselves. They don't have to refer to some manual to know what the right thing to do is.

So the remedies for a lot of these things are just the exact opposite of what's occurring. So if you give the employees back

a little more autonomy, a little more power over the decisionmaking process, it can make a huge difference. Even if they are three or four of these mismatches going on, you don't have to eliminate all of them even. If you just make some of them better, people feel like there's been a big change or a big difference.

- Allison: All right. So these are the mismatches and if we're experiencing these—I don't know if you want to go into a little bit of the solutions? I know there's also symptoms of burnout which I actually thought until your article, I read your article by the way, congratulations on that.
- Clark: Oh, thank you.
- Allison: To me, when you and I were talking, I felt like I do see how burnout and stress seem, like the symptoms of stress seem like they would be very similar. I do think that I bet you there's a lot of people in dentistry too that have some symptoms of burnout and they think they're just stressed and they're trying to do stress-reduction protocol and that sort of thing. And that's not, in fact, it's almost the exact opposite.
- Clark: Yeah, that doesn't work.
- Allison: Yeah. I found that really interesting.
- Clark: We can talk about the symptoms, we've talked mainly about the causes. But the symptoms people present with, there are three principal ones that are measured on the Maslach Burnout Inventory. The first one is emotional exhaustion. The key word being exhaustion.

People feel like they're depleting, completely depleted to a point where they can no longer give on an emotional or psychological level to the patient or the client or the customer. They will tell you, "I feel all used up." Or, "I have nothing left to give." Those

are a couple of common statements to someone who feels like they're emotional exhausted.

The second one is depersonalization. The key word for that one is cynicism. It's the development of negative or cynical feelings which leads to a callous and almost dehumanized perception of the patient or the client or the customer. That almost to leads to the view that they're somehow deserving of their problems. So people get very cynical.

The third one is a lack of a sense of personal accomplishment. People are feeling so little reward from what they do there's a tendency to evaluate themselves in negative terms. This can lead to immense dissatisfaction and unhappiness. So the key word depersonalization—or a lack of personal accomplishment is inefficacy. So men and women go through those a little differently. Woman usually go through all three of them in order. They get emotional exhausted, then they depersonalize, and the last thing is a lack of a sense of personal accomplishment.

Men on the other hand, depersonalize first. They become cynical first. Then they get emotional exhaustion, they go back up and hit number one. And for some reason, call it the male ego, most men do not feel—they don't fully get number three if at all, which is a lack of a sense of personal accomplishment. Men always feel that whatever they're doing has some value and so they don't usually get that one.

- Allison: That's interesting.
- Clark: Yeah. What that means in real terms is by the time you get a man who hits one of the three, if he hits either depersonalization or emotional exhaustion, he's 50 percent burned out already. So men burn out quicker than women. Although the suicidality is actually higher in woman than it is in

woman when it becomes to job-related burnout. So those are the symptoms.

A lot of times, organizations when they are having high rates of turnover they will bring in some stress management people because everybody what? Everybody looks stressed. Everybody says they're stressed. And while it's true, if you are burned out, I can guarantee you, you are stressed. It's a given. But you can be stressed and not burned out. I went through some of those differences in that article. But the reaction of most hospitals or big groups where there's an administrator, the first reaction is to bring in stress management people.

In a subtle way, you're telling the provider that, "You just don't know how to handle your stress. You're either inept or too stupid or dumb to handle your stress, so we're going to teach you." And that's the subtle message which is not good. It's humiliating. I can tell you, if you teach somebody stress management techniques, you may make them feel better temporarily but unless you correct those underlying mismatches, you've not really solved the problem. So they will just burnout all over again. And it doesn't take long for those positive benefits of stress management to go away if actually what you're dealing with is burnout.

- Allison: So it's diagnosed based on the three things that you said, the three symptoms?
- Clark: What was the question?
- Allison: I'm saying, how would you distinctly diagnose burnout versus stress? Because I mean I would describe myself when I'm stressed sometimes as emotional exhaustion but you're talking about sort of a chronic condition of...
- Clark: Right.

