



Episode 19 - How Burnout Affected This Physician's Marriage **With Dr. Marina Claudio and Carlos Claudio**

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MC: "I absolutely love the work that I'm doing. And I have to say that I can't recall the last time I said something like that with respect to my career choice".

HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a nonclinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So pull up a chair, my friend, and let's carpe that diem.

Hello, hello. Welcome to the Doctor's Crossing Carpe Diem podcast. You're in for a treat today. I'm trying something new, and I believe this is going to be a very valuable episode. I feel incredibly fortunate because one of my dear clients and her sweet husband generously, and I would say bravely, offered to come on the podcast to talk about their relationship pre- and post-her career transition!

Yes, this is new territory here and I'm very grateful to them for being happy to do this for you. Joining us today from Illinois are Dr. Marina Claudio, a family practice physician with over 17 years of clinical experience, and her husband, Carlos Claudio, who is an attorney. And I should add, one of the good ones.

Marina was suffering from significant stress and burnout prior to her transition. As we well know, when we're stressed and burned out, it is near impossible for this to not bleed into our personal life and relationships. Our loved ones are often sympathetic and want to help out but it

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can be difficult at best. There are not any easy answers to this dynamic, but I believe a good start is to begin talking more about this situation and learn what we can. Marina and Carlos are going to share their experience with you and offer some pearls of wisdom from getting to look in the rearview mirror. I'd like to give a very warm welcome to Marina and Carlos! Hey guys, how's it going?

MC: Hi, Heather. Thanks for having us.

HF: Yes. Hi Marina. Great to have you.

CC: Hi Heather. I'm happy to be here.

HF: Hi Carlos. Thank you, thank you. So, Marina, would you like to start us off and just tell us a little bit about how you and Carlos met and your family situation?

MC: Yes. We met in college and at the time we both decided to pursue careers, me in medicine and Carlos in law. So, we embarked on these long educational roads. Sometimes we would be apart for a year at a time being outside of Chicago, but love prevailed. We've been married for over 20 years now and known each other for over 25 and we have a lovely teenage daughter.

HF: Oh, wonderful, wonderful. So yeah, this is a long-term relationship here. And Carlos, tell us a little bit about you please.

CC: Sure. So, I started my career out as a prosecutor. I've held roles as chief operations officer and currently I'm a general counsel for a government agency.

HF: Wonderful. Wonderful. All right. So, you're used to dynamics in relationships and conflict too, right? In your work.

CC: Yes.



HF: Okay. So, Marina, tell us about what it was like for you when you were really burned out and stressed. What was going on in your work situation?

MC: Well, I have to say that I'm a chronic procrastinator and that it relates primarily to documentation. So, we see our patients, we have 15 - 20 minutes whatever is allotted to us, but then we have to do that extra work - The nonclinical work, the administrative work, which takes up an inordinate amount of time. And because I'm so detail-oriented, it would take me forever. And I would spend hours after work in my different work settings, charting. In my employment prior to my last one, I worked down the street from my office so it was kind of a luxury. I would go in on a Saturday or a Sunday, even to chart. And my most recent work had me on an electronic medical record. So, I was able to really chart any time and that kind of spiraled out of control.

HF: That's a huge, huge problem. And it's affecting physicians all across the board and having it bleed into your marital life is a challenge too. I mean, some physicians will say, "Well, when it was just me, I could deal with this extra time. But when I have a partner, when I have kids, it changes things". Carlos, would you like to tell us what it was like from your perspective?

CC: Sure. So, my expectation was that when she would come home, we'd have time for ourselves or time to do things that were non-work related. And as time passed on, I would see her come home and we'd have dinner and then she'd go back to charting and it really started creating a bit of a conflict with regard to what we were doing with our time, once we were home. And many times, if there was an issue at work that was frustrating her, she would convey to me. We'd have conversations about my attempt at trying to find a solution for it. So, it became an extension of work. And I think that from my point of view, it was something that I wanted to come home and be able to switch off work-mode.

HF: And what would happen? How did you start to address this imbalance that you were experiencing?

CC: Well, at first it was wanting to arrive at a solution so that we can move on. So, I would have conversations with her about why we don't do this, or what's going on, let's try to troubleshoot the situation. But I would get pushback because I think more than anything, it was her desire to

kind of vent about what was going on at work. So those early attempts, I think, made the situation worse.

HF: Marina, can you describe what it was like for you when Carlos was trying to help you fix this problem?

