

Collaborations, Connections, and Conversations: A Journey to Meaning in Medicine

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Physician burnout is the current buzzword and signifies how physicians are losing their way in this profession. Countless hours of studying in medical school and training in residency are just the beginning of our careers. After proving our worth time and time again, we graduate into the real world of medicine and are confronted with real-world issues. Overbooked schedules and electronic medical record-keeping deplete what little time there is during the workday to participate in educational meetings or a casual lunch with colleagues. Providers are increasingly faced with longer hours on the job to accommodate a growing patient population and a shortage of physicians. Large amounts of debt are accrued during medical school and training, and the possibility of cutting back hours to alleviate this pressure can be challenging. The resilience of other providers in medicine such as nurses, nurse practitioners, physician assistants, dentists, and pharmacists is similarly being tested. These frontline providers in patient care can develop “compassion fatigue,”¹ and this is likely to lead to emotional exhaustion and physical burnout.

It often feels like we are always playing a game of catch-up, and our purpose and meaning in medicine become lost. This may be especially true for women in medicine. We describe how we found a solution for burnout.

Lisa Sanders, MD: As an emergency medicine doctor, this impasse happened in the first decade of my professional career, during which I had other personal milestones: marriage, the death of a parent, and overcoming infertility to have a child at age 40. The stagnant environment of being a worker bee made me lose my inspiration and love of medicine. At a travel medicine conference in 2014, I heard a colleague, Bruno Lewin, MD, speak about a charity he co-founded, Integrative Clinics International, which performs 2 medical missions a year in Falmouth, Jamaica. I joined one of the trips, and it changed my life. My love for medicine was rediscovered and renewed. By reflecting on my career during this trip, it inspired me to look forward and focus on the issues I wanted to tackle back home.

I became a women in medicine champion for my hospital and started championing for gender equity, diversity, and inclusion in this community. I have helped to plan our regional Women in Medicine symposium, was recently chosen as part of the Emerging Leader cohort for our hospital, and became assistant chief of the Emergency Department.

Belen Gallarza-Wilson, MD: I am a family medicine physician by training and have worked as a per diem in both

family medicine and urgent care for the past 19 years. With a background in the humanities, I enjoy tempering the rigors of medicine with the arts, finding joy in the narratives of my patients’ histories and life stories. This is not always easy to do, however, when multiple responsibilities compete for my time and attention as a working mother and wife. The magic of medicine often gets overlooked and is at times replaced by irritability and fatigue. Fortunately, I have been on several trips to Jamaica with Dr Lewin and Integrative Clinics International, and I find that this type of medical mission travel provides me with a much-needed pause: a sanctioned time when I can step away from the demands of a fast-paced clinic yet still remain professionally relevant, and a quiet place where I can repair intellectually.

What if we could gather a group of female providers abroad to inspire and renew the positive intentions of our career in medicine? It has been shown that participating in short-term medical missions can have positive and meaningful effects on such aspects of the workplace as “emotional exhaustion and lack of personal accomplishment.”²

Last fall, we were chosen to be co-leaders for another group to Jamaica. However, this would be different from the other trips: this would be a group composed of all women. Our group included 7 physicians (including 1 resident), 4 nurses, 1 dentist, 1 acupuncturist, and 1 logistician to be exact. We were excited and nervous but saw the opportunities afforded to us by this unique compilation of people.

Our trip was completed in the middle of October 2019, and the experience was exhilarating. Similar to previous trips with Integrative Clinics International, we were a group of like-minded individuals united by a common desire to serve the impoverished communities of Jamaica. We carried out the same clinics in the communities of Falmouth and Nine Mile and added on extra health fairs in Kingston and Trelawny. Every day, our team collaborated to run the clinics and health fairs in a timely and efficient manner. In addition to seeing patients, we counted and packed up medicines to provide to the community. The experience and

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goals of the medical mission remained the same. We describe the ways in which our experiences were unique.

COLLABORATIONS

There was always a daily debriefing in Jamaica to discuss the unique perspectives of medical care that each provider brought to the day's work. Our physicians (family practice, internal medicine, emergency medicine, and OB/GYN) discussed the types of patients we saw with the group, from the patient with the common cold to the possible dengue fever. The resident physician worked independently yet had 6 strong female physicians by her side to teach and mentor her. The nurses triaged more than 500 patients in the span of 4 days and worked tirelessly to make sure every patient was seen and taken care of. Members of the group assisted our dentist as she provided much-needed dental care and tooth extractions. Our acupuncturist was embraced as a practitioner of alternative medicine, and she taught us different ways to treat a patient.

CONNECTIONS

As a group of professional women, our connections were palpable and authentic. On the first night, not only did we introduce ourselves and find common ground, but we also bonded over a book exchange of prominent Jamaican literature. During the week, we continually complimented each other and supported every single person in our group in a number of ways. There were no insecurities and our confidence was high. In this setting, not one woman diminished another, and microaggressions were absent. There was recognition and respect between every participating member of the group.

CONVERSATIONS

No topic was off-limits. We shared stories of how we grew up and how we are raising our children. We discussed personal health concerns, how we practice self-care, and how our various political and religious backgrounds shape our worldview. We talked about our current positions in the



workplace and where we see ourselves professionally in the future. By having these intimate conversations, we bonded as a group and learned that we are not alone in our struggles. More importantly, we each gained an instant community from which to draw support, both during the mission week and beyond.

We represented a communion of successful women, each powerful in her own way. We came together through a shared love of medicine and health promotion; some of us needed to recharge, rediscover, and reconnect. Mentoring our resident was invaluable because senior and peer mentoring has been shown to increase productivity and work satisfaction.³ We also left Jamaica with the emotional and nurturing connections that women, in particular, are able to make. We strongly believe that having these types of opportunities available for women in medicine can contribute to more successful organizations and a better sense of well-being in the medical community. If we promote each other instead of battling the barriers to job advancement alone, we will allow women to rise to leadership positions. If we support and listen to each other when another struggles with work-life balance, we can prevent burnout and despair. If we collaborate and honor the work of our female colleagues, we empower and prosper together.

Although a medical mission may not always be feasible for a provider to join, the lessons learned on this women's trip will ensure a greater sense of unity and success in the workplace. We may not be able to stem the tide of the burdens associated with our profession, but it is our duty to combat burnout in our own community with compassion and creativity.

One of our nurses, Mariamia Gil Huie, RN, said it best before we left for home: "I went to Jamaica to help others but realized that I was the one being helped." ♦

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