- Allison: It's not just like this week, it's not just a short-term thing.
- Clark: Right.
- Allison: All three of these, it seems more chronic, right?
- Clark: It can start off rather insidiously and it sneaks up on people, but yeah, it's really a chronic condition. One of the symptoms, overt symptoms, that people will tell you about or comes to mind is, "Oh my god, I can't wait until it's Friday." Or, "Oh my god, it's Sunday already and I can't stand the thought of going to work tomorrow." That's not stress. That is job-related burnout.

If you go back to that list where I talked about the difference between stress and job-related burnout, stress is characterized by over engagement. Burnout is characterized by disengagement. People actually pull back. Sometimes when people are stressed they work, what? Harder. The solution is to, "Well, you know I've got all this work. I've got certain goals I want to accomplish. I feel like I'm under the gun, so I'll just work harder."

Somebody who's burned out will start to disengage. In stress, emotions are overactive. In burnout, emotions are blunted. People can actually get depressed. You can be stressed and not depressed. But when people are burned out, their emotions get blunted. They become, that emotional exhaustion, that key word being exhaustion, they feel like they're depleted on an emotional level or a psychological level.

Stress produces urgency and hyperactivity. Job-related burnout produces a sense of helplessness and hopelessness. People feel trapped. They feel like they have no choices, they can't extract themselves from their current work situation. Stress leads to a loss of energy. Job-related burnout leads to a loss of

ideals, motivation, and hope. Stress leads to anxiety disorders. Burnout leads to the detachment and depression.

With stress, the damage is primarily physical. There are physiologic changes that occur with stress. With burnout, the damage is primarily emotional. Prolonged and excessive stress can kill you prematurely. Burnout will just make your life seem not worth living. But it can increase the risk of suicide. In fact, it's interesting right now if you're a coroner and somebody tells you there is a dead professional on the slab for autopsy, if you guess physician, you will be right more times than you are wrong. That's how bad it's gotten.

- Allison: Really?
- Clark: That's how bad it's gotten in the house of medicine right now.
- Allison: It used to be for years, I know for a very long time that dentistry had the highest suicide and divorce rates. Do you know where dentists fall on that at this point?
- Clark: No, and I will tell you this. I went online a couple of months ago to see what I could dig up about dentistry because even though medicine is my wheelhouse, I understand medicine, I understand all of the internal workings of medicine and what has made medicine bad these days, the hallmarks and the causes of burnout are the same for all professionals.

So I was digging for burnout rates on attorneys, dentists, teachers, social workers, people who have professional roles. And there is a dearth of data for dentists. I found a couple of studies in Canada. I found one that was done in the UK. But there are very few studies, and there's opportunity there for somebody, even if it's just a survey at some big national meeting. There are very few studies on burnout rates in

dentistry and there needs to be some because I know dentists are suffering.

- Allison: Oh, yeah. We have a question. I'm going to go ahead and unmute you, Bethany. You're unmuted.
- Bethany: Hi, can you hear me?
- Clark: Yes.
- Allison: Yes.
- Bethany: Okay, hi. Hey, this is a really near and dear subject to my heart because I left dentistry because I was stressed and exhausted. Your definition of being burned out, I'm not sure I was ever burned out because I never stopped. I never stopped caring. So are there any studies or what is it that causes that tipping point from stressed out to burned out and are there people who have more tolerance to stress for a longer period of time? Because it sure seems like I was extremely stressed for about 15 years.

I never got depressed but now my career is to help dentists remove stress from their lives or deal with it better before it's too late. So I guess that means stop them from slipping into burnout and exhaustion. So what's exactly, I mean, are there any, where is that point?

- Clark: Well as you might surmise, it will be different for different people.
- Bethany: Sure.
- Clark: Let me ask you a couple questions. Are you practicing dentistry now or are you just working with dentists?
- Bethany: No, I'm coaching dentists to relieve stress.
- Clark: Okay.

Bethany: I left two years ago.

Clark: Did you stop dentistry earlier than you had planned?

- Bethany: Well, yeah. When I first came into dentistry, I thought I'd practice my whole career. I practiced for 20 years and 8 of it was spent trying to get out because it's not easy, there's a lot of factors, you know.
- Clark: I would submit then you were probably burned out but still standing. I mean you were burned out but you were still working but probably because you had commitments and obligations and that was you what you did. You were a dentist. Other than switch careers, you had very probably limited choices as to what you were doing, although the how and the why can change. We can get into that deeper as we go.