MC: I think when you're in a relationship with someone who is not in the health field, it's oftentimes hard to explain a lot of the details of what goes into the type of work that you do. And because I'm so task-oriented, I always had a perpetual list of tasks that I needed to do - messages and prescriptions and charting. Everything that was more administrative that took up so much of my time. So, I really felt that there was a lack of empathy and there's no blaming involved in this. It was truly just a lack of understanding of this as far as what are the types of things that I do in my world and why they are so time-consuming.

HF: Looking back, do you feel like you were overworking at all and being perfectionistic, doing more than maybe you really needed to do?

MC: I did. And I had consulted with some of my peers who were in perhaps similar situations. And I do recall I had a colleague who said, "Oh, well, I finish all of my charting as soon as I see the patient. I never take any charting home". And at one point I said, "You know what? I want to shadow you one day because I want to see how you do this". But what I learned very quickly is if you do take care of all of that immediately after an inpatient encounter, you start to fall behind. And because of my staffing, because of the way the practice was set up, I did not have the luxury to run 30 minutes an hour, hour and a half behind. And that was also not the type of practice I wanted to have. So, there's pros and cons to everything.

CC: And Heather, I would add early on that I think the expectation for me was that there was a runway early in her career to be able to get all the different technical components of being a doctor in place. So, I think I was more sort of lenient with the time she was putting in coming home from work. But as time progressed, I saw that actually, she was adding more time as opposed to less.

HF: Right. As we often think, like, "It's going to get better, it's going to get better". We tell ourselves that. We probably tell our partners that too, who may be moving around with us and having to sacrifice a lot. And then like you said, it doesn't necessarily get better, could even get worse. What were some of the things Carlos that you tried to suggest to fix the situation?

CC: I tried suggesting looking at the processes of the office to determine if there was some efficiency that can be garnered from assessing it, making staff do different things. Also, the idea of getting the charts done while at work, making the appointments longer. Really at one point I became really obsessed with trying to figure out like cracking the mystery - How is it that we make this happen? And I was looking at it from a business perspective. If you're running a business, how would you make this one more efficiently? So, it did occupy a lot of my mental space to try to figure that out.

HF: Yes. Like you were really doing research and spending a lot of energy on this problem.

CC: Yeah. I read a book. There's a book called "The E Myth" and they had that.

HF: Oh yeah, I know that book.

CC: So yeah, I tried a bunch of things.

HF: Marina, when Carlos was suggesting these different things for you to do, how did that feel?

MC: I, again, felt that because he wasn't in the trenches, so to speak, he didn't have a full understanding of the limitations of my ability to make changes at this practice. It was not my own practice, although it was a private practice. Looking back there were definitely things we could've done. We could've had more team meetings and created more efficiencies.

For me because of my personality, delegation is always a challenge. For people who share my personality type, we know that if you do things in your way, it's more efficient and you were the only one that knows how to get them done right. If you delegate and they're not done right, you need to clean up the mess. And then that takes more time. So, delegating was tough. For me I just envisioned that this is kind of how it is in every practice. The practice prior to my most

recent one, I felt overworked and decided to leave and do something in a private practice setting that was less patient contact hours. But then I ended up working more in the administrative part and I was fearful of looking outside and trying to perhaps find a different practice setting because I felt that there would be a pattern of, "Okay, this is great. It's great" and then years later I would be in a similar situation where I find myself overworked.

HF: So, you did try to change your setting and it ended up not working and there was this concern that "If I do that again, history is going to repeat itself".

MC: Yes. There were multiple points in time that Carlos said, "Why don't you just do the job search? It doesn't mean you have to leave your job, but to see what else is out there". And at first, I was very reluctant because I have someone, I mean, I felt like I was being told what to do, and I didn't feel that that was the best option for me. I'm loyal. I don't want to jump around jobs. And then, when I heard it a few more times, I actually did some job searches. And I think the thing that held me back was this idea that, "Okay, yeah. Maybe initially a new setting and new environment, better flow, workflow would make my life a little easier", but I really just felt that at some point in time, we'd go back to the same.

HF: And were you looking for specifically clinical jobs or at this point had you started to do any nonclinical searching?

MC: I had no idea about the nonclinical world. It was all straight clinical. And one day I received an email from the SEAK conference, which I can't remember the acronym. Heather you'll have to help me.

HF: SEAK. It's skills, education, something and knowledge.

MC: It's an organization that helps physicians run by a lawyer actually, interestingly. But it helps physicians exploring nonclinical careers and their conference is in Chicago. And so, I decided to go one year and my eyes were open to the infinite number of possibilities in the nonclinical realm. And that's when the wheel started turning.



