

Research and Innovation Podcast – “Work in Progress”

Episode 1 – Talking Burnout with Dr Ranj

Speakers: Dr Sanjay Popat and Dr Ranj Singh

[00:00:05] **Sanjay:** Hello and welcome to the “Work in Progress” series as part of the Research and Innovation podcast. My name is Dr Sanjay Popat, and I'm a Chartered Psychologist and Research Fellow specializing in mental health at work, particularly for healthcare professionals. Today I'm joined by Dr Ranj, NHS doctor, bestselling author, BAFTA award-winner and one of the UK's most trusted voices in health and wellbeing. He's a leading mental health advocate, and you may also recognize him from TV programmes such as This Morning, Good Morning, Britain, and even Strictly Come Dancing.

Dr Ranj - welcome and thanks so much for speaking to us today. How are you doing?

[00:00:42] **Ranj:** Thank you for having me. I'm good, thanks. I've just travelled down from Manchester where I spend half the week at the moment, so, yeah, so just running around much like most other people are at the moment.

[00:00:53] **Sanjay:** Yeah, well sometimes it's nice to be busy, sometimes nice to have that quiet. So, it's always a balance, isn't it? But Dr. Ranj you are in a unique position because you bring both clinical expertise but also lived experience to this conversation on wellbeing. So you've spoken before about having gone through burnout, although not in extensive detail, so I'm really grateful that we can explore that experience more deeply in today's episode. So I want to start right at the beginning. We hear a lot about burnout. We read a lot about burnout, in TV shows, movies. What did burnout feel like for you, personally?

[00:01:28] **Ranj:** I think I've actually had burnout twice, to be honest and it's a lot clearer in hindsight, than it is at the time. The first time round was probably about I'd say, 10 years ago, I was, a senior doctor in training at the time. I was working in a very busy East London A&E, which was also a trauma major trauma centre. I was juggling my NHS career part-time with my non-NHS work. So it was, it was just a lot. It was a lot going on life-wise. I'd have, 'cause I live the other side of London, my journey to and from work was always ridiculous. And then I'd get there and then you'd be hit by this onslaught of what comes in through A&E, particularly a major trauma centre. Departmentally, it was all really busy. There were some dynamics within the department that didn't quite always align with my values and I just remember - the best way I could describe it is my compassion bucket ran out very fast.

I remember at the time, and this wasn't like me, I was, I was persistently late for work and I was progressively getting later and later, but I didn't care. I was so disengaged with the things that would, would normally have mattered to me. I went to work and I was blunted. I think emotionally, compassionately, I definitely felt blunted and I think that's really important, to have compassion within healthcare settings. And I felt like I was running out very fast. I was becoming snappy, I was becoming short-tempered, concentration was hard. I was constantly tired. So that was the first time round and I think it was only, the only time I realized there was a problem, 'cause I just kind of soldiered on through, I think it was when my boss sort of pulled me to one side and said, not, “are you okay? We've noticed that you've been coming in late. Is everything all right?” And I think the conversation could have gone better. I think it should have been framed. I would've started with “is everything okay just checking in with you? How are

things going? By the way, just noticed you're not, you're not, don't seem yourself, you don't seem happy. You've been, you know, getting to work late. Is everything all right with that?" And yeah, I probably would've framed that conversation slightly differently, but it made me stop and think, hang on a minute, I've never ever been pulled up like that. Maybe something's going on. That was the first time around.

The second time around was probably end of 2023, I think. I kind of just got to a stage post, pandemic post everything that happened, and the craziness that happened during the pandemic and the aftermath of it, as well as juggling everything else in life and work. I think it all just kind of got to me and I just thought, "I'm not enjoying this anymore. I don't feel like I'm productive anymore. I don't feel like I fit, I dunno what I'm doing or where I belong or which direction I'm going." It wasn't just tiredness. It was a weird apathy that kind of seemed to happen. And I think I got to a stage where I just sat in this dark room and thought, "no, something's got to change".

