

Ep #71: Addressing Individual and Institutional Burnout with Dr. Tricia James



Full Episode Transcript

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Kristi Angevine

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Welcome to Episode #71. This is your host, Kristi Angevine.

This week, I'm doing something a little bit different with a conversation focusing on burnout, and the complexities of addressing it at an individual and systems level. My guest is Dr. Tricia James, physician, coach, and wellness leader in the Pacific Northwest. We talk about learned helplessness, isolation, boundaries, and the transformational impact of coaching and community when it comes to addressing burnout. Let's dig in.

Welcome to *Habits On Purpose*, a podcast for high-achieving women who want to create lifelong habits that give more than they take. You'll get practical strategies for mindset shifts that will help you finally understand the root causes of why you think, feel, and act as you do. And now, here's your host, Physician and Master Certified Life Coach, Kristi Angevine.

Hello, hello, everyone. Something I haven't talked too much about here on the podcast is my personal experience with really early career burnout. At the time I was going through it, I didn't have the words to label or adequately describe what was going on for me. I just felt so alone in my experience, and I assumed there was something wrong with me. And I couldn't see a way to change anything other than just to put my head down and keep working.

So, the reason I coach who I coach, and the reason I've designed a community element into my group coaching program, is because I want to help others not feel isolated and stuck with that agency like I did. My guest today is an expert on physician burnout. Dr. Tricia James is an Internal Medicine Physician and Master Certified Trauma-Informed Coach who implemented medical staff wellness initiatives at her local hospital in the middle of COVID.

Now, if you'd like to read all the things, you can read more about this in the research paper, in the Journal of General Internal Medicine, which we have linked in the show notes. Tricia shares her personal experience with early career depersonalization, that ultimately sparked her passion for working at both an institutional and individual level to help mitigate burnout.

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Our conversation is basically a glimpse into what's involved with addressing both individual experience and the system in which the individual is functioning when it comes to burnout. As you'll hear, it's complex. And yet, there are some very clear things that have real and positive impacts.

Before we get started, I have two reminders. First, as of the day that this podcast comes out, June 7, there are two more sessions left in the Habit Workshop series. This workshop series is intended to help you understand your habits better, and give you really concrete tools that you can immediately use in your everyday life.

If you'd like to attend and get all the replays, it's not too late. Just go to HabitsOnPurpose.com/workshop2023. What you learn, by listening in to even just one of the replays, can change so much for you.

The second thing is enrollment for my small group coaching program, Habits on Purpose for Physicians, otherwise known as HOPP, is open. HOPP is an intimate coaching program where you get coaching and didactics designed to bring deep self-knowledge inside a really rich community where you'll feel seen and understood.

Coaching calls are four to six times a month, with some evenings and weekends to accommodate busy work schedules. We start in July. And when you enroll by June 19, there's an early enrollment bonus with an extra one-to-one call with me that you can use for anything you want.

The group enrollment is capped to ensure that everybody gets individual attention. And there are scholarship opportunities if the price is a barrier. So, if you're a woman physician, and you'd like to learn more and sign up, go to HabitsOnPurpose.com/HOPP that's HOPP to learn more and sign up.

Now let's get to today's conversation.

Kristi Angevine: Dr. Tricia James, welcome to the podcast. I'm so excited that you're here today. Can you introduce yourself for the people who don't already know you?

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Dr. Tricia James: Yeah, I'm so excited to be here. Thank you so much for having me. My name is Tricia James. I'm an internal medicine physician and teacher. I've been a faculty member in a residency program for about a decade. And wellbeing leader, which is a new identity that I've been stepping into for the last three to five years or so. I'm really passionate about changing the future of medicine.

Kristi: I love that. So, can you tell me where you're calling in from today?

Tricia: Yeah, I am in Portland, Oregon; about three and a half hours from where you are.

Kristi: Amazing. So yes, for everybody listening, we're very close geographically. I'm in Central Oregon. She's in Portland. I'm in the drier, sunnier side, and she's in the slightly less sunny, slightly less dry side.

Tricia: Or perhaps much more wet and grey. Yes.

Kristi: So that people can hear a little bit about you as the person, is there anything beyond the passion you have for wellness in medicine... Is there anything, any hobby, or anything that you're particularly passionate about these days?