Let me just say, as you coach dentists, keep in the back of your mind, and I do this all the time when I coach physicians. About ten percent of the dentists that are practicing dentistry, about ten percent of physicians that are practicing medicine, don't need to be in medicine. And those dentists don't need to be doing dentistry, they need to be doing something else because they ended up in dentistry because either their dad was a dentist and wanted them to be one or it seemed like a good thing to do because they could make money and be off on Fridays.

- Bethany: Yeah, it always looks good on the outside.
- Clark: Yeah, so about ten percent of professionals are really doing work that they were not intended to do, that really doesn't match their core values or it really doesn't match their talents and abilities, their unique set of talents and abilities. So always keep that in the back of your mind.

The other 90 percent, you can do some good work with but the tipping point will be different for different people. Some people just put their head down and say, "Okay, this is the way it is. I'm just going to slug this out." But that to me is no way to live if you're miserable at what you're doing or if you dread going to work on Monday and all you look forward to is the weekend. That's just not—you're not going to practice your best dentistry and produce your best work feeling that way.

- Bethany: And that's not fair to your team and patients either. So do you, let me clarify one thing. You said being mentally exhausted and burned out is usually you're depressed. So you can be exhausted, mentally burned out and not depressed?
- Clark: Yes. Yeah. Not everybody gets depressed. I said it can lead to detachment and depression. I didn't mean to give the impression that everybody gets depressed.
- Bethany: So it's more common than not though?
- Clark: Yeah, it's very common. It's more common than somebody who's not burned out.
- Bethany: Yeah.
- Clark: Just like drugs and alcohol, a lot of people who burnout will act now. Not everybody, but some will. Some will act out with drugs and alcohol, it usually starts innocently enough. People will start relief drinking at night to relax or to help them get to sleep. Then slowly over time it escalates until they're in trouble. So other than suicide, burnout can lead to all sorts of crazy additions.
- Bethany: Yeah, just one more comment then I'll let you have your teleconference back, Allison.

[Laughter]

Allison: No, it's great.

- Bethany: I'm really interested in this. So the trick is, how do you reach depressed professionals who have their head down? Because they're the ones who need help and they're the ones with their head down. You know, how do we reach those people before it's too late?
- Clark: Well, there is a framework I use called reignite but basically it's an acronym. The R is for review, you get people to review their current circumstances and events which led to them, I mean all the way back to when did you decide to become a dentist and why? Tell me about that. So you get them to tell the story. You also get them to tell the events in their life where they thought were tragedies, where something really bad and terrible happened.

For most people, the events in our life we think, "That was a real bad terrible thing that happened back there." When it is all said and done, you probably ended up better off after the event. It's just when you were going through it, it was very painful. It was a hard time in your life. But you learned something from it or you ended up better off afterwards. That's true for most people.

So if you can get people to realize that even though you're going through this bad thing now, you can get passed it. There is something better on the other side of this waiting for you. So I take them through this exercise where they review their past and frame that and how it can lead to a brighter future. That's what the E in reignite is for, it's envision. Envision your brightest preferred future.

I want them to write down on a piece of paper exactly how they picture their future. Where are you living? What kind of a house do you live in? What kind of a car do you drive? How many

weeks a year do you take on vacation? Who is with you? Who do you live with? Then knowing where they are at point A and they want to be over here at point B, you can begin to map out some sort of strategy to get them from where they are to where they want to be.

- Bethany: Thank you.
- Clark: Then the I is introspection. That's where we take an inventory of their core values. Most people feel like they have values, most people can't name their top ten core values because they've never done a core value inventory. The reason I do that is because I want to know if what they're doing, the role they're filling in dentistry or the position they have or the place they're practicing, I want to know how closely it matches their core values because if it doesn't, they don't need to be there. They need to go somewhere else. They need to go somewhere where it's a better fit for them because they will be much happier in that location or in that position.

G is generate a plan of action to transform their life from where they are to where they want to me. N is neutralize all those selfplaced obstacles and barriers. Most people don't, I mean, if you think about all the things that you want to do but you don't do and you start naming reasons, nobody gives us those reasons. We generate them all up in our own head.

So we're almost our own worst enemies when it comes to accomplishing goals. The voice that shouts "no" the loudest is the one up in our own head. So getting people to neutralize those self-placed barriers and obstacles is key. Then the I is implement where you actually set specific goals and targets, "By this date you will have done this." People begin to transform in that way, which is the T.