And that was a self-realization that time round. And I promised myself, right, that's it - time for some changes. So, burnout looks different for different people. You know, it, it, we all know it involves those sort of core things where it's you are exhausted, but you, no matter how much rest you get, you don't feel recovered or replenished. You get that cynicism or detachment, that apathy, that comes with it, and the reduced sort of effectiveness you feel unproductive, unfocused, what's the point? Nothing I seem to do matters. That constant, chronic, physical, emotional, and mental exhaustion that you get. It manifests itself in so many different ways in different people.

And actually since then, I've seen it manifest in my friends and we've had to have that conversation. It is definitely something I think people are noticing more and picking up on more.

[00:05:42] **Sanjay:** Well, thank you for being so open and honest about that. And you actually preempted my next question about the exhaustion and the, the, the cynicism. And it seems like you had a bit of all those different things and that ratio may be different for different people. Some people may have more exhaustion, less cynicism, and vice versa.

A lot of my research is on these tipping points between stress and burnout. And you touched on this in one of your interviews. You said initially it just feels like stress, but then it obviously progresses and starts to affect your life a lot more significantly. I wonder if you could tell me a bit more about that transition period. Was it sudden? Was it gradual? You said, you know, you didn't even realize at the time, but now looking backwards, how did that transition play out for you?

[00:06:22] **Ranj:** I am one of these people who thrives on stress. I work in A&E and, and I think it drives, and there's, there's stress that can be very positive, and can be helpful and functional and encourage you to focus and become productive. And then there's, and then it tips over into that chronic unmanageable sort of insidious stress that's there all the time. And I think I started to tip into that. And it happens without you realizing, it's usually a gradual process. It's not, I don't think it's one thing that happens and all of a sudden you tip into that unhelpful stress. But **burnout is a result of that chronic grumbling background, insidious creeping stress, that** happens. That often creeps up on you and before you realize overwhelms you and you feel like you are drowning. That's kind of, but, but it's not a quick process. It's not like all of a sudden you are, you know, a wave of stress comes over you. It's a gradual water level that's sort of just

creeping up and you are just keeping your mouth above water and breathing and keeping your head above water and paddling; before you know it, the water level's too high. I think that's kind of how it felt like to me. There was never one big event. It wasn't an acute flip over. It was this slow, really quite dark process that happens in the background. And because of that, I think we often don't recognize it. We just think, oh, it's just the same stress that I've always had. It's the same stress that everybody has. I just need to get on with it. The, the, the feeling is you've just gotta get through it. Just gotta get through it. It'll be fine. I'm just gonna get through it. And actually, the best thing I could have done, and I think sometimes the best thing anyone can do is stop. That's the hardest thing to do, particularly if you're working in somewhere like A&E.

[00:08:15] **Sanjay:** I can imagine. And you've put that so articulately with the water levels and your compassion bucket. You said that your manager actually said you, you were becoming late, and that was your moment of realization. What happened after that moment of realization? How did you actually get help? Was it just the stopping or, was there therapy involved? What was involved in that process of healing?

[00:08:35] **Ranj:** I think the lateness was my first obvious outward sign. That's when other people noticed. I don't think anybody else noticed the snappiness, the short-temperedness, the apathy, the lack of energy and motivation. I used to go into work and just feel sad and think, I don't want to be here. Like I don't feel productive. I don't feel like I'm at my best and I don't feel like I'm achieving what I can. And it manifested as the lateness purely probably because I just didn't wanna go to work. And even though I was trying, I just didn't care about getting in on time, which was really bad. It's nothing, not like me at all. But that was a wake-up call for me. That meeting was a wake-up call, and I realized what I needed to do was stop. I realized I needed to back off. So there's a, there's a, there's a trap that you can fall into when you're stressed that you think, I need to become more resilient. I actually need to work harder and I need to push through this. And I need to put in strategies to help me cope better. When you are burnt out, no amount of resilience training helps, and we often fall into this trap, particularly in healthcare, and this was one of my biggest pet peeves about healthcare - resilience amongst the workforce - because that word got used a lot when I was in training because we knew pressures were getting greater and people weren't getting stronger. And my point was always that you can't just keep hitting the nail harder. Sometimes the nail bends and buckles and actually what you have to do is change what you are doing or stop. And I thought, I've got to stop and I stopped. And I, I took a career break, I took an informal, I said, right, I'm stepping, stepping back out of training and I'm taking a year off because if I don't, I'm going to crash and I'm going to burn. And luckily I had people around me that kind of understood that and people that I could explain that to and they got it. But not everyone has the ability to do that or actually it took a great deal of bravery as well, I think to say that.