Tricia: Much of my time is filled with my kids. I have a nine-year-old twins and a five-year-old. So, life is busy with lots of amazing things. But my passions are really nature and hiking. And before kids, hiking mountains was one of my favorite things to do. Which is has gone a little bit by the wayside more recently. But as my kids are getting older, bringing them out into hiking and camping more and more.

Kristi: I think that parallels my partner and my experience with our children, as well. With some of our hobbies that we swore we would maintain at the same exact level before we had kids. Because all those people with kids who said, "Life changes," that was just silliness. We've experienced the exact same thing. So, anybody listening, please know you're not alone if some of the things that you've chosen to put your time into have shifted in this season of your parenting experience. For those who are parents, right?

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You've been working in wellness for over a decade, and you have found coaching... Both of us, basically discovered coaching perhaps in similar ways, kind of like in a random way, and then ultimately found that it really changed our lives and transformed our experiences in ways that were just almost beyond maybe what we could put into words.

So, I'm curious, for you, how did you actually find coaching?

Tricia: Yeah, that's such a great question. And I might go back a little farther than that. Because I feel like that's where kind of my passion grew out of. So, I was, what I would consider, a kind of classic medical student; perfectionist, type-A student, super driven. When I got into residency, I brought all of that mentality with me, and it got me into trouble pretty quickly. That, "I can't be perfect in this impossible environment."

I experienced burnout, pretty severe burnout, within six months or so. And what happened after that was, I developed really significant depersonalization. Which I can kind of see and name now, but I couldn't at the time. And when I couldn't make myself care anymore, I got really depressed. And that was like personal failing. Like, "Why am I even here? I've dedicated myself for so long to this."

I actually developed suicidal ideas and plans, and didn't tell anybody. Except for one person, who got me connected with a psychiatrist who really helped save my life. But I didn't tell anybody, anybody through residency, about this experience.

And it wasn't until my chief resident year, where I had a different vantage point, I saw for the first time, how pervasive burnout was. How pervasive depression was. And how they were impacting my colleagues and friends, and their ability to be the kind of doctors they wanted to be.

It was in that experience that I was like, "Oh my gosh, this isn't a 'me' problem. This is a system problem." And that is where my true passion and fire grew from. That was a while ago. Coaching was not anywhere on my radar of possibility. So, I kind of did all of the wellness things that were out

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there at the time. I did mindfulness stuff and played with a lot of different stuff.

But it wasn't until 2020, when I just was feeling very trapped and stuck, and I didn't know what to do. I kept looking for other jobs and nothing was right. I just felt so helpless. And I happened to come across a coaching program. And it was a total leap of faith.

Like, I don't even know what this is. But I've tried everything else I can think of. And at this point, I don't know what else to do. And that coaching program, it changed my life. It helped me see I have power when I didn't think I had any. And once I experienced that, I knew that I wanted to bring it to as many people as possible.

And so, I applied for a grant, got certified, brought coaching to one specific group; is where I started; and then it's just grown from there.

Kristi: Got you. You touched on, just in that small little anecdote, you touched on so many things that I think we'll get to, as we talk about, in terms of the impact on you feeling, what sounds like, quite isolated, with not being able to share things. And also, just that idea that it's not a "me" problem, it's a systems problem. And when we don't see that distinction, we can feel very much helpless; at the receiving end of reality over which we can't control. So, I want to get to those things.

But I would love to hear, just before we sort of go in depth on those, when you did this coaching program, what was it that was so meaningful to you? That helped you see where you did have that sort of agency that you didn't realize?

Tricia: I can remember one coaching session in particular, where I just had been telling myself this story for so long, that was just so true. And when I was able to take even a small step back, and start to poke holes in it a little bit, it felt like this 100# weight was lifted off of my shoulders. Because the story was really painful.

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And it was one of the things that was weighing me down. That was keeping me trapped. And even just that one example, it felt like there was a ray of light coming in through the clouds.

Kristi: I think that's such a powerful thing. Because I think, for me, what I learned from coaching was that ability to distinguish between my narrative, and what was actually really happening. Seeing where there was overlap. And seeing where it was helpful and where it wasn't.

So, you do a lot of work with your local institution to bring coaching in to help physicians, I think just physicians, but is it other people as well?

Tricia: Yeah. Anybody on medical staff, so physicians, APPs.

