



## Burnout among doctors

A system level problem requiring a system level response

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Although doctors have a professional responsibility to be at their best,<sup>1</sup> the wider profession and healthcare organisations urgently need to assume a greater responsibility for burnout. Burnout is a work related hazard that is prevalent among those working in people oriented professions such as healthcare.<sup>2-3</sup> Care providers commonly develop intense interpersonal relationships with those they care for, often prioritising others' needs over their own. While helping and caring for others can be extremely fulfilling, it can also drain your emotional reserves. Over time, this may result in burnout, which is indicated by feelings of overwhelming exhaustion, depersonalisation or cynicism towards people and work, and a sense of professional inefficacy.<sup>2-3</sup>

Burnout is generally high among doctors globally, although the exact rates vary by country, medical specialty, practice setting, gender, and career stage.<sup>3-7</sup> Estimates also vary depending on which dimension of burnout is being considered (eg, exhaustion, depersonalisation, or professional inefficacy) and what degree of burnout is considered important. Despite these variations, the overall evidence suggests that many doctors will experience burnout in their careers, that burnout rates are rising and have reached an "epidemic level,"<sup>5-7</sup> and that burnout can have devastating consequences for affected doctors, their colleagues, their patients, and the healthcare system.<sup>3-11</sup>

The source of burnout can lie within individuals (eg, perfectionism or relying on denial and avoidance as coping strategies), the medical profession (eg, the conspiracy of silence, the blame culture of medicine, the tendency to ignore distress), and healthcare organisations (eg, the burden of electronic medical records, changing work environments, poor leadership).<sup>2-13</sup> Solutions, however, have traditionally focused on individual physicians and their resilience.<sup>7</sup>

Attitudes and evidence are now changing to recognise the importance of professional culture and the working environment.<sup>1-17</sup> For example, burnout is now viewed by some as an inevitable consequence of the "hidden curriculum" in medical education, where learners witness and adopt their teachers' maladaptive behaviours, which are often reinforced throughout their careers.<sup>14</sup> Poor learning environments such as

disorganised rotations and inadequate supervision are also associated with learner burnout.<sup>11</sup>

Chaotic clinic settings with bottlenecks to patient flow and lost charts are associated with doctor burnout as well as medical errors.<sup>15</sup> Doctors on hospital wards are seen struggling to maintain performance standards in a chaotic and unpredictable work environment by using adaptability, flexibility, interpersonal skills, and humour to diffuse stress.<sup>16</sup>

It is increasingly clear that effective interventions must be directed at the profession and healthcare organisations as well as at individuals. A recent meta-analysis showed that, although individual targeted interventions such as mindfulness, stress reduction techniques, and education around communication skills, exercise, and self confidence resulted in small reductions in burnout, they worked better in combination with organisational interventions such as rescheduling shifts, reducing workload, and enhancing teamwork and leadership.<sup>9</sup>

A systems level approach is imperative, and the following changes can help drive this transformation. Firstly, medicine must change its culture to tackle the toxic aspects of medicine that cause and sustain burnout.<sup>11-18</sup> The profession must foster clinical leadership and a supportive organisational culture that encourages doctors to advocate for important reforms such as eliminating harassment and perfectionist expectations and minimising excessive job demands.<sup>1-17</sup>

Secondly, the medical profession and healthcare organisations must view doctors' wellbeing as integral to professionalism<sup>1</sup> and as central to patient care: burnout has been clearly linked to patient safety concerns and suboptimal patient care.<sup>10-18</sup>

Thirdly, doctors' wellbeing must be recognised as a missing quality indicator for all healthcare systems.<sup>10</sup> Improving the working lives of clinicians should be viewed as key to optimising health system performance alongside other established aims such as enhancing patient experience, improving population health, and reducing costs.<sup>18</sup>

Lastly, we need an internationally coordinated research effort to identify evidence based strategies to reverse the rising tide of burnout globally.<sup>19</sup>

Against a backdrop of rising healthcare costs, governments and healthcare organisations should be persuaded by the potential savings from system level changes to reduce burnout. A Canadian study estimates that early retirement and reduced clinical hours from burnout will cost the health system \$C213m (£130m; €146m; \$167m) in lost future service.<sup>8</sup>

Human resources are the most important asset of any organisation. As doctors continue to grapple with staying well, it is imperative that they have the support of their profession and their healthcare organisations to maximise their ability to care for themselves and their patients safely and effectively.