[00:10:45] **Sanjay:** And when you had that career break, would you have any top tips if some of our listeners are struggling with burnout on things you did in that time where you weren't doing anything? Was it just as simple as disengaging from work, or did you have particular practices that helped you in that time?

[00:10:59] **Ranj:** It was just putting on a circuit breaker, first of all, which was the big stop. Then it was, trying to prioritize what I needed to do, so it was all about what do I have to do? I learned to say no. That was the big lesson, no, or not yet, was one of the biggest lessons I've ever learned. And I, because I was one of those people who would say yes to everything. And I learned that actually if it's not an immediate yes, you probably don't want to do it. But rather

than always saying no, you could just say not yet. And that was the big take home that I got from it, and it helped me prioritize what I needed to do.

I set clear boundaries. I started saying, right, I'm not going to let things cross over at this point. You know, I'm not gonna be always on. I've, it's, it was self-care. It wasn't selfish, and it felt from the outside it might have looked selfish. And then I, I learned to put stuff out. Who else could do things? I didn't have to do everything. What could I delegate? What could I give to other people? What did I really just not need to do? And then it was finding my sense of focus and purpose again. That's what it was. It was finding the things I'm passionate about, what I really cared about, what mattered, and refocusing myself. And just everyday things like looking after your sleep - massively important - and being more physically active. Didn't have to go to the gym, but just get out a bit more. Those things really helped.

[00:12:26] **Sanjay:** That's such great advice and the, the stuff, the simple things we can do often we don't do when things are really busy at work. So actually taking that time off allows you to find that purpose and do those things. And people often say that burnout has had a lasting impact on them. Was that the case for you? Did burnout take anything from you that you're still trying to get back? Or conversely, has it given you something that you didn't have before?

[00:12:49] **Ranj:** I don't think it's taken anything away. Nothing that mattered, nothing that truly was of importance, I think. But what it did make me do is constantly look out for myself and think you know, I'm not infallible, I'm not limitless. I have a limit. I have a capacity, and sometimes I have to respect my own boundaries, no matter how much help I want to do, what other people may be doing. That's the other thing, do not compare yourself to what everyone else is doing, especially in the day and age of social media where everyone seems to be doing amazing things. You're like, I'm getting left behind 'cause you're only gonna see a certain thing. Respect your boundaries. Respect your own capacity and limits, and, and work with yourself. Be your best friend and look out for yourself. And I think that's what it's made me do is for once, maybe in a very long time, put myself first without being selfish. Just look after myself a bit.

[00:13:48] **Sanjay:** Definitely, definitely. And you mentioned earlier that you are an NHS paediatrician, a consultant paediatrician, and have been for some time. I thought this was really interesting, my PhD research involved asking resident doctors to record audio diaries over two months to see what was really driving burnout. And some of the recordings were particularly harrowing. Form your experience, from being in this, this industry, this sector, for so long, what do you think it is about healthcare that makes burnout so rife in this profession?

[00:14:15] **Ranj:** I think it's not just the structure of the system and the way the system works and the pressures that are on it - we all know that exists, and we all know that's not getting any better. My biggest concern is that we've stopped caring about the carers. We put, we, we throw around terms like resilience and all this other stuff, which has been thrown around in healthcare for a very long time.

But we feel like that's enough. Resilience training does not necessarily make people stronger. People who go into healthcare are usually naturally quite resilient, and that's why they're able to do that job. What we can't do is keep hitting the nail harder. What we need to do is start caring about the nail. We need to start changing the way we do things. We need to start working compassionately. We need to put in things that people don't think are important, but actually are, rest spaces, timeout spaces, kindnesses at work, rewarding, you know, good things rather

than just looking at critical incident reports and datix reporting of negative stuff, we've got to start caring about carers. That's, and we actually have to do it in a meaningful way that isn't just paying lip service to it. The problem is all of that stuff is time and money, and we act and work in a system that doesn't have enough of either of those for the patients, let alone the staff. But if we don't start caring about our staff soon, and if we don't start doing something proactively and effectively about it, we are going to see them leave and we are seeing them leave. And if we don't wake up to that soon, I fear, that we are gonna end up in a position where we're not gonna be able to catch up with ourselves again.