Kristi: So, to help the medical staff to, basically, as they're taking care of other people be able to simultaneously take care of themselves. And I would love to hear a little bit about some of the programs and the pilots that you have implemented in your system, in Portland.

Tricia: We've done a lot of different things, but I'll share two of the biggest ones over the last few years. One was working directly with the hospitalist group in my system. And we used a hospitalist group just on the other side of the river as our control group. And when we set out, we had no idea what we were going to do. But we said, "It's COVID, it's stressful, let's try and make things better."

And there were a few key parts to that project. One was identifying three hospitalists within the group who, they called themselves "wellness warriors", but they really became wellbeing leaders for their group. And a lot of the way that that looked, was we would meet every week, every other week, and say, "How's the group doing? What is the tenor? What are the stressors right now? And what is in our control, as this small wellness focus, that we could do in the next week or month?"

So, it was a very real time, how do we have a pulse on the group? And what do they need? And what can we do about it? And there were some other pieces that came along with that. One, was what do we have control

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over? But what do we have an influence over, that we really need from the system?

So, here's the specific stressor. Here's what we can do about it. This is what we really need from the system. And it's a very specific ask in that case. And so, it's a different kind of advocacy, that I think is more effective.

And then the other big piece of it was I offered coaching to those hospitalists that wanted it. Just one-on-one coaching to say, "As an individual, what do I actually have control over? And how do I keep doing this job in a way that feels right to me, that's sustainable?" And so, there was the individual piece, for people that want it. But there was also the bigger group piece.

And after a year, that burnout rate went from 37 to 32%. And in our control group, it went from 39 to 57%. And our control group matched the national trend, like that's exactly what happened nationally in the same time period. And it was, honestly, I was just as surprised that we made that big of a difference. It's not like we went in with a well-designed 'here's our stepwise plan to fix the burnout problem'. Right? So, that's one of the big projects.

The other one has been, as the success of the hospitalist started to be noticed, like, "The PPMC hospitalists are doing okay. What's happening there? What's the secret? Because everybody else seems to be falling apart." And it allowed me to bring that discussion to the wellness committee for the hospital, then the medical executive committee, and then regionally, to say, "We want to bring coaching more broadly."

And so, we were able to get funding to sponsor our medical staff members across the state of Oregon. To participate in a 12-week coaching program that included teaching, group coaching, and one-on-one coaching, that was completely free for the participants.

And we have been able to learn a lot about, how do we effectively get data that's meaningful? That we can present to our leaders, to help them see that this investment is worthwhile? And how do we tell the stories of our

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people who are struggling and suffering? And to help our leaders get connected with that kind of heart or soul piece of this, as well?

And thankfully, we've been able to do that pretty successfully. And we just wrapped up our fourth cohort for that project, as well.

Kristi: That's totally amazing. And, I recently listened to a podcast where you were interviewed, as well as some other people involved in this project. And I think we should link it in the show notes. Because I think it'd be really amazing for other people who are looking to do similar things, or who just want to hear more about how coaching can be integrated at an institutional level.

One of the things you touched on at the beginning, and you mentioned now, is the sense of isolation. Isolation and lack of connection can be so common in so many fields. But here we're talking about just in the medical arena. And you've implemented an institutional coaching program that has brought in a sense of connection and validation of what people are going through that is so often missing in their day to day. Can you talk a little bit about this isolation piece, and how your programs address that?

Tricia: Yeah, I love calling that out. And actually, when you look at the drivers of burnout, most people think about workload, or efficiency of practice, being... Like, what initially comes to mind. And I don't want to minimize those because, of course, they're important.

But sometimes we forget about the other drivers of burnout. And that is, lack of community, the meaning that we get from our work, and kind of the culture that we're practicing in. And, for me, that's where so much of my kind of heart goes, is to that. Because I so believe in the power of bringing people together.

And when I think about the future of medicine, we need to come together. Doctors need to be a part of shaping how healthcare evolves, and how do we meet the needs of our communities. And the tragedy of healthcare right now is that we are isolated, we are in silos. And there's so many competing

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demands for our time that without intentionality and bringing people together, it's not happening.

And so that's a big part of, what's the venue? What's the platform for how we can bring people together? And whether that's this coaching program, which was teaching; where everybody got to come together, smaller group coaching. The biggest thing that we did with the hospitalists was we had a standing meeting every other week at noon, which was optional, people could drop in.

