On vacation

Trustworthiness disclosure: I’ve written a few of these words in a Vancouver hotel on a post-CUA week off, so clearly this won’t be a “You must never work on your time off!” editorial :)

It is correct to say that a well person doing good work requires time away from said work. This surely means attending to the day-to-day integration of work and home life, but today we’re talking about vacation — an extended time to decompress, reboot, and detach from the workplace. A series of bracing highballs under a thatched umbrella. Traipsing through a cathedral you’d never heard of, that looks very much like the last one. Gliding through machine-groomed granular for four consecutive days. Idly PUTTERING in your own home and town. Time off is restorative; no time off is corrosive. You know this and can find a body of evidence if you somehow need convincing.

Start with recent work — authored by a who’s who of MD wellness researchers — showing that 60% of U.S. physicians took ≤15 days of vacation per year (20% took ≤5 days). Among the small sample of urologists, 2/3 took ≤15 days vacation. More than three weeks of vacation was associated with decreased rates of burnout. Upcoming CUA census data is rosier — only 9% of respondents said they take fewer than three weeks vacation, and almost half take six or more weeks. This is hopeful data; take time off and reap the wellness benefits. Check.

But is vacation time away from work, or just the workplace? The U.S. data also note that a third of MDs spend more than half an hour on work-related tasks per day while on vacation (only 1/3 averaged zero minutes of work per day). It seems that the tendrils of the hospital are often tethers, and most of us will be attending to work while off. Your patient’s C&S is pending, their K is dropping, hydro is worsening, flow is dwindling…and you’re off on some adventure? Just a quick peek at the EMR, a wee email to your admin. You’re going to have your phone with you anyway, right? Maybe your laptop for Netflix? The group chat will keep pinging, and Ding, and LOLing. A glance at my coworkers’ vacation habits runs the gamut from zero-contact to 30-minutes-in-the-morning to a phone addict (hi!) to “your-email-will-not-be-seen”-but-it-absolutely-will.

Why do we work on vacation? Perhaps there is no such thing as disengagement in our line of work. Urology is a practice after all. Your radiology or anesthesia colleague’s inbox goes quiet after 36 hours, but for you, the trickle never ends. In this case, some may view radio silence as an abrogation of duty, and check-ins as necessary, even noble. We know that vacation is proportional to wellness, but there are no justifications underlying the survey answers. It’s likely that some feel sheepish about their vacation habits, while others take pride in their dedication to presence throughout the year. I think the latter is maladaptive, and that we misstate our reasons for limiting time off or working while on vacation. What reads like, “Others need me to check in and be available” may really be, “I need to scratch an itch that builds while I’m disconnected.” A pressure that grows like a craving, displacing leisure and a mind at rest with worry of missed results or communications. Or perhaps you are stuck titrating towards a certain lifestyle or status relative to those around you, and missing income-generating work is antithetical to achieving it. The hedonic treadmill is not good exercise; it is a high-friction gearbox that eats wellbeing and spits out anxiety.

Since I’m teasing these thoughts out partly as self-help, I’ll think on some strategies and mind-sets that may help, without prescribing untenable behavior or cold-turkey agonizing. The first, I think, is underrated and critical to freeing oneself while away: others need you to check in and be available, you matter to a number of people and processes (and your provincial college mandates coverage arrangements), but without some strategy and preparation, you end up creating an
environment that requires your attention, which then spuriously reinforces the need to stay connected. The other key mindset is that the ideal amount of work during a true vacation is none. This doesn’t mean aspiring to be idle; quality leisure can be effortful, and time on hobbies or reading can draw down cognitive reservoirs. This also will be impractical for most but should remain aspirational as the true north of time off, and the subject of effort to achieve. Perhaps a helpful mental model for this is an analogy to the corporate concepts of vision and mission. The vision statement is a company’s description of the ideal world they help create. “Breakfast for every school child” or “The world’s most loved mustard” are examples of vision statements. Here, we repeat “No work on vacation” as a vision. The mission statement is what one is doing now to work toward the vision. “Partner grocers in every city and town” or “The finest seeds make the finest mustard” might be mission statements, and so might “Robust preparation and minimizing technology use” for your plan to decrease work’s infiltration while off.