[00:15:57] **Sanjay:** Definitely. And do you feel that the issues facing doctors today have changed from when you were a trainee, or do you think they're broadly similar in content, so to speak?

[00:16:07] **Ranj:** Generally speaking, the themes are probably the same - pressures of life, pressures of work, pressures of exams and education and entertainment and achievement and progressing through your career. But the world is a very different place. Like we've got to remember that all of those pressures that are constant throughout whatever era you may be practicing medicine or working, the world, the environment, in which they're happening is changing and constantly involving.

We are. We are stimulated so much more now, I think on a day-to-day basis than we ever have been. And our brains only have so much capacity to deal with things. So, we've got to remember that if it was a certain way in your day, it doesn't mean it's that way anymore. And, it's, we have to be mindful that the background on which people are experiencing maybe the same themes and pressures that we used to, have changed, and sometimes they've actually become more difficult. And we know things have become more difficult for doctors, the cost of living crisis, training difficulties, and getting jobs - all of that kind of stuff. And people are quite rightly prioritizing their mental wellbeing and their work-life balance more because they should be. And that's putting pressures on things and that's why we're seeing people leave for other environments that might respect those boundaries a bit better.

[00:17:32] **Sanjay:** I'm so glad you've said that because I speak to a lot of consultants as part of my job and something that I often hear is, well, we had it more difficult in our day. And I think that only serves to invalidate the experiences of early career doctors. You could be drowning in 10 feet of water or you could be drowning in two feet of water, the point is you're still drowning.

So I'm really glad that you've taken that stance. It's very refreshing to hear that from a consultant. And I suppose your, your juniors are very lucky to, to have you as their consultant. Just related to that, and you've kind of touched on this, do you think, yeah, I mean, we can talk about burnout in different ways. We can talk about it at the individual level, what's going on within the person and their symptomatology. We can also talk about it from an organizational or systemic perspective. Where do you think the responsibility lies in, in fixing this? Is it at the individual level, the organizational, or is it a bit of both?

[00:18:21] **Ranj:** Okay. It is a bit of both, but I think what has been neglected is it needs to be a lot more top down.

There needs to be a lot more leading and setting examples and, and practicing by example, leading by example, instilling positive cultures within your workspace and that, the thing about often the pressure, and I experience this, the pressure is put on juniors to affect the change.

You know, we do audits and projects and quality improvement projects, and we are looking at our systems telling people where things could be better, and we have absolutely no power to affect that change. So, and that's my biggest frustration with many departments I've worked in. I was like, the change needs to be top down, and sometimes you just have to do it. Do not have a meeting to discuss it. Sometimes you've just gotta do it, and sometimes it has to be from the top down, by the people who can affect that change and have the authority and the power to do so. Your juniors can point at things and say, this is an issue, and often you'll know it's an issue but it should not be up to them to make things better. And I almost feel like we've got it upside down and maybe the, the best departments I've worked in are where change happens from the top down and it filters down and there's a culture through the entire, you know, organizational structure. And some of the best hospitals I've worked in, it's an organizational culture, there's an ethos. My hospital that I love working in, I've always said, has a can-do attitude and that's one thing I'm so proud of is. And actually, the pandemic really pushed that forward because during the pandemic we didn't have time to discuss and audit and work things out. We just had to do it. We just had to try it in different ways. And guess what? Sometimes it worked and sometimes it didn't. But it saved a hell of a lot of time and procrastination. Yeah, I, I, I really value that can-do attitude.

[00:20:23] **Sanjay:** And I completely agree as an organizational psychologist looking at the system and the environment that these doctors are in, you know, sometimes that's what makes these people ill in the first place. It's what they're surrounded by. So that's really great insight. One of the themes that came out from my work were that some doctors tend to adapt to certain stressors like patient death. So after the first few exposures, they may become desensitized or get used to that stressor. For others, they tend to accumulate that stress, so it leads to burnout and sometimes other mental health conditions. Why do you think that's the case, that the same stressor can lead to such different reactions for different doctors, from what you've seen in your practice?