The vast majority of the group attended multiple sessions. And yes, they were focused around topics that were pertinent to the group. We very, very much designed them to be timely and pertinent. But it was also a venue for people to come together and hear what are their colleagues doing that's working for them. Or, "Oh, you're experiencing that frustration, too? Oh, it's not just me." And we forget about how important that is.

Kristi: I love that you pointed out how important it is to actually name that piece. Because when there's that disconnection, it can just fuel itself. And unless something totally different is done on purpose, with intentionality, like you mentioned, it'll just keep going. Right?

So, you've done four cohorts now. You've done a lot of the legwork. And I imagine, a lot of things, that behind the scenes, are quite difficult in terms of showing people the potential benefits, and securing funding. When you were doing this, were there any particular barriers that you noticed, when it came to sharing the evidence that supports coaching to help with things like burnout, wellbeing, and locus of control? Anything that you noticed, whether it was on the funding side or on the participants understanding the value and then actually participating?

Tricia: Yeah, there has been kind of, this is a generalization, but one of the biggest barriers that I see amongst the physicians is the belief that different is possible. And there is this pervasive learned helplessness, which is my words, and I know some people have a really strong reaction to that. But

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that belief of, 'This is hopeless. I just have to put my head down. Work as little as I can. Retire as quickly as I can, and get out.'

And so encouraging people to challenge that belief a little bit; what if it could be different? What if there's something that I'm doing that could work better for me? Sometimes it's hard. And you're always going to have the early adopters that are like, "Yeah, great, I'll try anything."

And what we've seen over time is that a lot of the people that have done later cohorts heard about it from a friend or a colleague that they trust, or they've noticed a transformation in somebody that they know who's done it. And that's, I think, encouraged them to challenge that belief.

The institutional funding part is a huge challenge, especially with the finances of healthcare right now. And I've learned a lot about how do we kind of realign ourselves with organizations and executives. Because at the end of the day, we are all on the same team, trying to meet the objective of taking care of patients. And it's become really fractured for lots of different reasons.

But when I am speaking to leaders and executives, I have learned the importance of listening with curiosity, and the importance of me setting aside my own judgment of what I think they should do, or what I think the organization should do. Because when I can hear what's important to them, then I can speak to that much more effectively.

So, whether that's turnover, whether that's the sense of learned helplessness that your people are unhappy, but they don't even know what they need. And starting with listening, rather than asking.

Kristi: Yeah, so I think that's so important. I mean, both those things are important, but that aspect of setting aside your own agenda, so that you could listen more openly and actually hear either, what was at the heart of an issue and maybe what's not being said, or what the motivation behind what's being presented is. I think it's important to not only an interpersonal

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dynamics, but it's almost something really important that we can do for ourselves.

When we can look within, and without an agenda, be super curious about why we're thinking the way we're thinking, why we're feeling the way we're feeling, why we do what we're doing, I think we always get so much more traction.

And I'm curious for you, since you said there's quite a learning curve to communicate in ways that are meaningful to people who are working in a different arena of medicine. They're serving in different fields, so to speak. If they're in administration, and you're more working in clinical areas, what's something that helped you start being more curious and approaching people with this desire to deeply listen?

Tricia: I have to coach myself on this all the time. And so, it's not something that comes super naturally to me. What I've recognized for myself, is that when I show up kind of armored up with my beliefs of how things should happen, and I'm in this adversarial relationship with the other person, I've learned that I minimize my influence.

And so, I was not getting the kind of the traction or the results or the relationships that were important to moving the work forward, when I showed up like that. And so, that makes it a lot easier beforehand, to remind myself, and coach myself before I hop on the call. What does success look like in this meeting? Success looks like I just need to understand this other person and where they're coming from. That's my goal for this meeting.

And then you get to progress from there, and it's more of a relationship-building conversation. And that makes it a lot easier to tap into it.

Kristi: Totally. I want to highlight something you just said, that you pointed out. It is so important for listeners to hear. Even though you've been doing this work for a really, really long time, there are still things that don't come

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naturally. But you find are highly effective for you to work on, and you work on them. And you mentioned you have to coach yourself.

So, I think for people listening who think, “Well, once I intellectually figure something out, then I shouldn't have to work on it ever again. And if it doesn't come naturally, I don't want to work so hard at it.” It's actually okay if things don't come naturally. There are some things that are just worth working on. So, many of my listeners are either coaches or they're coach savvy, and they understand what it means to coach themselves, but many are not.

