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EDITORIALS

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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,[1] 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.[2 3] 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.[2 3]

Burnout is generally high among doctors globally, although the exact rates vary by country, medical specialty, practice setting, gender, and career stage.[3-7] 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,"[5 7] and that burnout can have devastating consequences for affected doctors, their colleagues, their patients, and the healthcare system.[3-11]

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).[2-13] Solutions, however, have traditionally focused on individual physicians and their resilience.[7]

Attitudes and evidence are now changing to recognise the importance of professional culture and the working environment.[1-17] 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.[14] Poor learning environments such as disorganised rotations and inadequate supervision are also associated with learner burnout.[11]

Chaotic clinic settings with bottlenecks to patient flow and lost charts are associated with doctor burnout as well as medical errors.[15] 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.[16]

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.[9]

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.[11-18] 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.[1-17]

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

Thirdly, doctors' wellbeing must be recognised as a missing quality indicator for all healthcare systems.[10] 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.[18]

Lastly, we need an internationally coordinated research effort to identify evidence based strategies to reverse the rising tide of burnout globally.[19]

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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.[8]

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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