[00:21:00] **Ranj:** It's probably lots of different reasons that happens. Part of it will be the way you've been brought up and the stresses that you may have experienced or been experiencing in your own life and how you cope with that. Some people are very good at compartmentalizing things, and I think a lot of doctors, particularly in acute settings, in intensive settings, have to be good at compartmentalizing things. But that doesn't mean you shouldn't deal with those emotions and feelings at a different time or in a different way. Compartmentalization should really be temporary. And I wish we had more health psychologists embedded in A&E departments and, and intensive care units because we need them. It's very much, it could be a type of personality that you are, it could be your own life experiences and what you bring. What I certainly found, was that as I progressed towards burnout, my degree of moral injury increased, each catastrophe, let's call it, each bad outcome, like a patient death hit me harder. But then I became weirdly more and more numb to it. And, and it got to a point where I thought, if I stop caring, that is the point at which I need to step out. And I think I was approaching that point and 'cause you, you, you don't, you can't help but become numb to it. You know, we're only human beings.

You have to develop safeguards and barriers that you can put up when things happen. But, consequently, I think I found myself becoming slightly more numb and I didn't want to be a doctor that was numb emotionally. And that again, was a warning sign that actually something needed to change.

[00:22:44] **Sanjay:** And, and just on that actually, you've mentioned before that doctors are often the people that are least likely to ask for help. Why do you think that caring for others feels so natural for many doctors, but caring for themselves feels so unnatural?

[00:22:58] **Ranj:** We, it's 'cause we're always taught that way, I think. We're always, we are, we are trained to look out for others. We are not trained to look out for ourselves and maybe that imbalance of training needs to be addressed. We are also the system, and I think some of the attitudes that we have and the ways of thinking that traditionally doctors have had is we lose our sense of value and we lose our sense of individuality and importance because the system tells you, you are not important. The team is important, but the individual isn't. And I think that backfires. You know, we, we work in a profession where you have to be selfless. The NHS only functions because of the selflessness and the time that people devote to it on top of the hours that they're remunerated for. So we have to remember that the system beats out some of that ego from you and, and, and ego is, is the bad side of it.

I mean, I kind of mean the individuality and the self-care and the self-respect. And we need some of that back. We need to remind people that yes, we are a team, but we are also individuals who are equally important and I get that. So I, I've seen that so many times where people talk about their performance in healthcare settings, and the first thing they talk about is the team, because we are taught it's all about the team, which isn't necessarily a bad thing, but please don't forget yourself in all of that.

[00:24:30] **Sanjay:** Yeah, it's interesting, so many of the things that you're mentioning are actually culture issues, aren't they? And things that we can address preemptively rather than after the fact, rather than treating someone for burnout, we can address these issues and intervene earlier to avoid these consequences. So going back to what you were saying earlier about the organizational and systemic perspective, Dr Ranj, looking forwards, where do you see the future of the NHS heading with regards to the mental health of the workforce? Because we do read about it being quite bleak, but at the same time, we do see every day that there are plans put in place for mental health, there's recruitment of psychologists. From being in that so closely, what's your take on that?

[00:25:05] **Ranj:** Do you know what I, it, it, it does always sound doom and gloom and bleak when you talk about it, but we have to remember that there are some places that are doing wonderful things when it comes to workforce wellbeing and addressing and looking at some of those issues and putting things in place. Yes, we are moving forward, but I feel like the pace of addressing the needs of the workforce isn't fast enough. The needs currently for so many people outweigh what is available to them. And I'd hope that with, with, as time goes on, as we, do see the fallout of all of this, you know, in terms of waiting times, in terms of people's access to healthcare and services, staffing issues, strikes, as we see this happening, I'm hoping this is actually going to translate into people doing something about it. And there are some brilliant people doing great work out there. There just needs to be more of it and we need to take it seriously. Stuff like this, once upon a time was just not thought of as important. You just have to get on with it, buck up, you know, pull your socks up, get on with it. It was, you know, we had it worse in my times, that kind of sentiment. We can't do that anymore because we are seeing, we are seeing the system fracture and we're seeing people fracture because of it. I'd like to think that we are going to make a change to all of that. Unfortunately, it will take time. I hope there are people strong enough to bear, to bear those times and to get through those times because we need them. But if you are one of those people that is trying to wade through all of that and trying

to push yourself through, please, please, please don't damage yourself because of it. It is okay to stop and say, I can't, I can't do this right now or I need a break. I need a breather. It's, it's, it's time we started caring more about ourselves as well.