So, when you say coach yourself, I'm imagining some people thinking like, “Okay, you're in your car before you go into the meeting, and you're giving yourself a pep talk. And you're like, ‘Okay, go Tricia, go. You've got this. It's going to be great.’” Can you elaborate on that? That might be part of it. I might be speaking from experience, right? When you coach yourself, and you're thinking about approaching somebody, like your intentional emotion being curious, open, receptive, what are you doing?

Tricia: Yeah, I think there's a couple of parts of that. And I am totally in this human experience with everybody else. Even though I think sometimes, that I'm just doing this because I've been willing to continue to do it, even when it's hard. That might just be it. But first of all, it's noticing when I'm feeling really frustrated or irritable or my ‘shoulds’.

When I start to think, “They should do this... The institution should do this,” that's one of my mental cues for, that's not the energy that's going to get me what I want. And then, oftentimes it is actually asking myself the question, what does success look like for this meeting? And how do I maximize my influence to get to that results? Usually, that is not coming up with my agenda for how things should go with an executive.

Kristi: This is so good. I love it. What you just outlined is almost like a perfect prescription for somebody who's listening going, “Okay, how might I be more aware of things that may not be getting me the results I want?” Well, number one, you can start being aware of any cues that you notice,

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that might happen, when you're showing up in ways that maybe aren't as effective.

So, for you, noticing any “should” statements about other people, their behavior; which we all have them, right? This is just how humans are. And noticing them, not suggesting that you shouldn't have them, but just noticing, “Oh, they're there. And when they're there, this is how I feel. I feel like this... And I'm super frustrated, I armor up, I go in, and ultimately, I see where that goes.” So instead, I get to ask myself, what's a beautifully productive question: What might success look like here?

I think that's one of the keys. You've demonstrated your own internal noticing, and then giving yourself curiosity to get towards something that's much more, frankly, more strategic.

Tricia: Yeah, I think that's what I've just organically learned over time. Is that that is a more effective strategy. And I will say, the other piece that I've learned is super important for me, is having friends and colleagues that help me challenge my perspective, or just be there with me when something is super frustrating because it's not going the way that I want.

But that grounding outside of myself has been super key for being able to continue to do the work, too.

Kristi: I think that's huge. So, for anybody listening, who hasn't found that sense of connection and grounding, it is absolutely vital. I do want to get back to something you said earlier. Because it's kind of just stuck with me a bit, when we were talking about learned helplessness. And I think of learned helplessness as a habituated pattern that we may not even notice. And that may have helped us get through some situations at one point in our lives, but has an underbelly now.

And so, when I think about this, I think about you mentioning effective strategies. I think one of the things that coaching does so well, is that when we are in difficult situations, dysfunctional workplaces, challenging systems, in which we may perceive and we may literally have limited

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control over certain things, I think coaching helps us identify where our lack of control ends and where our control begins.

And when I think about this, the thing that crossed my mind first, and sort of the most obvious thing, is that many of us just have a tendency to naturally focus on the things over which we don't have control. The things where, yes, it may be a perspective, but where we just we focus on the things that can't be changed. And we go to that place, like you said, where it's just hopeless, and it's easier to check out and be ambivalent.

Did you see that in your colleagues and the people who participated, where there was a focus on things they couldn't control?

Tricia: Yes. And I think, it sounds silly, the initial reaction that I get from people is, "Wait a second, you don't know what you have control over." But actually, I think that's really true. And I think particularly in a system like healthcare, where the rate of complexity and change, especially over the last three years, is insane.

And so, while I think a lot of people were able to kind of naturally or organically figure this out over time, when there was more stability and higher functioning systems, what I've seen is that even people who could do that before, are struggling with it right now, because of these so many variables at play. And so, we do lose sight of where we have control, and that's why coaching is so effective.

And the other place that I ended up talking to people a lot about is their influence. So, what do you have control over, but what do you have an influence over? And that's mostly where we operate in something like medicine. We have an influence over patient outcomes and patient satisfaction and the systems that we work in. But we don't have control there.

And so, getting really clear when you're operating in the influence space, how do you measure your success? And that cannot be the result. So, that

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has to be, did I show up the way that I wanted to, where I have control? Not, did the patient get better or was the patient satisfied?