- HF: All right. And Carlos, had you been researching nonclinical jobs as well?
- CC: I had been, yes. I was trying to just figure out different ways to help Marina with her situation. And I did some initial research to try to just kind of guide her in some direction. But I think part of what was driving me and all initially we've focused on trying to find a solution for her situation, but it was how I would see her come home. So, her frustration, I could perceive the body language of not being happy. And so, knowing that she was feeling that way, that's what really pushed me to offer solutions and offer a different career out as well.
- HF: Now Marina mentioned personality type and Carlos said something about body language and emotions, made me think that this would be a good place to talk for a minute about your Enneagram types, your personality types. Marina, do you want to say a little bit about your type?
- MC: Well, I'm a type one personality type. This is the reformer (also called the perfectionist). So, in a nutshell, some of the qualities that a reformer possesses is being purposeful, self-controlled, principled, perfectionistic. So, after I did my Enneagram. I rarely hesitated. In the instructions it says, don't overthink it. Whichever type you agree with, just hit it. And I ended up going through it pretty fast because I'm a decision maker. I don't dwell on things. And once I've decided I'm on the right path, that's where we're going to go and then we can troubleshoot going forward. So, this seemed very appropriate to what my expectations were in the analysis.
- HF: Yes. And the type one, and a lot of physicians are type ones, are a lot about doing what's right and what I should do versus even what I may want to do. Now, Carlos, you have a very different type than Marina. You had the high score for your type four, but also the type nine, the peacemaker was right beneath it. But the type four, which is also called the romantic or the individualist, happened to be Marina's lowest score. So, you guys compliment each other really well. Do you want to say a little bit about your personality type Carlos and how that might have factored in?
- CC: Yes. So, my personality type focuses on feelings a lot, and I think that part of reacting to her was acknowledging how she was feeling at the time. And so, I think wanting to help around that situation created the scenarios where I was focused on wanting to make her feel better. I think



this is a good way to describe it. Even though we're focusing on the technical ultimately, I want to make her feel better, make her feel happy and all the different methods of approaching that, wanting that end result.

HF: Yes. And you can see why you're bumping up against resistance because of her type one. She's probably telling herself, "I don't have time to feel what I feel. I just got to keep going on. If I open that Pandora's box of feelings, I don't know what could happen".

CC: Right.

MC: And that's when I began to understand burnout. Prior to admitting to it, I would read about how burnout is high in my occupation. And I thought, "Who are these people? Why can't they just suck it up?" I come from the generation of trained physicians before the ACGME had imposed some restrictions on hours. In fact, I was laughing about it when the 80-hour work week and the 24-hour limit on work hours happened in 2003. And guess when I finished my residency? In 2003. And so, I come from this generation of doctors and those before me, probably even more so, where you suck it up. They said "Eat when you can, sleep when you can, pee when you can". And that was the mantra. That was just what we did. And so, you put your emotions aside. If you're having a bad day and you show up at work, you open the door and you're all smiles because it's not about you.

HF: Very well said. That's exactly how it was. That's how it was when I trained. Not that I think that's ideal by any means at all.

MC: Oh no, certainly not.

CC: And in addition to that, you have fours. Their desire is they just want to be unique. Also sort of my thinking was "Why are you following what people did before? Why can't you do it differently? Express yourself in a way where you don't have to do those things, even though you were trained that way, even though things are being done a particular way at work, that doesn't mean that you have to continue to follow that". So, I can see how those things were just hitting up against each other.

- HF: Yes. I'm so glad you brought that up, Carlos, because it's true that the type four is called the romantic, but also the individualist. They often want to do things differently. And so, I'm sure you were probably thinking like, "Well, why can't you just...?" Because it would be more natural for you, not natural for her. Now, do you want to speak for a minute, Carlos, about your second to the highest type, the peacemaker, which wants "keep the peace and avoid conflict"? How did that play out?
- CC: Well, I think what that created was a "tug and pull" situation where I confronted her about sort of dealing with these issues, but then in order to just not have a confrontation or an argument about it, I'd just recede back into just not even talking about it. And I think that sort of was the approach. Talk about it, but then retreat and that builds up over time, I think. That creates a disruption that later on could be worse because you're wanting to maintain peace. So, you're wanting to, even though you feel the tension in the air because of what may be happening, you sort of talk about the weather instead.
- HF: Right. And underneath there can be a storm brewing. And for both, the type one and the type nine, they tend to have a lot of anger and resentment underneath the surface because they're not necessarily dealing with it. Now, I know you've been together a long time and there are always ebbs and flows to relationships. But to give a little bit of a picture to how bad things were, are you comfortable giving say a number on a scale of 0 to 10, with 10 being the marriage was going great. Like when it was bad, what was the range from 0 to 10 when things weren't feeling good?
- MC: It's hard to give a numeric rating for something that's emotional. On the scale it ranged, I can't say it dipped below 5, but in some of the times when there were confrontations and the arguments about it, it would go down to 5 and I couldn't figure out how to raise that score. We would just kind of move on and we would go onto the next day and see if the number was higher.
- CC: So, it was situational too. Like I would think that. So, for example, there were several times where we had to cancel our vacation plans. And I'd say at that point, it was like a 3 and there were times where she had to take calls on a weekend and that happened to be a weekend where we wanted to do something socially and now, we couldn't. Those were times where I

