In recent years, professional organizations in health care and medicine have initiated strategic plans towards understanding physician burnout and implementing interventions to address this disturbing phenomenon. Physicians and physicians-in-training experience higher rates of mental health conditions, substance abuse, and suicide than the general population. Additionally, burnout is associated with reduced patient health outcomes and lower patient satisfaction, and possibly increased costs. It follows that interventions to improve work conditions for physicians, the “quadruple aim,” could also facilitate improved patient care.

It can be easy to target individual physicians, yet there are clearly identifiable contributors to physician burnout at other levels. Consider a socioecological model, a concept originating from developmental psychology, which when applied to medicine could have at its core a physician—a human being living, learning, and developing in a dynamic environment. In their immediate environment, stressors include time, interpersonal relationships, and most of all demands of the Electronic health record (EHR). Expanding outward further, changes in the U.S. health care ecosystem resulting from passage of the Affordable Care Act in 2014, have resulted in huge increases in the number of patients seeking care and increasing panel sizes for the individual physician. With a projected ongoing increase in patients accessing care, there still remains a projected total physician shortage of more than 60,000 physicians by 2025 further intensifying the stress on this system.

Viewing physician burnout appropriately in a more comprehensive context, the seemingly narrow focus on individually targeted solutions appears rather myopic. Arguably, this is because workshops and seminars that target the individual practitioner are easier to implement. Changes in health care systems and in health policy are more challenging undertakings. While health care organizations may not be in a position to lobby or advocate for the interests of individual physicians, they should seek to embrace a culture of wellness and respond genuinely to the concerns of their physicians, as several academic medical centers are beginning to do for their physicians and physicians-in-training. Some have a dedicated center for wellness, with a stated mission to promote physician wellness and fulfillment. Specific objectives could include research elements, supportive services, such as peer support or social activities and forums, as well as aforementioned seminars and workshops on mindfulness-based stress reduction, compassion training, or other related subjects. In some institutions, engagement in certain services, such as stress-reduction coaching and exercise classes, could also be tied to employee incentives for physicians as employees. Of course, this is a vital role for professional organizations, including SGIM, to provide not only a forum for sharing experience and knowledge about interventions to promote cultures of wellness in different settings but also to act as a powerful advocate on behalf of its members.

Ultimately, there is no single correct approach to promoting physician wellness and reducing burnout. While tools that enhance physician self-care and empowerment are necessary for the individual, they are insufficient interventions to ameliorate physician burnout for the health care system as a whole. Interventions to improve the work environment must be multifaceted and must be a responsibility of all participants in the system, from the individual physician to those in positions to affect changes in the health care system. Although many challenges remain, one hopes that fewer physicians in the future will react as my colleagues today in feeling blamed, pressured to perform, and consequently, less well and more burnt out. The growing attention and concern regarding physician burnout in the health care community evoke optimism, and I believe we should all feel a growing personal motivation to participate in such changes. These are promising signs of evolution in our physician wellness ecosystem.

continued on page 2
“...this diversity suggests the possibility of ecologies as yet untried that hold a potential for human natures yet unseen, perhaps possessed of a wiser blend of power and compassion than has thus far been manifested.”
—U. Bronfenbrenner, 1979

References