Kristi: You mentioned earlier about being able to notice the story that you are telling yourself, and notice how that felt for you. And I think this plays a big role here. But how do you see coaching helping people sort of alter that learned helplessness approach, and really step into a place where their locus of control is totally clear? And they can see that, and they can see that separate from the sphere of influence? And separate from, “Oh, these are the things over which I just don't have control?”

Tricia: Yeah, that's so important. And a big part of the question actually, is what I ask myself, that I encourage other people to ask themselves, which is: How do you want to define success? And if you get really clear about what success looks like, within your sphere of control, it's a lot easier to let go of things that you have an influence over. Because all of a sudden, you've really clarified, “This is what success is for me. And that is not a part of it.”

Kristi: You've mentioned that a few times; how you can define success for yourself? And I feel like that opens us up to so much agency, because we're not just using maybe somebody else's definition of success. Or using whatever patients' satisfaction survey as the marker of our success. Yeah, I just love that you brought that up.

Tricia: I think one of the hardest things for physicians right now, is the reality that, often, creating healthy boundaries for yourself and really focusing on where you have your sphere of control, does have implications or ramifications for your colleagues or your patients. And that is a really hard place to exist.

And it's very countercultural when you're operating in medicine, where self-sacrifice is the norm. And so, it requires a lot of belief that you can do it and that it's okay to do it, to prioritize yourself.

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Kristi: It's extremely countercultural, when deeply embedded in the training, is our ideas that patients 'come first, it's best to be a team member, to give your all, don't be selfish, that can cause harm, do no harm. A lot of things that sound really beautiful and benign. But really, when we integrate them, most of the ways we do that shows up with a complete lack of boundaries.

Tricia: I will say often, my magic wand wish is that every physician could get coaching and recognize their healthy boundaries and implement them overnight. And the system would have to change, in like a month. Because it wouldn't be able to continue to operate otherwise.

Kristi: Yes. Can we just have that play on repeat here? Everyone needs to hear that 10 times over. Because the question that crossed my mind is, what if, in the next month, everybody got coaching? Got whatever support they needed. [inaudible] And all the medical staff all started implementing collective boundaries. What would be possible?

Tricia: I know, for some people that brings up a lot of fear of, "Oh, my gosh, what is going to happen?" But I also see the possibility there of, how can we actually redesign something? And how could we be a part of that? So, I think there's so much potential for what we all want, which is providing excellent care to patients. And using so many other resources other than just our kind of self-sacrifice.

Tricia: Yeah, I think the counter-intuitive aspect here is that self-sacrifice will provide better care. And I think we can all say that there's a certain reality in which you can see how a certain degree of putting someone else's needs before yours would help that other person's needs. And because that exists, I think it's sometimes hard to notice that there's actually an underbelly to that.

And that the other possibility is having clean boundaries, not working at the expense of yourself, and therefore, being able to provide even more excellent care. So, it's almost like we've gotten it a little bit backwards. We didn't mean to have it backwards. It's just something that's based on years of socialization and indoctrination for lots of post-capitalist things in our

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society. Makes perfect sense that we have. And yet, they're not really doing us the good that we would like them to.

Tricia: Oh, I'm so glad you named that. And I think when you think about medicine, the job, you do have to set aside your own needs at times, to do the job effectively. Whether you're responding to an emergency, or in the middle of surgery, or running a code. There are many examples where, to be an effective physician, you do have to set aside your own needs. And where do those needs get met later is the missing part of that.

Kristi: Absolutely. I am imagining all the listeners listen to this... I mean, as physicians, you and I see this so clearly in our field, and we see it with nurses, we see it with teachers, we see it with so many people, who in order to be tremendously effective in their role, you can't just go eat and pee in the middle of an emergency or in the middle of a child having a meltdown. There are those times.

And sometimes that's great. And when it's done strategically on purpose, for reasons you like, and it's not done chronically, so that you actually have no allostatic reserves at the end of the day, that's great. That makes me think of the tail end of running. I remember being really so exhausted, I did not want to run the last half a mile. But I wanted to get a good time, or I wanted to do well for my team. And I'm willing to, at that moment, feel horrible and push through because I wanted to do.

But if my whole life feels like pushing myself that last half a mile, then at the end of the day, there's nothing much to give, and what I am giving is probably suboptimal.