[00:27:01] **Sanjay:** I think that will resonate with so many people, especially doctors . And if I could give you a magic wand and, and put you in, in charge of all the decisions in the NHS, what's one thing you could do that would make the biggest difference to the mental health of the workforce?

[00:27:15] **Ranj:** Tea trolleys in every department. That's my big thing. So I worked in a children's intensive care unit for several years and night shifts were particularly hard. You're tired. You have a skeleton staff overnight, obviously. Pressures are higher. It's a lot. And one of the best things I used to say about that job, despite it being the hardest job I've ever done in my life, emotionally and physically, one of the best things was at 6:00 AM every morning, the lovely people that used to man the front desk and do a lot of the admin work, which who were just incredible, they would come round with a trolley that had tea, coffee, and toast on it for everybody, for staff, and for parents who might have been there, and that was the thing that used to get us through every night shift.

Simple things like that are sometimes the most effective. And, and it was all down to funding that often stuff like that gets cut. So if I, I always said if I was ever in charge, I would make things like that routine, if not mandatory.

[00:28:17] **Sanjay:** That's so interesting to hear you say. I mean, it's not always these big changes with lots of budget, it's the small things that may add up to changing someone's day, changing their thoughts and giving them that piece of hope that may just sustain them through it.

[00:28:29] **Ranj:** And showing them you care.

[00:28:31] **Sanjay:** It's all about caring and empathy and, and I think that's such good advice.

And just a few final quick, reflective questions about yourself Dr Ranj. You've mentioned your ups and downs, through your lifetime. I wondered if your life was a book and where you're at right now was a chapter in that book, what would that chapter be called?

[00:28:51] **Ranj:** Ooh, what would it be called? What would that chapter be called? "Looking out for me."

[00:28:58] **Sanjay:** Wow.

[00:28:59] **Ranj:** Is what the chapter would be called.

[00:29:02] **Sanjay:** Is that a recent discovery?

[00:29:03] **Ranj:** I think it's within the or or actually, let me change that actually. Even better than that 'cause I think it started with looking out for me, so it's been for the last two years, it would be called "chasing joy".

[00:29:14] **Sanjay:** Chasing joy. I love it. Love it.

[00:29:17] **Ranj:** Or maybe that's the final chapter.

[00:29:19] **Sanjay:** Well, we, I'll interview you in a few more years and we can see how it's progressed. So this is the Work in Progress series, so I wanted to ask you what part of you is still a work in progress, either personally or professionally?

[00:29:32] **Ranj:** Everything. My time management.

[00:29:33] **Sanjay:** You have to choose one.

[00:29:35] **Ranj:** What part of me is still a work in progress? Ooh, my motivation - it's always a work in progress, maintaining motivation. I, I feel like it's, it's a constant battle to keep that going 'cause that's what drives me, maintaining that motivation. It ebbs and flows, it peaks and troughs. That is always a work in progress.

[00:30:01] **Sanjay:** Interesting. Interesting. Good. And, and finally, any top tips if some of our listeners are struggling with burnouts? We talked about the, the "after" you've discovered, but what if someone's struggling to speak up? What if someone is thinking it's a weakness? What are some parting advice that you would give to them?

[00:30:17] **Ranj:** If you okay, you, you can't save anyone else until you save yourself. And sometimes the old adage, you have to put your own oxygen mask on before you can put on somebody else's - two casualties is worse than one. So, sometimes you do have to think about yourself and put yourself first, and that is a very brave step. But you deserve it. You owe it to yourself. And just remember it's self-care. It's not selfish.

[00:30:48] **Sanjay:** Fantastic. Perfect advice there Dr Ranj. Thank you so much for your time and for your continued advocacy in mental health. I've learned so much from our conversation. Really, really appreciated.

[00:30:58] **Ranj:** Thank you.

Ends