We’ve covered some of the common practices above; Some are certainly better than others. Ad hoc check-ins and replies are not great; a scheduled small slot per day might soothe but might attenuate the benefits of rest; zero-contact — the vision — may be too much to ask for now. The model we’ll apply here is familiar. Vacation is medicine, and you are the patient. Like most therapies, there ought to be some personalization. “Simply stop smoking now” or “Get 150 minutes of cardio” sound crisp, but will not go far with the sedentary dart hound. Similarly, one modality may not be best for all comers. Surveillance, radiation, or surgery. Cold-turkey, twice weekly status updates, or just a ☐ from your admin may suit you best in the end. Like most afflictions, the best case is cure, but QoL improvements are a fine start for the recalcitrant. Just like you ask for some buy-in and lifestyle modification for your nocturia patients, so too must we put some thought and energy into making time off fruitful.

A wee bit more to go. It’s important to determine what “work” means in this context. If you must check in, then you owe it to yourself to severely limit the scope of what you attend. There is work that might need decision-making, then there is reading, learning and prep work, and the slow work of project progress. Certainly, the latter should be cleaved. Vacation is not the time to make progress on existing work, or to start new things (unless that is the whole point of time away from the bustle, but that’s not a vacation). Emergencies only, patient care only. Try to offload these to colleagues or other centers if at all possible. You ought also to set strict (and small) time limits. Popping in to see what’s up can swallow a morning as your to-do list wafts back into mind. Finally, prep work goes a long way. Set explicit out-of-office settings and make it clear that you are a) not available and b) not paying attention. Follow this up by a) not being available and b) not paying attention. There are lots of fun ways to manage your OOO settings but think about “I’m away until MM/DD” and making no promises about your return. Make a checklist and calendar item a few weeks before you leave. Alert folks of your absence, plan an outpatient-only last OR, pre-load your pathology discussions before departure, limit your prep-heavy obligations the week you get back.

Finally, don’t trust yourself! The siren song of social media will bring you to your phone, and the laptop you packed opens the world of productivity. Consider helping your future self out by tweaking your environment and limiting triggers. Leave the laptop at home (Netflix on a laptop? C’mon man!), and (gasp!) maybe delete your work email app from your phone. Keep your phone plugged in an inconvenient place — you are free to check it as long as you go to it and leave it charging. Keep a pencil and notepad nearby to decant work-related thought intrusions. Mute the group chat! Do as I say, not as I do! This last mental model is about work-related thought intrusions. Mute the group chat! Do as I say, not as I do! This last mental model is about your default settings. Set your pre-determined, restrictive “vacation mode” rules around work and fall into your personalization. “Simply stop smoking now” or “Get 150 minutes of cardio” sound crisp, but will not go far with the sedentary dart hound. Similarly, one modality may not be best for all comers. Surveillance, radiation, or surgery. Cold-turkey, twice weekly status updates, or just a ☐ from your admin may suit you best in the end. Like most afflictions, the best case is cure, but QoL improvements are a fine start for the recalcitrant. Just like you ask for some buy-in and lifestyle modification for your nocturia patients, so too must we put some thought and energy into making time off fruitful.

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Switch out some starches to get that HbA1c down. Drop the after-dinner coffee and wear your CPAP to move the needle on your nocturia. Make a checklist and make a plan to untether yourself from work while you’re not at work. Have a nice rest of the summer.

REFERENCE

CORRESPONDENCE: Dr. Michael Leveridge, Department of Urology, Queen’s University, Kingston, ON, Canada; Michael.Leveridge@kingstonhsc.ca