Tricia: Yes, and this is not unique to medicine, like you said. I think, there's a whole broader, even Western culture, that we're all operating in.

Kristi: 100%

Tricia: So, yes, that's my focus at this time in my career. But it is much bigger than that. I think it affects all of us to some degree.

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Kristi: Is there anything, as we're talking about coaching in general, its impact on your life, what seems like your life's passion to integrate it into your community at an institution level, is there anything that you think that we've missed, before we wrap up?

Tricia: The only other thing I would say, that I feel like is a message that I wish every person in the world could hear and believe, is we all get to be human. And I think particularly in medicine, where there's this cultural norm of believing that we're super human, and that's a deeply held belief amongst many patients and healthcare leaders and ourselves. But it's that belief that we don't get to be human really gets in the way of us living the lives that we want, but also creating a future that serves all of us. And so, just being willing to embrace the humanity.

Kristi: Can you just elaborate on that just a little bit? Being open to being human, what does that entail?

Tricia: Now that I have experienced the transformation of coaching, it's shifted for me. But I get to have thoughts and feelings, and I get to decide, what direction I want to go, how I want to access my agency, and I get to decide how I want to create whatever my next step is.

And along the way, there's going to be a whole bunch of variables that are not in my control, that might be amazing, and they might be terrible. Things like mental health struggles or medical diagnoses or sick family members, or whatever the human experience brings, and I just have to be on the ride.

Kristi: We can't sort of sterilize our human experience. And I think you would agree that neither of us are ever suggesting that, once you do coaching, then your life is this nirvana, Shangri La, of never getting irritated, annoyed, frustrated, angry, depressed, sad, disappointed. Actually, our relationship to those things is what shifts. Where it's actually, you can be like, "It is okay, that I can decide to do things for myself. And it is okay to have all these thoughts, feelings, and anything because I'm human." And there's not an off ramp, even if you've done some coaching.

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Tricia: That's right. Nothing will help you escape the human experience.

Kristi: Where can people find more about what you're doing and learn more about you?

Tricia: Yeah, so I do have a website, you can find me there. You can reach out to me through that venue, as well. I know, Kristi, you mentioned the podcast that we did, about the coaching program in particular. And the hospitalist projects that I talked about, our paper was published a few months ago. So, you can find that online as well.

Kristi: Amazing. We'll put all of that in the show notes. Tricia, thank you so much for your time. It puts a face to some of the projects that we might read about in the journals, or hear about in the news, but we don't maybe know the backstory. And I just really love how it is that you, personally, fell into finding coaching as an effective way to help yourself. And then you're so passionate about helping your community. So, thank you for the work that you're doing. And thank you for your time today.

Tricia: Yeah, thank you so much for having me. It's been great being here.

Such a great conversation, right? If the struggles and solutions that we talked about today hit home for you, and you're ready to create change in your life, we should really connect. If you're a female physician listening to this when the podcast comes out in real time, enrollment for the HOPP Small Group Coaching Program is open, and we get started July 11, 2023.

Coaching is an evidence-based intervention that helps with so many aspects of wellbeing. And HOPP is so effective because I combine cognitive coaching with Internal Family Systems and somatic-informed approaches. So, you can learn why you have the patterns you have, and actually move the needle on real change.

Not only can you use your CME funds, but you can join a very small group of other women physicians who are working on the same issues. You can join people, like, for example, Heather.

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A pediatrician in one of the last cohorts who said, “I wanted to stop feeling like I was drowning all the time, so I can be more present for my family. After coaching, I now have insight into many of my self-defeating habits and behaviors that keep me stuck. And now, I can practice more self-compassion, and I'm often able to prevent myself from spiraling. The community was a warm and welcoming space to belong. It was the first time I truly felt understood among other physicians.”

So, why don't you join us in the next round of HOPP? The details about enrollment and scholarship options are at HabitsOnPurpose.com/HOPP. And when you join by June 19, you get an extra private coaching session to use for anything that you'd like to explore. Go to HabitsOnPurpose.com/HOPP and I hope to see you on the inside of the program. Talk to you next week.

Thanks for listening to *Habits On Purpose*. If you want more information on Kristi Angevine or the resources from the podcast, visit HabitsOnPurpose.com. Tune in next week for another episode.