

Opinion Article

Physician burnout: Root causes, effects, and solutions

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Abstract

Physician burnout is a phenomenon used to describe the work-related syndrome, which encompasses emotional exhaustion, depersonalization, cynical disillusion, and a low sense of personal accomplishment. Rates of physician burnout are exponentially increasing globally but sadly underreported, resulting in reduced attention to it. This issue represents a public health crisis.

For physicians to offer the best care to patients, they must be at their best state in terms of physical and mental energy levels for them to function effectively; if any of these are affected, it could result in poor patient outcomes. Highlighting these factors that could result in burnout and proffering solutions would go a long way in improving patient care.

Keywords: Burnout, Physician well-being, Root causes of Burnout, Solutions to Burnout, Burnout and depression, Doctors health

Burnout is a self-reported job-related syndrome which is fast becoming acknowledged as a critical factor affecting physicians and their patients [1]. It is a response to chronic stressors in the workplace, and it is characterized by feelings of emotional exhaustion, cynicism, depersonalization, and a low sense of accomplishment [2-4]. Physician burnout is a universal phenomenon that pervades every nation's health system. Although some level of attention is drawn to it in the modern day, it is still largely under-reported, especially in low- and middle-income countries. The significance of burnout on the physician's physical, psychological, spiritual, and socio-emotional well-being, patient care and the entire health care system cannot be overemphasized [5].

Similarly, the proposed solutions to physician burnout are hinged on considerations on both individual and organizational levels. On a personal level, stress management, self-care, exercise, gratitude interventions, and professional coaching (mindfulness, resiliency) can help cope with workload and job demands. Furthermore, organizational skills and personal efficiency can help manage control flexibility and work-life integration. Communication skills training and facilitated small group discussion help foster social support and strengthen the workforce community. In addition, the alignment of cultures and values and meaning in work can be aided by mentorship and professional development. On the other hand, organizational-level based solutions include but are not limited to; shortened shifts, productivity targets, method of compensation, modifications to work processes and flow, optimization of the electronic health record, quality of support staff, use of scribes, flexibility over start times and work hour distribution, policies regarding scheduling requests, cross coverage, vacation, sick leave, maternity and paternity leave, time-banking system, access to self-resources, social events, team building and retreats, optimization of shared workspaces, and educational value unit [15].

In conclusion, physician burnout is a growing pandemic and a recognized workplace hazard in the healthcare sector. The individual physician's characteristics and organizational structure/features contribute to burnout. Therefore, goal-directed programmatic and proactive interventions should be taken at individual and institutional levels to prevent burnout amongst physicians by improving the personal well-being of physicians and the working environment in hospitals and healthcare settings.

The concept of burnout in health care was originally used to describe the emotional and psychological stress experienced by hospital staff caring for vulnerable patients in the clinics [6]. However, the scope of burnout has been expanded to characterize job-related stress in any health practice environment, from hospitals in urban communities to global health settings, and for describing the shared experience and stress of medical practice, particularly in conjunction with research illustrating increased levels of symptoms of depression among physicians [7-10]. A systematic review of understudy burnout among physicians revealed that overall burnout prevalence estimates ranged from 0% to 80.5%. Emotional exhaustion, depersonalization and low personal accomplishment prevalence ranged from 0% to 86.2%, 0% to 89.9% and 0% to 87.1%, respectively [1].

Some of the identified causes of physician burnout include but are not limited to; increased workload, poor relationship with colleagues, working with incompetent colleagues, dealing with problematic patients, horrible working conditions, lack of management support, low supervisor support, limited vacation, public system related frustrations, lack of rewards, lack of promotion, lack of adequate and comfortable restrooms and other facilities, family to work conflict and work to family conflict, lack of work autonomy, and lack of clinical freedom, personality types, job insecurity, shortage of equipment, lack of opportunities for professional development, changing overall healthcare landscape, excessive data entry requirements, anxiety due to clinical uncertainty and reluctance to disclose fate to patients [11-14].