Then the last letter is E for engagement. The opposite of burnout is engagement. The three hallmarks of engagement are the exact opposites of the hallmarks of burnout. The hallmarks of engagement are vigor, dedication, absorption. Vigor. Dedication. Absorption. What everybody wants, that's what every employer wants their employees to have because those are your on fire employees that you have to tap on the shoulder and say, "Hey, it's time to go home."

- Bethany: Thank you.
- Allison: Clark, what did you say the T was?
- Clark: In reignite?
- Allison: Yes.
- Clark: It's transform, transformation. That's when we do a look back and people begin to see that their life is changing. I'll tell you one of the offshoots of this is a lot of times people, although the job may have created the conditions for burnout, the mismatches may have caused the burnout, people don't change because they're lives are usually out of balance and they feel that they can't.

By that I mean, you have to look at all four life realms: the mental, the emotional, the physical, and the spiritual. Because if you're just attending to one of those and the rest is out of balance, it's very difficult for people to make a good decision on where they should be and what they should be doing.

A prime example is, and doctors do this all the time and I imagine dentists do it too. You work, you go to undergraduate for four years, you go to graduate school for four years, in my case, it was med school and then a residency for three. I don't know how long it is for dentists, certainly if you specialize,

there's probably some after dental school years you've got to put in like for orthodontics or periodontal surgery or something.

You put in all this time and then the day comes, you start working, and you get a big fat paycheck and people go hog wild with spending. First it's the big house and then the big car. Then, well sure, we've got to have a place at the beach. Then the kids have got to go to private school and the whole time they're building up debt on debt on debt.

The next thing you know, they can't look up from what they're doing because they've boxed themselves in with this debt situation. They feel like they can't take time off. Sometimes even doctors end up working extra hours and on weekends, just to pay off the debts for all the stuff they bought.

- Allison: Mm-hmm.
- Clark: So Dave Ramsey's Financial Peace University, I'm a big believer in that. Of getting some of these doctors to reduce their debt and to show them that they don't have to own everything they'd like to do. That you can rent things and you don't need as big of house as you think you need. The car you can afford is the one you can walk in and pay cash for, not borrow money to own. So it's a big, huge problem among physicians is they saddle themselves with too much debt. You know, I don't have to tell you how expensive it is to start a dental practice.

Allison: Oh, yeah.

Clark: There's a big debt right there. Then you graduate with a mortgage and no house because of student loans.

Allison: Right, yeah.

Clark: So what that does is limit your choices. If you do end up in a horrible work situation or environment, you feel you can't get

out because you're under too much debt. It will cost you too much money to make a change. So you just put your head down and begrudgingly you keep working.

- Allison: Bethany, I'm sorry, I stepped in. Do you feel complete or did you have more?
- Bethany: Oh, thank you. I'm complete. Thank you.

[Laughter]

- Allison: Okay, thanks. I'm going to mute you again. All right. Yeah, that's fantastic. I totally agree with that. Actually, Barry Polansky who's on this call sat with me at a Pankey meeting one time, there was kind of a roundtable discussion, a bunch of us were having this conversation about... and he's raising his hand right now so I'm going to unmute you, Barry.
- Barry: Okay.
- Allison: You're unmuted. Yeah.
- Barry: Okay. Clark, what you're saying is very interesting. I'm fairly familiar with the Maslach inventory. My question is this, dentistry and medicine has changed over the last 30, 40, or even 50 years. Even though burnout has been around forever, it seems to be more of a problem today, almost to the point of becoming a public health issue that the lay public is not even aware of.
- Clark: Right. I would say, I can speak for the house of medicine because I have more data on it. The house of medicine is in a medical emergency in slow motion right now.

Barry: Yeah.

Clark: That's quickly accelerating. In December, the *Mayo Clinic Proceedings* came out with an article, the burnout rates among

3,000 doctors that answered the survey went from 45 percent to 55 percent in just three years. So 6 out of 10 doctors would quit today if financially able. 90 percent of physicians would not recommend medicine as a career path to a family member. Those are horrible statistics. I can imagine the same thing is going on in dentistry.