really felt interfering with our marriage. Other times it was sort of like the Monday to Friday, she's charting where I'd be doing some work as well. So, it wasn't as prevalent the disruption. So, it wasn't static. It wasn't sort of like a static number. It was dynamic and it sort of changed with the situation, but when it did dip in those, it was low.

HF: Yes. And that's normal. Those low numbers don't mean that you don't love each other and aren't invested in the relationship. It just means there's a lot of stress and there are things that you're trying to address and you're working on it, but they're not solved. What started happening to change this situation? Marina, would you like to start?

MC: I started to notice that I was becoming more emotional. Which is (right?) unusual where I have to suppress my emotions for the sake of the work that I've been doing. And those emotions culminated into a break. I know when I think about major changes that have happened in my life, I reach a breaking point. And that's when all of a sudden, you see the clearing through the forest, so to speak. And I think I had to crash and burn to be able to see that number one, I had to change my situation. Number two, I needed to come up with a plan right away because I couldn't sit in those emotions because it wasn't natural for me to do so. And that's when I started exploring the nonclinical options, and started listening to podcasts and joining Facebook groups and saw that there's this whole world out there of doctors that are just like me and it's okay. And it was validating.

HF: That's a really interesting point. When you started to just feel your feelings, you got some information that helped you start moving. Carlos, what started happening from your perspective that was changing the dynamic?

CC: I think my four kind of overtook my nine in terms of being a bit more aggressive with not letting the conversation necessarily end when we were talking about these things. So, it got very tense and that I think provoked sort of like, you have to hit something before you start kind of going in a different direction. And I feel like it got so bad that that was the breakthrough right now. Being able to keep the conversation going a little longer in terms of, "Hey, this is not working" then making Marina feel comfortable enough to kind of take it to the other side. And also, I think encouraging her to look at other resources and not take my word for it. Because also, I felt like maybe either I'm not communicating it properly or maybe I'm just not the right vehicle to

deliver the message.

HF: And this is true. Sometimes things do have to get really bad and the pain has to feel pretty significant before we're ready to move instead of doing what the type nine the peacemaker can do, which is sweep things under the rug or retreat, you hung in there. And it sounds like it was uncomfortable, but it was helpful.

CC: Yes.

HF: What is the dynamic now? Would you like to catch us up to the present time, Marina?

MC: I'm currently a medical director for health insurance. I absolutely love the work that I'm doing. And I have to say that I can't recall the last time I said something like that with respect to my career choice. It is tapping into a part of my brain that has been cobweb for a long period of time. I think many of us who transitioned to a nonclinical career feel a certain amount of guilt that we're so to speak abandoning our patients. And I had to grapple with that for a while. And then at some point I reconciled with that. I said they will be just fine. There will be other people who will take care of them. And I need to take care of myself at this point.

I really do enjoy the work that I'm doing. I have a set schedule. I've always kind of fantasized about having a 09:00 to 05:00 clock in-clock out type of work where I can close the door to the office, leave the office and I'm just Marina and I can pursue my hobbies. I can spend time with my husband, with my daughter, with the three of us as a family. We can travel and I don't have to take my laptop with me to check messages and I could never turn off at that time. So that's where I'm at now. I've just discovered Netflix. Yes. It's amazing how much I missed out on what the normal human experience was because I was so deep into the work that I was doing as a clinician. I am so happy for this change and it really has made an impact on our relationship.

HF: That's wonderful. And you can hear it in your voice how you feel very different than you did before. Could you give us a number from 0 to 10 in general how the relationship is feeling?

MC: I feel that we're definitely steadily nines and tens. And I say nines and tens because there are other elements of the relationship and these are kind of day-to-day types of things that may

happen. But what I have to say is that they are now very much unrelated to my work.

HF: 9 to 10 is pretty high. I would take that. That's fantastic. Carlos, I'd love to hear how things started to change from your perspective and how they are now.