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- 1 Lesser CS, Lucey CR, Egener B, Braddock CH 3rd, Linas SL, Levinson W. A behavioral and systems view of professionalism. *JAMA* 2010;304:2732-7. doi:10.1001/jama.2010.1864 pmid:21177508.
- 2 Maslach C, Leiter MP. Understanding the burnout experience: recent research and its implications for psychiatry. *World Psychiatry* 2016;15:103-11. doi:10.1002/wps.20311 pmid:27265691.
- 3 Lee YY, Medford AR, Halim AS, INTeReSTS DO. Burnout in physicians. *J R Coll Physicians Edinb* 2015;45:104-7. doi:10.4997/JRCPE.2015.203 pmid:26181523.
- 4 Kumar S. Burnout and doctors: prevalence, prevention and intervention. *Healthcare (Basel)* 2016;4:37. pmid:27417625.
- 5 Shanafelt TD, Hasan O, Dyrbye LN, et al. Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. *Mayo Clin Proc* 2015;90:1600-13. pmid:26653297.
- 6 Dyrbye LN, West CP, Satele D, et al. Burnout among US medical students, residents, and early career physicians relative to the general US population. *Acad Med* 2014;89:443-51. doi:10.1097/ACM.000000000000134 pmid:24448053.

- 7 West CP, Dyrbye LN, Erwin PJ, Shanafelt TD. Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis. *Lancet* 2016;388:2272-81. doi:10.1016/S0140-6736(16)31279-X pmid:27692469.
- 8 Dewa CS, Jacobs P, Thanh NX, Loong D. An estimate of the cost of burnout on early retirement and reduction in clinical hours of practicing physicians in Canada. *BMC Health Serv Res* 2014;14:254. doi:10.1186/1472-6963-14-254 pmid:24927847.
- 9 Panagioti M, Panagopoulou E, Bower P, et al. Controlled interventions to reduce burnout in physicians: a systematic review and meta-analysis. *JAMA Intern Med* 2017;177:195-205. doi:10.1001/jamainternmed.2016.7674 pmid:27918798.
- 10 Wallace JE, Lemaire JB, Ghali WA. Physician wellness: a missing quality indicator. *Lancet* 2009;374:1714-21. doi:10.1016/S0140-6736(09)61424-0 pmid:19914516.
- 11 Dyrbye L, Shanafelt T. A narrative review on burnout experienced by medical students and residents. *Med Educ* 2016;50:132-49. doi:10.1111/medu.12927 pmid:26695473.
- 12 Tokuda Y, Hayano K, Ozaki M, Bito S, Yanai H, Koizumi S. The interrelationships between working conditions, job satisfaction, burnout and mental health among hospital physicians in Japan: a path analysis. *Ind Health* 2009;47:166-72. doi:10.2486/indhealth.47.166 pmid:19367046.
- 13 Linzer M, Poplau S, Babbott S, et al. Worklife and wellness in academic general internal medicine: results from a national survey. *J Gen Intern Med* 2016;31:1004-10. doi:10.1007/s11606-016-3720-4 pmid:27138425.
- 14 Montgomery A. The inevitability of physician burnout: implications for interventions. *Burn Res* 2014;1:50-6. doi:10.1016/j.burn.2014.04.002.
- 15 Perez HR, Beyrouy M, Bennett K, et al. Chaos in the clinic: characteristics and consequences of practices perceived as chaotic. *J Healthc Qual* 2017;39:43-53. doi:10.1097/JHQ.000000000000016 pmid:26566238.
- 16 Lemaire JB, Wallace JE, Sargious PM, et al. How attending physician preceptors negotiate their complex work environment: a collective ethnography. *Acad Med* 2017. [Epub ahead of print]. doi:10.1097/ACM.0000000000001770 pmid:28640033.
- 17 Ward S, Outram S. Medicine: in need of culture change. *Intern Med J* 2016;46:112-6. doi:10.1111/imj.12954 pmid:26813903.
- 18 Bodenheimer T, Sinsky C. From triple to quadruple aim: care of the patient requires care of the provider. *Ann Fam Med* 2014;12:573-6. doi:10.1370/afm.1713 pmid:25384822.
- 19 Dyrbye LN, Trockel M, Frank E, et al. Development of a research agenda to identify evidence-based strategies to improve physician wellness and reduce burnout. *Ann Intern Med* 2017;166:743-4. doi:10.7326/M16-2956 pmid:28418518.

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