Barry: Yeah. One of the things, the Maslach inventory talks about the lack of control. I mean the first person who ever, we're all dentists on this call, but the first person who ever taught me how much control meant to a professional was Dr. Peter Dawson. Once you get control of your work, things get a lot better.

In today's world, because there are so many obstacles to obtaining and maintaining that kind of control, we're stuck in this vortex. I really feel bad for the younger dentists because they start out in survival and just can't get out and can't get any degree of control.

But my question is this, if this becomes a public health issue, I mean I understand the solution that you provided which sounded a little psychotherapeutic and on an individual level it might work, but if it becomes a public health issue, where is the help going to come from? I'm a student of the positive psychology movement and the positive institution movement that's going on right here at University of Pennsylvania. I see a lot of work being done there but I don't see a lot of work coming out of the medical or dental community.

Clark: There are a few pockets throughout the country that have got— Mayo is one of them, there are some hospitals in Colorado, some pockets in California and down in Florida and Georgia is starting to wake up. North Carolina, the North Carolina, I sit on a roundtable that was created by the North Carolina Medical

Board because they're very interested now in physician wellness and resilience and hardiness which are the antithesis of burnout. So people are starting to wake up.

The way I approach organizations, or the way I would approach a big hospital for instance, is they will say, "Well we can't do all of that, what you're proposing, because it costs too much." Then I ask them a question. I say, "What's your physician turnover rate?" They'll say, "Oh last year, 20 hospitalists came and went." It costs anywhere from \$150,000 to one million dollars to replace one doctor. One doctor. If it's an internist, \$150,000. If it's a neurosurgeon, one million.

People say, where does that million go or where does it come from? It comes from sign-on bonuses, moving expenses, training, the first three months they work they can't bill Medicare or Medicaid for anything. I mean, you can cost it out. And people have costed it out and it's \$150,000 to one million dollars to replace one doctor.

So I tell them that, "Look, if you took \$100,000 and put it into some physician wellness programs. If I reduce your turnover by just one physician, you have saved money." That gets their attention. That they understand. They don't understand all the feel good stuff about preventing job burnout. They understand bottom line economics.

Then you tell them, "You're going to get less patient complaints. You're going to get sued less often. The employees are going to stop turning in your doctors for harassment and hostile work environments" and on and on and on the benefits of a wellness program. In California, a lot of physicians work days don't start until 10:00 am because they want to take their kids to school. There is no hard and fast reason why somebody has to start

work at 8:00 or 8:30 in the morning. They can work a little later in the afternoon if that's needed.

So flexible overlapping hours for physicians or for dentists. Part time work, a lot of women go through medical school. Undergrad medical school, residency, and then when they get out they say well, "Gee, I put having a family off for so long, I need to start." So they have some kids and then they find it's very difficult to be a mom that they want to be to their children and work at the same time.

So some of these places have discovered, "Well, hey, would you work two days a week part time?" Because this other female physician, she would like to work two days a week. So you work Monday and Wednesday and she'll work Tuesday and Thursday. So there are ways to give people, to incentivize them to be on your team. When they discover that this is not only cost effective, it's income generating, then the system will change.

- Barry: The system will change, yeah. But that's going to seem like a long evolutionary process. In the meantime, we're having a lot of physician and dentist morbidity going on here.
- Clark: Well, I understand. We didn't get to where we are overnight and the solutions, there are short-term solutions, there are mediumterm solutions, and then there are longer-term solutions. So yeah, it's a process.
- Barry: What about the role of medical schools and dental schools?
- Clark: Well, I've been traveling around my state talking to graduating fourth-year medical students about physician-related burnout and what to expect. It's an eye opener for a lot of them, especially when I talk about debt because they're all saddled

with it. So just having them—and reading contracts. A lot of these poor souls sign contracts they've not really read.

So they go to work for somebody, they get a big fat sign-on bonus, they get promised a \$160,000 a year starting out as a hospitalist. Then when their contract comes up for renewal, it drops down to \$130,000 and they say, "What? What?" They say, "Well you didn't hit your performance quotas." Well you know now they've got their kids in private school, they've got the big house, they've got the one at the beach, the two cars, and now they can't move. This is how a lot of them get into trouble.

Barry: Yeah, I just hear it all the time when I speak to dentists. I mean, there are some dentists who are thriving. I mean the language they're using is almost the opposite language that the positive psychologists use when they talk about thriving versus burnout. Flourishing. I've been around dentistry for over 40 years now so in my early years I was having my issues.

