Physician Burnout: What Next?

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The problem has become clear and ominous: by the end of 2014, 54 percent of physicians showed signs of burnout—chronic exhaustion, desensitization, cynicism—up from 45 percent just 36 months prior.[1] *One million* patients lose their physicians to suicide every year. "Physician, heal thyself" seems as appropriate—and inadequate—as ever. Somehow, we all—patients, doctors, organizations, and society alike—really need physicians *and* organizations to create an environment where physicians can stay healthy. In an industry where we have asked for more metaphorical honey—quality, efficiency, empathy, safety, innovation, responsiveness, value—from a committed swarm of very hard-working bees called doctors, the bees are starting to collapse, and with them the hive of healthcare.

"I was late to realize the magnitude of the problem, but I get its importance and impact now," one health system CEO recently told me ahead of a board retreat to address physician burnout. "I want this to be priority one." The medical literature on physician burnout has become more complete and continues to evolve, describing both the magnitude of the problem and emerging evidence that clarifies leverage points for action at the individual and organizational level,[2] in dimensions psychic, relational, and operational. Beyond the intrinsic unease about a nation of healing professionals being under such duress are clear and emerging impacts on patient experience, quality, safety, innovation, finance, and cost.

Burnout and Resilience—Fighting Words or Complementary Medicine?

Individual physicians cannot solve what has become a population epidemic, even if they find an individual hack to avoid their own burnout (e.g., reducing time at work, decreasing their time taking care of patients to stay personally healthy). Want to rub salt in the wound? Tell physicians in the face of withering stresses beyond their personal control, to practice resilience. Arousing particular rancor within physician ranks is the idea of practicing "resilience," as if "resilience deficit disorder" is driving physician burnout.

Burnout can be described as a chronic disequilibrium between stress and response. We need both stress and challenge, and healthy response patterns to shape our vigor and our performance. Too much stress, and it overwhelms anyone's capability to stay healthy; not enough capability to adapt, and we are overwhelmed even in the midst of "normal" stress. I like to think of burnout as personal and populational, helping us understand the origins and impact of a foundational challenge in the healthcare profession and industry. I think of resilience as systemic and strategic, pushing us to design operational, relational, and psychic dimensions of work to decrease stress and increase healthy responses at the individual, team, and organizational levels of the modern healthcare workplace. A burned out physician cannot outflank the withering pressures of the modern day clinical practice on his or her own. A resilient organization, however, focuses on both the stresses and the responses within its workflow processes, team dynamics, and individual support to decrease the likelihood of burnout, sharpen the focus for surveilling it, organize around the human and business reasons for preventing it, and allocate the resources for supporting those whose professional environments have become overwhelming.

Key Board Takeaways

Physician burnout is a major problem in the healthcare industry. Below are some key points for hospital and health system boards to be aware of, and some ideas for how they can work to solve this issue in their organizations:

- Physician burnout is an epidemic and omnipresent in the U.S. healthcare environment.
- Physician burnout represents the dysfunctional interplay between severe psychic and workflow stressors, and adaptive responses within healthcare organizations. While the stressors are falling disproportionately on physicians, they must be mitigated at other points in the healthcare system (i.e., simplicity of workflow design).
- Physician burnout compels redesign of the psychic, relational, and workflow parameters of any healthcare organization—it's both an urgent imperative and a redesign invitation.
- Boards and healthcare leaders have enormous obligation and opportunity to address this crisis and support a healthy physician population through familiarization with the causes of physician burnout, generative dialogue with physicians, redesign of the healthcare workplace, and monitoring of progress.

A Population at Risk in a Stressed and Stressful Environment

As noted by Ariely and Lanier,[3] physicians are, as individuals and a population, at risk for burnout—we tend to focus on (and hear about) what hasn't gone well, by us and around us. We have a high need for autonomy and struggle when our days are filled with obligatory tasks mandated by distant and powerful forces, and we are always striving through varying forms of personal deprivation, for more. Personal and cultural traits of physicians aside, we live and work in professional environments that are "burnout inducing," that are correspondingly oppressive in what we have to do, must do, haven't done yet, and won't have time to do. These environments are nearly defined by the rewards asymmetry, loss of autonomy, and cognitive scarcity described by Ariely and Lanier—there is more negative feedback than positive, the focus is on compliance and obligation, and there is "never enough" time, FTEs, dollars, help, and support. The inspiring muses of serving humanity, collaborating with colleagues, and creating better ways to deliver care, can be hard to find. Doctors have been going without sleep, making critical decisions at pace, and multi-tasking for years—but today's healthcare work environment has become an unhealthy amalgam of medial tasks, high risk, distraction, and alienation

1 Tait D. Shanafelt et al., "Changes in Burnout and Satisfaction with Work-Life Balance in Physicians and the General US Working Population between 2011 and 2014," *Mayo Clinic Proceedings*, December 2015.
2 Colin P. West et al., "Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis," *The Lancet*, September 2016.
3 Dan Ariely and William L. Lanier, "Disturbing Trends in Physician Burnout and Satisfaction With Work-Life Balance: Dealing With Malady Among the Nation's Healers," *Mayo Clinic Proceedings*, December 2015.

from the fundamental purpose and ethic of clinical care.

Is this just expensive after care? Probably not. Well-supported, energized physicians who can focus on the ethic of medicine, the healthy dynamics of their team in delivering and innovating care, and the strategic and operational fiber of their organizations (whatever they are), become an essential cohort for all the things we all need healthcare to be—more humane, more responsive, more efficient, more innovative, more cost-effective, more preventable, and more about individuals and populations. While some interventions will prove to be more effective than others, what is clear is that the scale and impact of the physician burnout epidemic calls for organizational redesign around sustainable approaches to performance, learning, and vitality, at all levels.

Is Physician Burnout Even Just about Physicians?

No. We are the current canary in the coal mine, but our healthcare population is full of burned out sub-populations from executives to nurses. Our societal patient population is sick, and our organizations are showing the stress and strain of an unsustainable burden of a stressed care system and distressful organizational processes and cultures. A commitment to simplicity, meaning, and supportive work communities will be critical to support the shifts in performance, structure, and innovation we all seek. If not, the physicians will probably keep trying, but they'll break down, leaving us with a growing doctor shortage and one million patients a year who lose their doctors to suicide.

What Can Boards and Leaders Do?

- Get educated—follow the literature and spend time listening to physicians, formally and informally.
- Think systemically—lead the organization in designing meaning, team culture, and workflow design in an integrated, focused fashion.
- Design and monitor at multiple levels—individuals, teams, and organizational processes impact and are impacted by each other. Before, during, and after initiation of organizational changes ask, "How does this action impact physician and team well-being, learning, and results?"
- Contribute to the growing body of literature on interventions that restore vitality in clinical populations.
- Make vitality and well-being a strategic and operational priority—prioritize them, resource them, and monitor them.

Physician burnout has emerged as a widespread red flag in the healthcare ecosystem, one which will persist into the foreseeable future. While research continues on how to understand and address this difficult challenge, boards and executives play a huge role in leveraging this issue to foster vitality, learning, and ultimately results, within their organizations. While large numbers of physicians struggle personally with the reality of burnout, the prevalence of the problem defines it as a strategic issue for every healthcare organization. Continued vigilance, learning, and action can help boards govern this issue with the priority and efficacy it commands.

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