

Break away from work:

the restorative value of effective vacationing

by Michael Kaufmann, MD
Director, OMA Physician Health Program



Well, doctor, what did you do on your summer vacation? Chances are you took one. In fact, an OMA survey conducted in 2003¹ discovered that Ontario doctors, on average, take a little more than four weeks of vacation time per year. But we also work very hard.

The same survey reported that, collectively, we work an average of nearly 65 hours per week, excluding on-call!

The Canadian Medical Association Physician Resource Questionnaire (PRQ) for 2001 reported that a majority of Canadian doctors (64 per cent) believe their workload is heavier than they would like it to be, and that their personal and family lives have suffered because they were physicians (58 per cent).² And last year's PRQ suggested that nearly half the doctors surveyed were experiencing advanced stages of burnout.³

Medical practice can insinuate itself into our time away from the office or hospital as well. Of course, when on-call, we're tense, waiting for the phone to ring, requiring us to spring into action even if we're sleeping when the call comes in.

In a sense, we're very much at work while on-call. In Ontario, doctors are on-call an average of 46 hours per week, actually working 11 of those hours.¹ Add these to the 65 hours

mentioned above and it's hard not to conclude that doctors are an over-worked lot.

Even when not at work, or on-call, it can be difficult to stop thinking or worrying about our patients and other work-related problems.

I wonder if four weeks of vacation per year is enough?

Just what is a vacation? My *Funk and Wagnalls* defines it as "an interlude, usually of several days or weeks, from one's customary duties, as for recreation or rest." Sounds good.

Of course, it doesn't explain how important that interlude is, how to arrange it, or how to make the most of it. So, as my summer ends — and with it go the memories of my vacation in early July — I thought it appropriate to consider the vacation a little more carefully.

All work and no play is not a good thing. In Japan, a culture that values long hours of dedicated work, they have a word for the phenomenon of death caused by overwork — *karoshi*.

The Japanese describe such death

to be caused by cardiovascular diseases, peptic ulcer disease, asthma and suicide, among others.⁴

Dr. Mel Borins, family physician, psychotherapist, author, world traveler, and friend, cited the Framingham study in his book, entitled "*Go Away – Just For the Health of It*," when reporting that women who take fewer vacations than others had an increased risk of suffering heart attacks and cardiac mortality.⁵

Let's face it, work is stressful for most, and prolonged work without relief renders that stress toxic. Therefore, vacations, real opportunities for departure, both physical and mental, are a good idea.

I'd like to focus on this latter notion, briefly, and look at how we spend our vacation opportunities. Are they always genuine departures from work? I don't have research to cite in this instance, but I certainly have personal observations and experience.

I believe doctors' personalities make it difficult to really break away from work. So, during our time off,

we allow work to “contaminate” our breaks. Catching up on medical reading, taking files with us, checking e-mail (hard to resist those Internet cafes and airport kiosks) and voice messages, even attending CME events in combination with vacation (a personal favourite) detract from the restorative value of a true departure from work.

Consultants, counsellors and therapists Wayne and Mary Sotile recognize the value of effective vacation as one strategy physicians can use to enhance their resilience.⁶

They recommend that physicians use their resources to take vacations, and use them wisely as times of play. They also remind us of the value of spending vacation time with family, reporting that the physicians they counsel value the memories of their physician-parents during vacations—the only times they saw their parents truly relaxed and playful.

So, we probably don't take as much

genuinely restorative time off as we should. Why not?

There are many barriers to effective vacationing. Travel vacations cost money. And in a fee-for-service environment, time off is time without pay.

For many doctors, “carving out” time away from medical practice and patient demands is difficult. Locums to cover medical practices for any length of time are hard to find, and we are loathe to “saddle” our colleagues with our practice demands.

Then, of course, there is the onslaught awaiting our return that prompts us to wonder why we ever took a break in the first place.

Finally, the culture of medicine in which we trained, and continue to work, teaches us to value our long hours of hard work and devotion to our patients, even if it means sacrificing our personal needs. This is a hard one to overcome.

But overcome it we must if we truly

seek the work-life balance, personal, and family health that are required to extract the most from our human journey — including (ironically) optimal professional performance.

So here are some ideas about effective vacationing.

Going away is a good idea. A change of environment, exposure to new people, cultures and interests, are marvellous distractions from work and the pervasive, and intrusive, thoughts work bestows upon us.

Vacations to locales away from home can be romantic interludes with our partners, or time to be enjoyed with our children (but seldom both, the Sotiles suggest, so plan accordingly).

Vacations offer opportunity for healthy physical activity, such as golf, hiking, water sports, skiing, etc.

Hobbies such as photography, collecting (anything), painting (art, not houses), can be indulged, stimulated and developed on vacation.

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Social connections are made or restored when on vacation.

These are good things.

Dr. Borins reminds us that where there is a will, there is a way to plan and enjoy getting away from home and office. He offers many suggestions to address practical and financial concerns that may block vacation planning, such as travelling by bus, lodging with friends and family, and more.

Can we vacation effectively at home? I believe so, but this can be more difficult.

For many of us, home is close to work and our patients, increasing the temptation to incompletely sever that connection. And, if there is a home office set-up, deliberate strategies barring access are likely required. (On one such attempt to vacation at home, my wife had to seal the door to the home office with duct tape and post a sign there stating that access was forbidden until the vacation ended.)

But home is where our friends and social networks are, our recreation, and likely, interesting attractions and venues that others come to see. Why not try being tourists in our own backyards?

Remember, effective vacation time is not meant to be spent on household chores, arranging to take the kids to camp or university, or going to dental appointments. You might use it that way, but it's unlikely you'll arrive back in the office feeling rested as a result.

Then there's doing nothing, or nothing in particular. That's hard to contemplate, especially for focused, task-oriented professionals. Just imagine meandering randomly through the day, pressure free, like a dust particle in the air. Sit and listen, re-read a favourite novel, paint a chair, play with the dog, go for a bike ride with your spouse, swing in the park with your kids, sleep in the hammock. Delicious.

What about returning to work after a vacation break? Again, the Sotiles have some good advice. They remind us that the relaxation and rejuvenation benefits of a good vacation can be quickly erased by a work binge immediately upon return.

Many physicians find it helpful to use the last day or two of vacation time to "re-enter" gradually. This allows time to check messages, review events that occurred while away, and catch up on mail and paperwork before resuming a full schedule.

How much vacation is enough vacation, and how often? I don't know. I suspect that this depends on the individual, tolerance to stress, enjoyment of work, occupational realities, personal interests, family circumstances, and so on.

But we probably need more than four weeks of genuine vacation — properly spaced, as well. One vacation per year is not likely going to offer restorative value that lasts.

Many would prefer to vacation about every three to four months. Even the anticipation of a vacation, the knowledge that our next break isn't far off, is valuable.

Dr. Mamta Gautam, psychiatrist and specialist in physician health, and others, have offered the "Tarzan Principle" of vacation planning: never complete one vacation without knowing when the next one will be.

So, to quote Dr. Borins, "go away — just for the health of it." Close the office door, change the message on the voice mail greeting, turn the computer off, stow the pager and the Blackberry, and take a vacation. We deserve them. We need them.

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Dr. Kaufmann, CCFP, FCFP, a former family practitioner, is medical director of the OMA Physician Health Program. Dr. Kaufmann is certified in addiction medicine by the American Society of Addiction Medicine. To obtain further information on the Physician Health Program, contact the confidential toll-free line, 1-800-851-6606, or visit the PHP Web site (www.phpoma.org).

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