But I've spent the last 25 years trying to thrive in dentistry and I think I've done okay with the help of the Pankey Institute and a lot of continuing education. But I look around and see some of these young dentists today and I just feel so bad for them because of the circumstances and the situation. Our circumstances years ago were a lot easier than they are today.

- Clark: Mm-hmm. Yeah but you know the thing that got you through it was your mindset.
- Barry: No doubt about it.
- Clark: Not a lot of that is taught. You know, resilience and hardiness isn't something you're born with. It is a skill that can be learned. If you don't have it, you can pick it up. But it's just not taught. People are not made to be mindful of the other parts of their life

that spill over into what they do at work. They have to have a good life at home. They have to exercise regularly. Eat right. Get plenty of rest. You know, all those things we recommend our patients to do, physicians by and large don't do.

- Barry: But it goes against science because if you remove the decisionmaking ability from a professional, it takes away his entire motivation. I mean, the human brain, when somebody is able to make decisions and stay in control and exercise their freedom of choice, there's a secretion of dopamine that goes on that makes them feel better and motivates them to do more. When that's missing...
- Clark: Well, if you go to Florida, 17 percent of the physicians in Florida accept no payer contracts. They have none. They've torn them all up. Patients pay at the door. They pay, and I'm not talking about concierge medicine where you pay a big retainer. I'm talking about fee-for-service. They pay \$40 for an office visit, cash at the door. No insurance is filed. They'll print out a form for them. The doctor can spend a longer amount of time with them. The patients love it because they have time with the physician.

The physicians love it because they're in absolute complete control. They don't answer to anybody. Nobody looks at their charts. They don't have to have electronic medical records. Most of them are bare. They don't even have malpractice insurance. In Florida, you have to post a bond which is I think it's \$150,000. So there are ways to deal with what's going on. It takes a good amount of courage and some planning but it doesn't have to be the way that it is right now. There are always choices.

- Barry: I agree with you. I did it for my own life. I know plenty of dentists who have done it. It's just that it's not easy. Simple but not easy.
- Allison: Yeah. We've got work to do. [Laughs] We've got work to do.
- Barry: Yeah.
- Allison: Do you have more, Barry?
- Clark: I would like to see mentor programs. I would like to see certainly in medicine, but dentists, it would apply very well to dentists where students are hooked up with dentists that they can either shadow or ask questions to or be mentored so they'll know a little bit more about what to expect when they come out and avoid some of the mistakes that perhaps the mentors have made.

We're looking at a model like that in North Carolina. And of course you want to pick dentists that by and large are hopeful, positive, motivated, success-oriented because if you give them a dentist who is burned out then it's going to have the opportunity effect I'm afraid. But there's tremendous opportunity out there for change.

- Barry: I agree. As a matter of fact, Allison, I want to mention this. Sometime in July, I think I'm going to be going down to Dallas for a meeting of the positive psychology group that is going be speaking to not dentists or doctors but lawyers and teachers, professionals, to build positive institutions. So there's a convention that is based just on this. I mean, there's definitely a need out there.
- Clark: Absolutely.
- Barry: One more question. I just looked up your book, *Powerful Words*?

- Clark: Yes.
- Barry: Is that a book on burnout?
- Clark: No. My book on burnout is going to be out later this year, it's called *Reignite: From Burned out to on Fire*. That's the title. This book that you're referring to, *Powerful Words*, was the first book I've written. It's really a book about stories and people's lives and how they connect with others on an emotional level. That's where we have our greatest influence.

So it's more of a motivational, kind of inspirational book. I wrote it before I started work on *Reignite*. I do have a workbook for *Reignite* for my workshops that served as the basis for the book which will be out later this year.

- Barry: I see, okay. Thank you, thank you. Very helpful.
- Allison: Thanks, Barry. Thank you. Clark, I have a quick, we only have like four minutes left. Thank you, Barry, actually both of your questions, you and Bethany asked really good—I appreciate it. Those were great.

I have a quick question, Clark, I think you already answered it but I noticed when I read your bio that I really like the—it says your primary focus is to help transform the lives of individuals who feel they're burned out by retooling their mindset for success and unleashing their creative potential.