CC: So, I did begin to see how just her body language changed once she got this new position as a medical director. It's a joy to see her be happy to explore different aspects of life. I think if we're designing our life, we have to nurture different parts of it. And I see her nurturing those different parts, or hobbies, other interests, socializing with friends. I mean, all those things began to start making a positive impact in her life and creating the Marina that I met when we were in college. Kind of this whole person that is not just involved with work. So, that to me is it's priceless. To be able to, for her, to regain that, that holistic approach to life and to be an active participant in how she designs her life. So, I'm really thankful, Heather, for the part that you played in making all this happen and I'm happy.

HF: Oh, you're so welcome. And that was beautifully put Carlos. Would you like to give a number from your perspective on the relationship now?

CC: It's nines and tens as Marina said.

HF: Oh, that's great. I'm really happy for the two of you. For the listeners, if a physician is thinking, "Do I need to leave practice in order to save my marriage or to improve things" what might you tell them? And any advice you might give couples who are struggling from your own perspective and experience. Marina?

MC: I think the one bit of advice that was never given to me that I would definitely give to my colleagues and to those who are in training is that you should reassess regularly. And that regularly doesn't have to be frequent. I would say every three to five years reassess where you're at. Are you happy? Is there a work-life balance? Are there things in your career in the way things move from day to day, are they dynamic or are they static? Are you able to change things in order to improve processes and not be bogged down with so much work? Specifically, in the clinical setting.

So, I feel like, if I would have had a mentor give me this advice at the time when I was struggling. And even when I wasn't struggling just to say, "Hey, is this where I really want to be right now?" I could've very easily said yes. I was in my last position for 10 years. If I would have reassessed at year 5, I could probably tell you right now, I wouldn't have felt burned out. But as the years went on, I think maybe years 7 and 8 and definitely towards the end, I was starting to feel it. So that would be one thing I would say.

HF: Right. To give yourself permission to really just look at things and not say it just has to be this way. Carlos, what would you like to add here?

CC: I think in terms of advice would be more along the lines of looking for outside resources instead of trying to deliver the message. Myself, I think sometimes we're too close to the situation and outside perspective or another resource, I think it helps deliver the message in a more effective way. Also, not being so quick to try to jump on a situation and try to fix it. Listen more. Sometimes it's just an ear for somebody to make sure that they can vent. And finally, really try to make an effort at creating a different space for things. So, there's a workspace, there's a family space. And adhering to those boundaries so that you don't consistently find yourself in one space from the other.

HF: So, you mean, have a separate office where you're working so the work it's separate from the family, if you are working at home?

CC: Yeah. Kind of like a bucket where you can say, "Okay, park it here. Let's touch this. We're going to touch this right now or we'll revisit it later". Time away from things also helps you gain a different perspective, but if we don't create boundaries around how we allow for those things to close and others open, then they're always there.

HF: Boundaries are a huge thing to be looking at in so many different ways. And I'm glad you brought that out. Well, this has been really fabulous Marina and Carlos. I can't thank you enough. And I know listeners out there are going to find this valuable and you gave some great tools and recommendations for couples who are struggling. Do you each have a last word or anything you'd like to add here? Marina?



MC: Heather, I have to give you a significant amount of credit for helping me through that last stage. Our working relationship came along a little bit later than I imagined some of my colleagues because I already had a plan in place and I was already in job search. I think my frustrations came in the form of “Why is nobody reaching out to me or why have I gone so far in the interview process and I'm not being hired?” And that was not something that I ever had to deal with as a clinician. You have your degree and you've got a good personality and it wasn't an issue before. And I do appreciate all of the tools that you gave me and the words of encouragement that helped me to stay on task.

HF: Oh, you are so welcome. Well, you were a quick study. We didn't have to have many coaching sessions at all and you rocked it. So, thank you for those kind words.

MC: Thank you.

HF: Carlos, any final words for the listeners?

CC: Yes. I would reiterate what Marina has said. Heather, I think you've been so valuable in this journey. As the name of your podcast - You have to seize the day. If you want to compose a better life, I think you have to start walking on that journey and you as the person guiding and helping that journey is a tremendous asset. So, thank you so much.

HF: Oh my gosh. You guys are so lovely. Thank you. It's my absolute pleasure. I love what I do. And just the fact that the two of you are so happy and you're out the nines and tens in your marriage, like that's the best thing for me. All right, guys. So, don't forget to carpe that diem. I'll see in the next episode, and a beautiful goodbye to Carlos and Marina.

CC: Bye.

MC: Bye-bye.

HF: Bye. Thank you so much.



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Podcast details

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