The effects of burnout include both individual and organizational consequences. The unique products include sleep disorders, lack of appetite, depression, body pain and daily alcohol consumption, reduced quality of life, lower empathic concern, and increased prevalence of medical errors. Organizational effects include job dissatisfaction, intentions to leave a job, reduced organizational commitment and job performance. In addition to the individual and organizational impact, physician burnout also affects the quality of patient care, resulting in lower patient satisfaction and response to treatment and recovery time [11].

References

1. Rotenstein LS, Torre M, Ramos MA, Rosales RC, Guille C, Sen S, Mata DA. Prevalence of burnout among physicians: a systematic review. *JAMA*. 2018;320(11):1131-1150. doi:10.1001/jama.2018.12777
2. Maslach C, Leiter MP (June 2016). Understanding the burnout experience: recent research and its implications for psychiatry. *World Psychiatry*. 15 (2): 103-11. doi:10.1002/wps.20311. PMC 4911781. PMID 27265691
3. Gazelle G, Liebschutz JM, Riess H (April 2015). Physician burnout: coaching a way out. *Journal of General Internal Medicine*. 30 (4): 508-13. doi:10.1007/s11606-014-3144-y. PMC 4371007. PMID 25527340
4. Berg S (30 August 2018). How to recognize and respond to burnout in a fellow physician. American Medical Association.
5. Ogunsuji OO, Adebayo O, Olaopa O, et al (2019) Burnout among Nigerian Doctors: A systematic review. *Nigerian Medical Practitioner*. <https://www.ajol.info/index.php/nmp/article/view/190422>
6. Freudenberger HJ. Staff burn-out. *J Soc Issues*. 1974;30(1):159-165. doi:10.1111/j.1540-4560.1974.tb00706
7. Kim MH, Mazenga AC, Simon K, et al. Burnout and self-reported suboptimal patient care amongst health care workers providing HIV care in Malawi. *PLoS One*. 2018;13(2):e0192983. doi:10.1371/journal.pone.0192983
8. Saijo Y, Chiba S, Yoshioka E, et al. Job stress and burnout among urban and rural hospital physicians in Japan. *Aust J Rural Health*. 2013;21(4):225-231. doi:10.1111/ajr.12040
9. Rotenstein LS, Ramos MA, Torre M, et al. Prevalence of depression, depressive symptoms, and suicidal ideation among medical students: a systematic review and meta-analysis. *JAMA*. 2016;316(21):2214-2236. doi:10.1001/jama.2016.17324
10. Mata DA, Ramos MA, Bansal N, et al. Prevalence of depression and depressive symptoms among resident physicians: a systematic review and meta-analysis. *JAMA*. 2015;314(22):2373-2383. doi:10.1001/jama.2015.15845
11. Azam K, Khan A, Alam MT, Toqeer M. Introduction causes and adverse impact of physician burnout: a systematic review. *J Coll Physicians Surg Pak*. 2017;27(8):495-501
12. Kroth PJ, Morioka-Douglas N, Veres S, Babbott S, Poplau S, Qeadan F, et al. Association of Electronic Health Record Design and Use Factors with Clinician Stress and Burnout. *JAMA Network Open*. 2(8): e199609. doi:10.1001/jamanetworkopen.2019.9609
13. DeChant PF, Acs A, Rhee KB, Boulanger TS, Snowdon JL, Tutty MA, et al. Effect of Organization-Directed Workplace Interventions on Physician Burnout: A systematic review. *Mayo Clinic Proceedings. Innovations, Quality and Outcomes*. 3 (4): 384-408. doi:10.1016/j.mayocpiqo.2019.07.006
14. Otokiti AU, Craven CK, Shetreat-Klein A, Cohen S, Darrow B. Beyond Getting Rid of Stupid Stuff in the Electronic Health Record (Beyond-GROSS): Protocol for a User-Centered, Mixed-Method Intervention to Improve the Electronic Health Record System. *JMIR Research Protocols*. 10 (3): e25148
15. Carrau, Diana MD; Janis, Jeffrey E. MD. Physician Burnout: Solutions for Individuals and Organizations. *Plastic and Reconstructive Surgery – Global Open*: February 2021 – Volume 9 – Issue 2 – p e3418 doi:10.1097/GOX.00000000000003418