- Clark: Yes.
- Allison: Is that through the steps that you shared with us? Or is there more to that?
- Clark: No, that's through the reignite. Most people don't know, just like I didn't for most of my life, I tell people all of the time, I spent the first two-thirds of my life learning how to live the last one-third.

We have so much capability that it's just seething to be released.

Once it was released in me, I have become more productive in the last three, four years than I think I was for the last 30. Because once you hone in on your why, not your how and your what, but why you do what you do and you get in touch with the things that are really meaningful to you and you begin to share them with others and you see the effect that it has on them, you can really 10x your potential almost overnight.

I mean, I see it in the people I hang out with all the time and I hang out with a different crowd now than I used to. They serve as motivation and examples of what can be. That's my message to physicians that are suffering is that there is so much on the other side of where you are right now that once you're there you'll look back and you will be thankful you're going through this because it's going to propel you into your preferred future.

Allison: Nice. Yeah. And we can always look back and see that. Like you said earlier, or not always, but many times the struggles that we go through we can look back and say, "Man, that was the impetus where everything changed." But doing it in the moment, that's the trick. Bringing people present to the gift while it's happening or helping them see hope and possibility while they're in it is a gift.

I think we're pretty much out of time. If anybody has a quick question, we have a couple minutes. Just press *2. You guys know how to get ahold of Clark. He's at ClarkGaither.com or DrBurnout.com.

Clark: Yep. There's a contact page. Most of the pages have my cell phone number down at the bottom so if you need something, just call me or shoot me an email.

- Allison: Do you have any little, I'm interested in your book now, but do you have any little white papers or any kind of e-book or something with the reignite steps that will give a little more detail?
- Clark: The skeleton of reignite will be on my website within I'd say a couple of weeks. If you go to my website, there's a place to put in your name and email address and that unlocks—there's eight or nine downloads, an assessment guide for physicians for burnout. An assessment guide for administrators. Wherever it says physician, you can just think dentist because like I said, the hallmarks and the causes are all the same and so are the remedies.

But there's also, "An apple a day gets the doctor to stay, 50 low cost or no cost ways to keep your doctors happy." It will also work for dentists. If there's a large provider group that are looking for cheap ways to get at two of those mismatches, actually three, breakdown of community, insufficient reward, and absence of fairness. You can get at them with that list of 50 low cost or no cost ways to keep your dentists happy. It says doctors, but dentists are doctors too.

- Allison: Yeah.
- Clark: But there's a lot of free at least educational tools there. The reason I was looking online, I was going to adapt one of my ebooks, one of those downloadable PDF files, I was going to change it to dentists. But I needed statistics and I couldn't find any. I mean, there's very little data out there for burnout rates among dentists in the US. I think that's one area the dental schools need to put some effort.

It could be done easily at a national meeting if somebody could find some funding, they could do some mass burnout inventories on all the attendees. Of course, there's a little

selection bias there, but still, it would be some data and there's almost none. So if any of y'all have contact with powers to be that are into that sort of thing, there probably needs to be some study of burnout rates among dentists.

Also, at what age are dentists leaving the profession of dentistry? I can tell you in 1995, if you asked a doctor when he was going to retire, it was, "Well, as long as I'm healthy, I'll probably never retire." I mean they were literally carrying doctors out of their offices on a stretcher. Then if you asked them in 2005, it was retirement age. And in 2015, it was mid-50s.

- Allison: Wow.
- Clark: So physicians are getting out much earlier than they would have because they're burned out and I imagine the same thing is going on in dentistry.
- Allison: Yeah, I think that's true.
- Clark: Yeah, the book *Powerful Words*. I've got another book coming out soon called *The Graduate's Handbook*. That will be out on my website in a few weeks. It's your no nonsense guide for what comes next and it's for high school, college, or graduate school graduates. It's got some very good basic information and advice in there. We talked about some of it this evening. The *Reignite* book will be out later in the year, but I put all that stuff up on my website when it comes out.
- Allison: Okay, well thank you so much, Clark. I really enjoyed this. I think everybody did.

Thanks for listening to *Practicing with the Masters* for dentists, with your host, Dr. Allison Watts. For more about how Allison Watts and Transformational Practices can help you create a successful and fulfilling practice and life, visit <u>transformationalpractices.com</u>.