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Physician Burnout: A Leading Indicator of Health Performance and “Head-Down” Mentality in Medical Education—I



To the Editor: In the editorial by Olson¹ published in the November 2017 issue of *Mayo Clinic Proceedings*, we are alerted toward the looming, seemingly untenable malady of physician burnout by the author’s underscoring the fact that creative approaches must be applied to address this critical issue.

Parenthetically, similar to the United States,² in some relatively recent studies from other parts of the world, a comparative assessment has revealed a similar, if not higher, prevalence of dissatisfaction with work among practicing physicians.³⁻⁵ These similar findings confirm that physician burnout is a critical *pandemic* rather than an epidemic confined only to the United States. Hence, without undermining the need for transformation of the health care system, a more pragmatic, quick, and sustainable approach to address this issue should be geared toward providing physicians at any level of their career anywhere on the planet with a “tool bag” for self-care.

The imminent answer to burnout is an individual and proactive strategy

with a goal to equip health care professionals at any level of their career (starting at or even before medical school) with practical tools to transform the debilitating effects of day-to-day stress into clarity of vision and practical creativity.

This goal can be easily and effortlessly accomplished through various ancient holistic self-care techniques that enable us to make a critical choice in a critical situation while the organizational changes take the time needed to be implemented. Studies have shown that such a strategy significantly improves Maslach Burnout Inventory scores for emotional exhaustion, depersonalization, and personal accomplishment (the 3 major domains of physician burnout).⁶⁻⁸

Einstein said, “we cannot solve our problems with the same level thinking that created them.” With a wide variation in the structure and function of health care organizations all over the world plus various stages in the journey of a health care provider (from being a medical student to even an organizational executive), the answer is not “within the matrix” but outside it. Self-care converts disillusionment in the individual health care professional into vigor, dedication, and absorption in work.

My experience over the past 9 years and the published reports⁹ have revealed this intervention to be a low-cost, engaging, time-efficient way to improve well-being and manage physician burnout symptoms by providing user-friendly tools that health care professionals can apply to their own care as well as the care of their patients. Ultimately, we take the same mind (equipped with the toolkit) with us wherever we go!

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Physician Burnout: A Leading Indicator of Health Performance and “Head-Down” Mentality in Medical Education—II



To the Editor: Regarding the editorial by Olson¹ published in the November 2017 issue of *Mayo Clinic Proceedings*, the author observes the importance of physical and psychological burnout within the context of the modern health system. She asserts that physicians are “exiting their careers in medicine faster than they enter.” Despite current measures to reduce physician burnout, Shanafelt

et al² reported that the crisis continues to worsen, and satisfaction with work-life balance showed similar deterioration. Olson concludes that burnout reduction and wellness promotion are of paramount importance and argues that improvement lies within minimizing the stigma associated with burnout and reducing workplace stressors. These measures, while a good start, only address the “effect” vantage point of this problem. Perhaps instead of trying to treat the results of the problem, we should focus on attempting to find and change the source or “cause” of the problem to begin with.

Interestingly, McBee et al³ reported that burnout and work-life balance dissatisfaction rates are even higher among residents than board-certified physicians. As current trainees ourselves, this data is alarming. We, as a newer generation of physicians, should be invigorated and excited to transition from residencies and fellowships into careers as attending physicians. If more and more of us drag across the finish line of training feeling drained and overwhelmed, maybe it’s already too late. Olson mentioned “workplace stressors.”¹ As trainees, we learn from very early on in medical school that you put your head down, work, then work even harder. Complaining is unacceptable, and seeking help is a sign of weakness. The only justification for the perpetuation of this cycle from one generation of physicians to the next is “we all had to go through it, so you do too.”

Maybe this archaic mantra is the reasoning behind Olson’s desire to reduce the stigma of burnout and even the prevention of seeking help at a time when a physician may need it most. Recent literature demonstrates that physicians do not use currently implemented wellness resources. One study identified 9 institution-wide measures that improve physician wellness.⁴ However, while these measures

have demonstrated potential, they are only beneficial if used. In a separate study, only 5% to 7% of physicians, scientists, and administrators use “peer support resources” annually, despite measures to “minimize potential stigma and reduce barriers to seeking help.”⁵

Given the higher burnout rates among resident physicians, this population should be targeted to establish behavioral patterns early, thereby altering the culture of the medical field as new physicians enter. Perhaps wellness as a process should be automated with resources offered during annual physicals or hospital-provided financial counseling. Such processes standardize wellness without the stigma of asking for help or association with performance indicators. Although Olson highlights a great start, the true obstacles are the culture and the “head-down” mentality on the pathway to becoming an attending physician. Cultural changes need to be made, and finding creative ways to do so earlier in the process, particularly in medical school or residency, will be for the better.

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In Reply—Physician Burnout: A Leading Indicator of Health Performance and “Head-Down” Mentality in Medical Education—I and II



I agree with Drs Peck and Viswanath, that residents should be transitioning into their careers “invigorated and excited.” The fact that most physicians are experiencing burnout, and it is particularly high among residents, indicates a need for course correction. I concur with the logic that it is best to treat the root cause rather than its adverse effects. As I indicated in my editorial, the evidence suggests that the work and workplace stressors are the predominant drivers of physician burnout and the ensuing withdrawal from clinical practice, which frustrates our ability to provide the population with access to affordable high-quality patient-centered care.

Stressors have been identified as lack of value-alignment with leadership, lack of control over workloads, working at a hectic pace in a chaotic inefficient atmosphere, and ineffective teamwork¹ to manage time-consuming administrative and regulatory tasks,² expanding requirements to accomplish more during shorter visits with patients who have more complex comorbidities, and restrictions to and reimbursements for goods and services.³ The electronic health record has become omnipresent at patient encounters, altering workflow, prompting and tracking metrics, and linking stakeholders.